

Recording Requested By  
First American Title Insurance  
Company of Nevada

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0407 PG- 6484 RPTT: 0.00



When Recorded Return to  
And Mail Tax Statements to:

Lloyd V. Blackmore, Jr.  
1905 Cullerant Ct.  
Spille, NV 89410

Space Above This Line for  
Recorder's Use Only

A.P.N. 1220-01-001-016

File No.: 143-2316656 (MO)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Douglas )ss.  
)

**Lloyd V. Blackmore, Jr.** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Lina Eileen Stroup** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **November 11, 2005** at **Gardnerville, Nevada** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **October 4, 1990** executed by **Lina E. Stroup** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain, Sale Deed** dated **October 22, 1996** which was recorded as Instrument No. **400161** in Book **1196**, Page **0233**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

- Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: March 29, 2007

**DECLARANT:**

Lloyd V. Blackmore, Jr.  
Lloyd V. Blackmore, Jr.

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 29th day of March, 2007 by Lloyd V. Blackmore Jr., personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

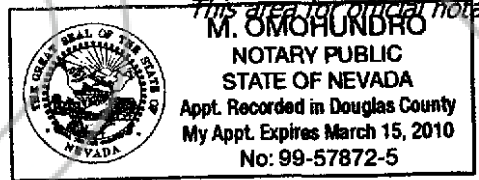
WITNESS my hand and official seal.

Signature M. Omohundro

My Commission Expires: 3/15/10

Notary Name: M. Omohundro  
Notary Registration Number: 99-57872-5

Notary Phone: 775-782-5411  
County of Principal Place of Business: Douglas



*This area for official notarial 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

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last 1. Lina Eileen STROUP			DATE OF DEATH (Month, Day, Year) 2. November 11, 2005		COUNTY OF DEATH 3a. Douglas
CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1905 Currant Court		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.	SEX 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		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. 85	UNDER 1 YEAR MOS : DAYS 7b.
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. (Specify highest grade completed) 10. 14 years	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. widowed
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker		KIND OF BUSINESS OR INDUSTRY 14b. Own Home	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	STREET AND NUMBER 15d. 1905 Currant Ct.	
INSIDE CITY LIMITS (Specify Yes or No) 15e. yes					
FATHER—NAME First Middle Last 16. George H. Seal			MOTHER—MAIDEN NAME First Middle Last 17. Lucreta Scofield		
INFORMANT—NAME (Type or Print) 18a. Lloyd Blackmore—Son			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1905 Currant Ct., Gardnerville, NV 89410		
BURIAL, CREMATION, REMOVAL; OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City, NV	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217		NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
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) DATE SIGNED (Mo., Day, Yr.) 21b. 11/21/2005			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) DATE SIGNED (Mo., Day, Yr.) 22b. [Signature]		
HOUR OF DEATH 21c. 0900			HOUR OF DEATH 22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Joseph Stevenson, M.D., 704 W. Nye Ln., Carson City, NV 89703			LICENSE NUMBER 23b. 974		
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. November 22, 2005		DEATH DUE TO COMMUNICABLE DISEASE 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) Chronic Obstructive Pulmonary Disease					
PART I (b) DUE TO, OR AS A CONSEQUENCE OF:					
PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.				DATE OF INJURY (Mo., Day, Yr.) 28b.	
INJURY AT WORK (Specify Yes or No) 28e.				HOUR OF INJURY 28c.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.				DESCRIBE HOW INJURY OCCURRED 28d.	
LOCATION.		STREET OR R.F.D. No.		CITY OR TOWN STATE	
28g.				AUTOPSY (Specify Yes or No) 26. No	
				WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	

STATE REGISTRAR

No. 325266

091735

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.

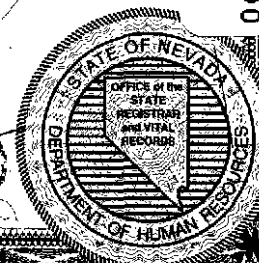
DATE ISSUED: NOV 23 2005

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- 0407  
PG- 6486  
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**EXHIBIT 'A'**

**Lot 9A1, as shown on a Parcel Map #3 for Walter N. Moline, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 19, 1994, in Book 494, Page 3588 as Document No. 335561.**

**A.P.N. 1220-01-001-016**

