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When recorded, mail to:
George M. Keele
1692 County Road, #A
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0506 PG- 0643 RPTT: 0.00



AFFIDAVIT OF SOLE SURVIVING TRUSTEE

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, JIMMY E. JOHNSON, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

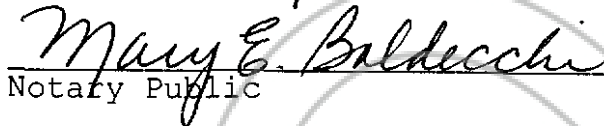
2. I am JIMMY E. JOHNSON, the same person named as JIMMY E. JOHNSON, one of the Trustees named in the Jimmy E. Johnson and Margaret M. Johnson Revocable Trust Agreement dated 11/13/87.

3. MARGARET M. JOHNSON, also one of the Trustees named in Jimmy E. Johnson and Margaret M. Johnson Revocable Trust Agreement dated 11/13/87, is the identical MARGARET M. JOHNSON named as decedent in that certain Death Certificate, a

certified copy of which is annexed hereto and made a part hereof, who died on December 23, 2005, in Douglas County, Nevada.


JIMMY E. JOHNSON

SIGNED AND SWORN TO (or affirmed)
before me on April 28, 2006,
by JIMMY E. JOHNSON.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Margaret Mary JOHNSON		2. December 23, 2005		3a. Douglas		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Frn. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. Carson Valley Medical Center		3e. OP/Emer.		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 68		8. October 1, 1937	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education—Specify highest grade completed		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. USA		10. 12		12. Jimmy Johnson	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. 0363		14a. Homemaker		14b. Own Home			
RESIDENCE—STATE		COUNTRY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. Glenwood Drive 1510	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
16. Fred Rhodes		17.					
INFORMANT—NAME (Type or Print)		RESIDING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Jimmy Johnson		18b. 1510 Glenwood Drive, Gardnerville, Nevada 89460					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Sierra Crematory		19c. Carson City Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. Jimmy Dorn		20b. 009		Walton's Douglas County Mortuary 1478 4th Street, Minden, Nevada 89423			
21a. 12-27-05		21b. 0228		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21c. Michael Boston Scott		21d. 0228		22a. ON		22b. AT	
21e. Michael P. Scott 1107 Hwy 395 Gardnerville NV		21f. 0228		22c. ON		22d. AT	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		LICENSE NUMBER	
24a. (Signature) Jimmie Evans		24b. December 29, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		23c. PP 755	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						Interval between onset and death	
PART I (a) Heart Failure						Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
Pulmonary Disease		26. No		27. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 321610

096188

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

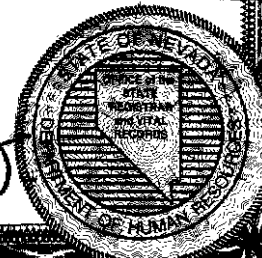
DATE ISSUED:

DEC 28 2005

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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