

OFFICIAL RECORD

Requested By:  
DONALD CULLERS

*This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).*

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0806 PG- 6637 RPTT: 0.00



  
Ginny Casazza, Legal Assistant  
ANDERSON & DORN, LTD.

APN: 1220-15-110-036

**RECORDING REQUESTED BY:**

Anderson & Dorn, Ltd.  
500 Damonte Ranch Parkway, Ste, 860  
Reno, NV 89521

**WHEN RECORDED MAIL TO:**

DONALD CULLERS, TRUSTEE  
✓ 1443 Evening Star Lane  
Gardnerville, Nevada 89460

**MAIL TAX STATEMENT TO:**

DONALD CULLERS, TRUSTEE  
1443 Evening Star Lane  
Gardnerville, Nevada 89460

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, DONALD CULLERS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated December 19, 2002, DONA CULLERS and I executed the Cullers Living Trust ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of DONA CULLERS.
- (3) DONA CULLERS died on June 4, 2006, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said DONA CULLERS.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.



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

TYPE OF PRINT IN PERMANENT BLACK INK  
IDENT  
IF DEATH OCCURRED IN INSTITUTION  
HANDBOOK REGARDING PRELIMINARY PRELIMINARY OF DEATH ITEMS  
MENTS  
OSITION  
TIFIER  
ATIONS ANY ONE GAVE TO MEDICATE USE DURING THE DYING PERIOD  
USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME 1. <b>Dona M. CULLERS</b>		DATE OF DEATH (Month, Day, Year) 2. <b>June 4, 2006</b>	STATE FILE NUMBER	COUNTY OF DEATH 3a. <b>Douglas</b>
CITY, TOWN OR LOCATION OF DEATH 3b. <b>Gardnerville</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) 3c. <b>1443 Evening Star Lane</b>		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.	SEX 4. <b>Female</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>White</b>	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. <b>59</b>	UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.	DATE OF BIRTH (Mo., Day, Yr.) 8. <b>March 15, 1947</b>	
STATE OF BIRTH (If not U.S.A., name country) 9a. <b>California</b>	CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>	Decedent's Education. Specify highest grade completed. 10. <b>12 years</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) 12. <b>Don Cullers</b>		
SOCIAL SECURITY NUMBER 13. <b>9920</b>	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Homemaker</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>Own Home</b>		STREET AND NUMBER 15d. <b>1443 Evening Star Ln.</b>		
RESIDENCE—STATE 15a. <b>Nevada</b>	COUNTY 15b. <b>Douglas</b>	CITY, TOWN, OR LOCATION 15c. <b>Gardnerville</b>		INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>yes</b>		
FATHER—NAME First Middle Last 16. <b>Harold Headrick</b>		MOTHER—MAIDEN NAME First Middle Last 17. <b>Dorothy Kuss</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>1443 Evening Star Lane, Gardnerville, NV 89460</b>		
INFORMANT—NAME (Type or Print) 18a. <b>Don Cullers - Husband</b>		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>				
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>217</b>		NAME AND ADDRESS OF FACILITY 19b. <b>FitzHenry's Crematory</b> 19c. <b>Carson City, NV</b> <b>FitzHenry's Carson Valley Funeral</b> <b>1380 Hwy 395, Gardnerville, NV 89410</b>		
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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. <b>6/9/06</b>		21c. HOUR OF DEATH <b>1415</b>		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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b.		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>John Kelly, M.D., 2874 N. Carson St. #210, Carson City, NV 89706</b>		22c. ON		22e. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		23b. LICENSE NUMBER <b>6376</b>		REGISTRAR 24a. (Signature) <i>[Signature]</i>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Lymphoma</b> DUE TO, OR AS A CONSEQUENCE OF:		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>June 9, 2006</b>		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PART II (b) _____ DUE TO, OR AS A CONSEQUENCE OF:		26. No		27. No		
PART III (c) _____ 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)		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	



STATE REGISTRAR  
120869 CERTIFIED COPY OF VITAL RECORDS

No. 338595

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.

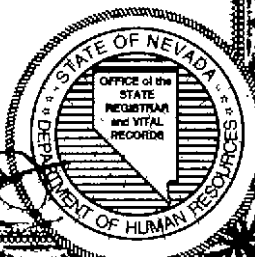
DATE ISSUED: JUN - 9 2006

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BK- 0806  
PG- 6639

*[Signature]*  
STATE REGISTRAR



**EXHIBIT "B"**

**LEGAL DESCRIPTION:**

Lot 482, as shown on the map of the resubdivision of Lots 91-A & B; 93 through 96, and 221 through 232, Gardnerville Ranchos Unit No. 2, filed in the office of the County Recorder of Douglas County, Nevada, on July 10, 1967, as Document No 37094

**APN: 1220-15-110-036**

**PROPERTY ADDRESS:**

1443 Evening Star Lane, Gardnerville, Nevada

