

Recording Requested By  
First American Title Insurance  
Company of Nevada

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0607 PG- 5925 RPTT: 0.00

When Recorded Return to  
And Mail Tax Statements to:  
Jacquelyn Soares  
908 Springfield Drive  
Gardnerville, NV 89460



Space Above This Line for  
Recorder's Use Only

A.P.N. 1220-17-610-012

File No.: 132-2258989 (CAL)

**Affidavit - Death of Trustee**

State of Nevada )  
 )ss.  
County of Douglas )

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

1. **James L. Soares** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **March 2, 2007** at **Gardnerville, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **September 27, 2001** executed by **James L. Soares and Jacquelyn V. Soares** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **February 13, 2006** which was recorded as Instrument No. **0670359** in Book , Page , 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**

4. 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: June 19, 2007

**DECLARANT:**

Jaquelyn V. Soares  
Jaquelyn V. Soares

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 19th day of June, 2007 by Jaquelyn V. Soares, 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.

*This area for official notarial seal*

Signature Carrie Lindquist



My Commission Expires: \_\_\_\_\_

Notary Name: \_\_\_\_\_

Notary Phone: \_\_\_\_\_

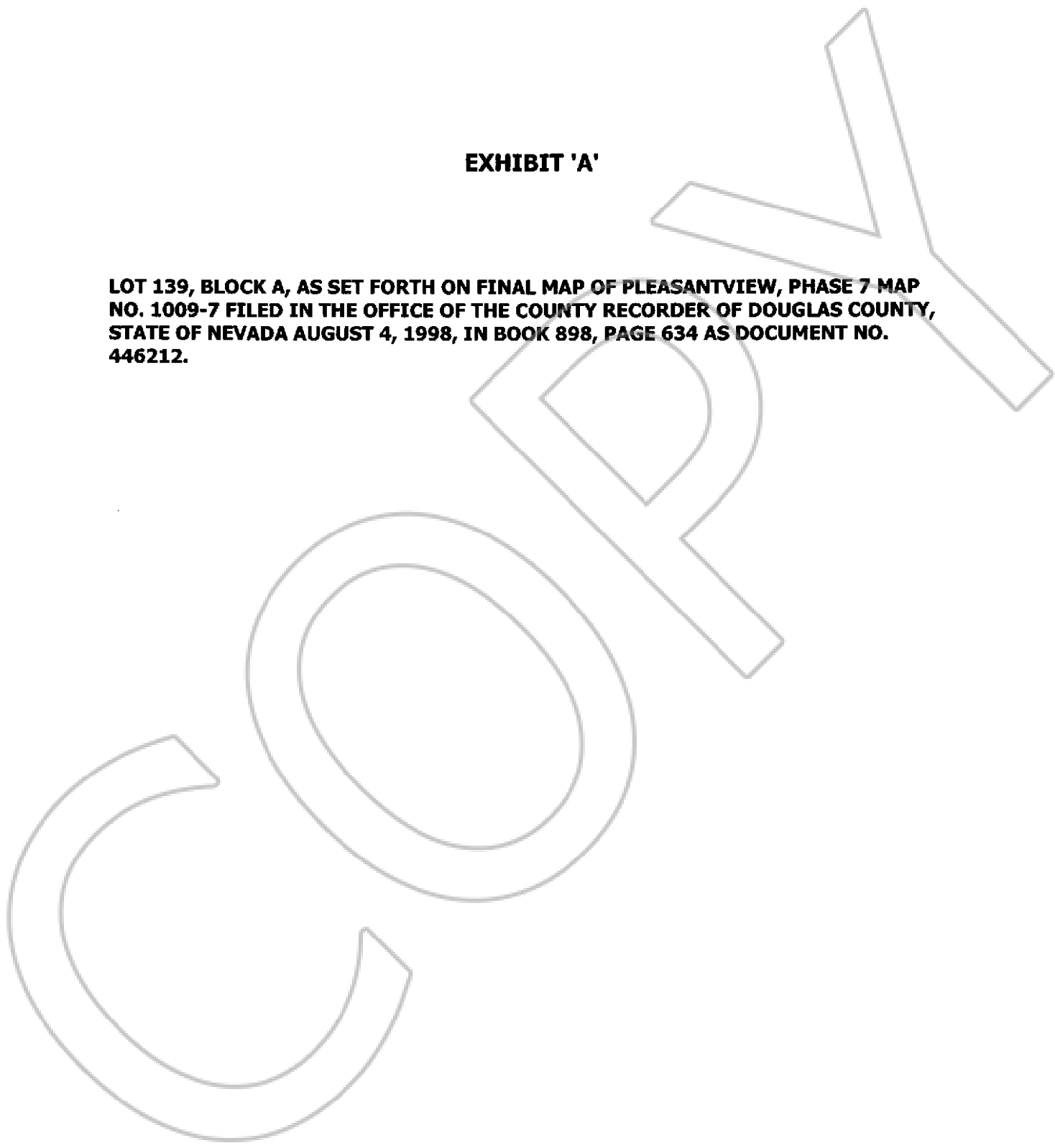
Notary Registration Number: \_\_\_\_\_

County of Principal Place of Business \_\_\_\_\_

**This instrument is being recorded as an "Accommodation Only" by First American Title Insurance Company and has not been examined as to its validity, execution or its effect upon title, if any.**

**EXHIBIT 'A'**

**LOT 139, BLOCK A, AS SET FORTH ON FINAL MAP OF PLEASANTVIEW, PHASE 7 MAP NO. 1009-7 FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA AUGUST 4, 1998, IN BOOK 898, PAGE 634 AS DOCUMENT NO. 446212.**



**CERTIFICATION OF VITAL RECORD**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CERTIFICATE OF DEATH  
VITAL STATISTICS**

**2007001038**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

**DECEDENT**

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

**PARENTS**

**DISPOSITION**

**TRADE CALL**

**CERTIFIER**

**REGISTRAR**

**CAUSE OF DEATH**

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

1a. DECEASED NAME - FIRST <b>James Lloyd</b>			1b. MIDDLE <b>SOARES</b>			1c. LAST <b>SOARES</b>			2. DATE OF DEATH (Mo/Day/Year) <b>March 02, 2007</b>			3a. COUNTY OF DEATH <b>Douglas</b>							
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>						3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>908 Springfield Drive</b>						3e. If Hosp. or Inst. Indicate DOA, OP/Emery Rm. Inpatient (Specify)			4. SEX <b>Male</b>				
5. RACE (e.g. White, Black, American Indian) (Specify) <b>White</b>			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican; Cuban, Puerto Rican, etc. <b>Non-hispanic</b>			7a. AGE - Last birthday (Years) <b>84</b>			7b. UNDER 1 YEAR MOS. DAYS HOURS MINS.			7c. UNDER 1 DAY HOURS MINS.			8. DATE OF BIRTH (Mo/Day/Yr) <b>May 01, 1922</b>				
9a. STATE OF BIRTH (If not U.S.A. name country) <b>California</b>				9b. CITIZEN OF WHAT COUNTRY <b>United States</b>				10. EDUCATION <b>12</b>				11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>				12. SURVIVING SPOUSE (If wife, give maiden name) <b>Jacquelyn WINANS</b>			
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) <b>Mill Man</b>						14b. KIND OF BUSINESS OR INDUSTRY <b>Cabinet Maker</b>							
15a. RESIDENCE - STATE <b>Nevada</b>			15b. COUNTY <b>Douglas</b>			15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>			15d. STREET AND NUMBER <b>908 Springfield Drive</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>							
16. FATHER - NAME (First Middle Last Suffix) <b>Frank P. SOARES</b>						17. MOTHER - NAME (First Middle Last Suffix) <b>Anna PERREIRA</b>													
18a. INFORMANT - NAME (Type or Print) <b>Jacquelyn SOARES</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>908 Springfield Drive Gardnerville, Nevada 89460</b>													
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>						19b. CEMETERY OR CREMATORY - NAME <b>Santa Clara Mission Cemetery</b>						19c. LOCATION City or Town State <b>Santa Clara California</b>							
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE <b>217</b>			20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Canyon Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>										
TRADE CALL - NAME AND ADDRESS																			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>STEPHEN HEWITT DO</b> SIGNATURE AUTHENTICATED						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) stated. (Signature & Title)													
21b. DATE SIGNED (Mo/Day/Yr) <b>March 06, 2007</b>						21c. HOUR OF DEATH <b>10:45</b>			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH							
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)										
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Stephen Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA</b>												23b. LICENSE NUMBER <b>NV 1107</b>							
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 09, 2007</b>			24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>										
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))																			
PART I (a) <b>Acute myelogenous leukemia</b>						Interval between onset and death <b>Years</b>													
DUE TO, OR AS A CONSEQUENCE OF:						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																			
26. AUTOPSY (Specify Yes or No) <b>No</b>			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>																
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED										
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE													

**STATE REGISTRAR**

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BK- 0607  
PG- 5928

**T03875 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:

**03/15/2007**

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

PBNC (Rev 1/06)

**SIGNATURE AUTHENTICATED**