

OFFICIAL RECORD
Requested By:
K B GAULDIN

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0806 PG- 5603 RPTT: 0.00



Assessor's Parcel Number: 1320-33810-036

Recording Requested By:

Name: Kathryn B Gauldin

Address: 61 Pinon Drive

City/State/Zip Wellington NV 89444

Real Property Transfer Tax: _____

Assignment of Successor Trustee
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

AFFIDAVIT of SUCCESSOR TRUSTEE

I, Kathryn B. Gauldin, do hereby affirm the following to be true:

I am the widow of R. Jackson Gauldin, who died August 5, 2005.
(Certified copy of Nevada Death Certificate attached)

I am named as the successor trustee under the R. JACKSON GAULDIN TRUST, first written November 5, 1980 and amended March 14, 1997.

The property located at 1325 Marion Russell Drive, Gardnerville, NV, 89410, is owned by the R. JACKSON GAULDIN TRUST. (Douglas County Recorder Book 0700 Page 3370, Deed #0496223, recorded July 24, 2000. This property is identified as:

All that real property situated in Douglas County, Nevada, and described as follows: Lot 86, in Block L, of Final Subdivision Map FSM-1006 of CHICHESTER ESTATES PHASE 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995, at Page 1407, as Document No. 370215 and by Certificate of Amendment recorded March 5, 1997, in Book 397, Page 654, as Document No. 407852, Douglas County, Nevada Records.
ASSESSOR'S PARCEL NO. 1320-33-810-036

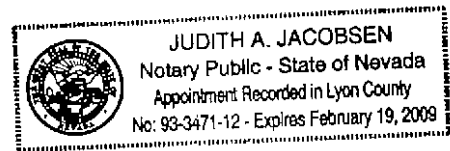
I hereby request the change of named Trustee from R. Jackson Gauldin to that of Kathryn B. Gauldin, Successor Trustee for said property for the above stated reasons. In witness thereof I have set my hand this 14th day of August, 2006.

Kathryn B. Gauldin
Kathryn B. Gauldin

STATE OF NEVADA)
COUNTY OF LYON)

On this 14th day of August, 2006, personally appeared before me, a Notary Public, Kathryn B. Gauldin personally known to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the instrument.

Judith A. Jacobsen
(NOTARY PUBLIC)



(NOTARY SEAL)

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		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1.	Robert Jackson GAULDIN	2.	August 5, 2005	3a.	Lyon
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/Emor. (Specify)	SEX
3b. Wellington		3c. Tennis Court, Dressler Park		3e.	4. Male
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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 79	7b.	7c.	September 16, 1925
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)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. California	9b. USA	10. 18	11. Married	12. Kathryn Pope	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind or Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13. [REDACTED] 2016	14a. Lawyer		14b. Law		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Lyon	15c. Wellington	16d. 61 Pinon Drive	15a. NO	
FATHER—NAME		MOTHER—MAIDEN NAME			
18. Richard L. Gauldin		17. Roberta Duncan			
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Kathryn Gauldin			18b. 61 Pinon Drive Wellington, NV 89444		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation/Burial		19b. Hillcrest Cemetery		19c. Smith Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting for Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. [Signature]		20b. 614	20c. 25 Hwy 208 Yerington, Nevada 89447		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)		
21b. DATE SIGNED (Mo., Day, Yr.)			22b. DATE SIGNED (Mo., Day, Yr.)		
21c. HOUR OF DEATH			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo., Day, Yr.)		
21e.			22e. PRONOUNCED DEAD (Hour)		
21f.			22f. ON 08/05/2005		
21g.			22g. AT 0810		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)					LICENSE NUMBER
23a. Lyon County Sheriff/Coroner 30 Nevins Way Yerington NV 89444					23b.
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
24a. [Signature]	24b. 08/08/2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I	(a) Cardiac Arrest		Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
	(b) Atherosclerotic Heart Disease		Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
PART II	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		
			28. NO		
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.		

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 284124

078035

CERTIFIED COPY OF VITAL RECORDS

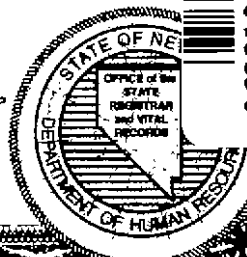
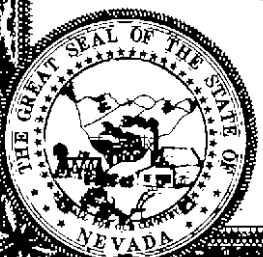
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

AUG 10 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

BK- 0806
PG- 5605
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