

OFFICIAL RECORD

Requested By:

LIFELINE ESTATE SERVICES INC

APN# 1420-06-401-021

Recording Requested by:

Name: Lifeline Estate Services Inc
Address: 3708 LAKESIDE DR #202
City/State/Zip: RENO NEVADA 89509

Douglas County - NV
Werner Christen - Recorder

Page: 1 of 4 Fee: 17.00
BK-0607 PG- 6354 RPTT: 0.00



(for Recorder's use only)

When Recorded Mail to:

Name: Lifeline Estate Services Inc
Address: 3708 LAKESIDE DR #202
City/State/Zip: RENO NEVADA 89509

Mail Tax Statement to:

Name: Billie R. Bolles
Address: 3607 Summer Hill DR
City/State/Zip: CARSON CITY NV 89705

AFFIDAVIT OF DEATH
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.350
(State specific law)

Betty Hughes
Signature

ADMIN. ASSISTANT
Title

BETTY HUGHES
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

APN # 1420-06-401-021
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services Inc.
3708 lakeside Drive, Suite 202
Reno, Nevada 89509

MAIL TAX STATEMENTS TO:
Billie R. Boles
3607 Summer Hill Drive
Carson City Nevada 89705

AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE

All that real property being a portion of lot 1 of the Southwest $\frac{1}{4}$, Section 6, Township 14 North, Range 20 East, M.D.B. & M., Douglas County, Nevada, more particularly described as follows:

Commencing at the South $\frac{1}{4}$ corner Section 6, Township 14 North, Range 20 East, M.D.B. & M., thence North $0^{\circ} 11' 10''$ East along the North South center of Section line a distance of 362.49 feet to the true point of beginning; thence continuing North $0^{\circ} 11' 10''$ East along the North South center of Section line a distance of 68.59 feet to a point; thence South $89^{\circ} 28' 05''$ West a distance of 310.67 feet to a point; thence South $0^{\circ} 12' 15''$ West a distance of 199.69 feet to a point on the North line of Jack's Valley Road; thence North $66^{\circ} 47' 48''$ East along the Northerly line of Jack's Valley Road a distance at 330.54 feet to the true point of beginning.

Per NRS111.312, this legal description was previously recorded as Document No. 0612979, Book # 0504, Page # 05539 on May 13, 2004.

The undersigned, Billie R. Boles, hereby declares that, Allen C. Boles, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Allen C. Boles, named as one of the initial Co-Trustee's in that certain Declaration of Trust titled the BOLES FAMILY TRUST DATED APRIL 7, 2004.

Declarant further declares that she is the remaining initial Co-Trustee named in the Declaration of and that she hereby assumes the position as sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on May 31, 2007, in the City of Reno, County of Washoe, Nevada.

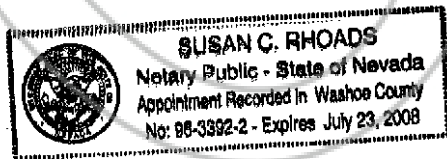
Billie R. Boles
Billie R. Boles, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On May 31, 2007, before me, Susan C. Rhoads, a Notary Public in and for said County and State, personally appeared Billie R. Boles, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Susan C. Rhoads
Susan C. Rhoads, Notary Public
Washoe County, Nevada
My commission expires 07/23/08



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2006004096
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Allen			1b. MIDDLE Clifford		1c. LAST BOLES		2. DATE OF DEATH (Mo/Day/Year) November 30, 2006		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3607 Summerhill Dr.			3a. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. (Inpatient)(Specify)		4. SEX Male			
DECEDENT	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) 64		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 26, 1942	
	9a. STATE OF BIRTH (if not U.S.A., name country) Iowa			9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Billie FAUSETT		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner/operator				14b. KIND OF BUSINESS OR INDUSTRY Machine Shop				
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 3607 Summerhill Dr.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Haskell BOLES						17. MOTHER - NAME (First Middle Last Suffix) Viola BOYD					
	18a. INFORMANT - NAME (Type or Print) Billie BOLES						18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 3607 Summerhill Dr. Carson City, Nevada 89705					
DISPOSITION	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 89701					
	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 Chapel of the Valley 1281 N Rood, Carson City NV 89706					
TRADE CALL	TRADE CALL - NAME AND ADDRESS											
CERTIFIER	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 AUTHENTICATED JOHN PAUL KELLY M.D.						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) December 04, 2006			21c. HOUR OF DEATH 07:04			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) John Paul Kelly M.D., 2874 N. Carson Street #210 Carson City, NV 89706									23b. LICENSE NUMBER 6376		
REGISTRAR	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 05, 2006			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART (a) Pancreatic Cancer									Interval between onset and death 3 Months		
	DUE TO, OR AS A CONSEQUENCE OF: (b)									Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF: (c)									Interval between onset and death		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. II											
	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 REGISTRAR



BK- 0607
PG- 6357

0703434 Page: 4 of 4 06/20/2007

146182

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.

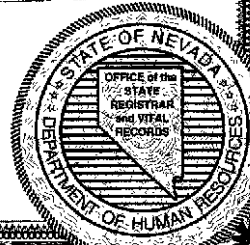
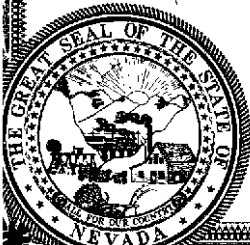
DATE ISSUED:

DEC 05 2006

SIGNATURE AUTHENTICATED
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



QRRev-548R

508092