

1220-09-412-013
RECORDING REQUESTED BY AND
AFTER RECORDING MAIL TO:

↓
Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0607 PG- 6351 RPTT: 0.00



MAIL TAX STATEMENTS TO:

Kay K. Ross, Trustee
1027 Ranch Dr.
Gardnerville, NV 89460

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

AFFIDAVIT - DEATH OF CO-TRUSTEE & CERTIFICATE OF CONTINUED SOLE SERVICE OF REMAINING CO-TRUSTEE

KAY K. ROSS, being of legal age and being first duly sworn, deposes and says:

1. That I, KAY K. ROSS, am the sole surviving Co-Trustee of the ROSS FAMILY TRUST U/D/T October 7, 2005. I hereby affirm my intention to continue to act as the sole remaining Trustee with all rights and power over the property described herein.
2. The terms of the ROSS FAMILY TRUST empower me to act as the sole Trustee for the Trust after the death of ALLEN HOWARD ROSS. From this point on this real property is under the following ownership: KAY K. ROSS, Trustee, ROSS FAMILY TRUST U/D/T October 7, 2005.
3. ALLEN HOWARD ROSS died on February 10, 2007. I also hereby declare and affirm that the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALLEN H. ROSS, Co-Trustee of the ROSS FAMILY TRUST.
4. I hereby affirm my incumbency as sole Trustee, and declare my intention to act as the sole Trustee of the ROSS FAMILY TRUST.
5. All assets of the ROSS FAMILY TRUST should now be held under the name of:
KAY K. ROSS, Trustee
ROSS FAMILY TRUST
U/D/T October 7, 2005
6. All tax reporting for ROSS FAMILY TRUST should be made under KAY K. ROSS' social security number.

7. My address, as Trustee, is: Kay K. Ross, Trustee
1027 Ranch Dr.
Gardnerville, NV 89460

8. I hereby declare, as the sole remaining Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the ROSS FAMILY TRUST, including the following real property:

Lot 13, Block C, as shown on the Final Map, 97-008, of SILVERANCH UNIT 1-B, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 14, 1997, in Book 897, Page 2529, as Document No. 419430.

Assessor's Parcel No's.: 1220-09-412-013

SUBJECT TO THOSE CERTAIN COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED JANUARY 5, 1994, BOOK 194, PAGE 659, DOCUMENT NO. 326829 AND AMENDED FEBRUARY 5, 1994, BOOK 294, PAGE 4638, DOCUMENT NO. 330984 AND ANNEXATION TO SAID COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED FEBRUARY 11, 2000, BOOK 0200, PAGE 1954, DOCUMENT NO. 486169, ALL DOUGLAS COUNTY, NEVADA RECORDS

RESERVING THEREFROM ANY AND ALL APPURTENANT WATER, WATER RIGHTS, DITCH AND/OR DITCH RIGHTS, INCLUDING BUT NOT LIMITED TO THOSE CERTAIN RIGHTS UNDER CLAIM NOS 254, 277, 278, AND 279 OF THE FINAL DECREE ENTERED ON OCTOBER 28, 1980, IN "UNITED STATES OF AMERICA V. ALPINE LAND AND RESERVOIR COMPANY ET AL," CIVIL NUMBER D-183BRT, IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEVADA.

9. I make this affirmation under penalty of perjury.

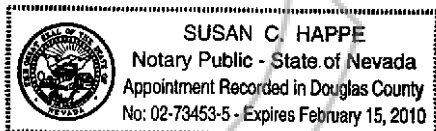
Kay K. Ross June 12, 2007
KAY K. ROSS, Trustee Date

JURAT

State of Nevada)
County of Douglas)

Subscribed and sworn to (or affirmed) before me on June 12, 2007, 2007, by Kay K. Ross. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

Susan C. Happe
NOTARY PUBLIC



CERTIFICATION OF VITAL RECORD

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

**CERTIFICATE OF DEATH
VITAL STATISTICS**

2007001566
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 Allen			1b. MIDDLE Howard			1c. LAST ROSS			2. DATE OF DEATH (Mo/Day/Year) February 10, 2007			3a. COUNTY OF DEATH Douglas			
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Valley Medical Center						3a. If Hosp. or Inst. Indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient			4. SEX Male			
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 61			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 30, 1945		
9a. STATE OF BIRTH (If not U.S.A., name country) Connecticut			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 16			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Kay KARIYA			
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Engineer						14b. KIND OF BUSINESS OR INDUSTRY Aerospace						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1027 Ranch Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Howard James ROSS						17. MOTHER - NAME (First Middle Last Suffix) Margrot Jadwiga JAROCKI									
18a. INFORMANT- NAME (Type or Print) Kay ROSS						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1027 Ranch Drive Gardnerville, Nevada 89460									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory			19c. LOCATION City or Town State Carson City Nevada 89706									
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423									
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) [Signature]						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) BERNADETTE SMITH SIGNATURE AUTHENTICATED									
21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr) April 09, 2007			22c. HOUR OF DEATH 11:30						
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) February 10, 2007			22e. PRONOUNCED DEAD AT (Hour) 11:30						
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Bernadette Smith P.o. Box 218 Minden, NV 89423										23b. LICENSE NUMBER					
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 09, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Stab Wounds to Heart						Interval between onset and death									
(b) DUE TO, OR AS A CONSEQUENCE OF: Self-Inflicted						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) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide			28b. DATE OF INJURY (Mo/Day/Yr) February 10, 2007			28c. HOUR OF INJURY 1130			28d. DESCRIBE HOW INJURY OCCURRED Stabbed Self with Knife						
28e. INJURY AT WORK (Specify Yes or No) No			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home			28g. LOCATION STREET OR R.F.D. No. 1027 Ranch Drive			CITY OR TOWN Gardnerville			STATE Nevada			

STATE REGISTRAR

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T09820 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:

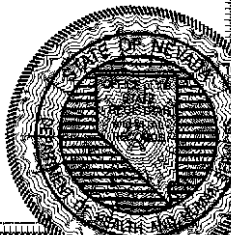
04/10/2007

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

PRNCO (Rev) 1/06

SIGNATURE AUTHENTICATED

509852



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE