

A.P.N. #	1320-05-002-17, 18, 19
Escrow No.	701218-25 & 701218A-25
Recording Requested By: Stewart Title	
When Recorded Mail To: Arthur E. Hall PO Box 1479 Minden NV 89423	
(07050042670)	

Douglas County - NV
 Werner Christen - Recorder
 Page: 1 Of 6 Fee: 44.00
 BK-0607 PG- 7450 RPTT: 0.00



AFFIDAVIT – DEATH OF TRUSTEE

(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: _____
 (State specific law)

Arthur E. Hall
 Signature

Individual Trustee
 Title

Arthur E. Hall
 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)

A.P.N. #	1320-05-002-17, 18, 19
Escrow No.	701218-25 & 701218A-25
Recording Requested By:	
Stewart Title	
Mail Tax Statements To:	
Same As Below	
When Recorded Mail To:	
Arthur E. Hall	
PO Box 1479	
Minden NV 89423	

AFFIDAVIT - DEATH OF TRUSTEE

State of Nevada }
 } ss
 County of Douglas }

Arthur E. Hall, of legal age, being first duly sworn, deposes and says: That **Whitney Spencer Hall**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Whitney Spencer Hall**, Trustee for the **Whitney Spencer Hall Trust Dated August 31, 1990**, named as one of the parties in that certain Deed dated executed by **William H.T. Bush**, Trustee under the Trust for the **Benefit of Whitney Spencer Hall Dated December 23, 1965 to Whitney Spencer Hall and Arthur E. Hall as Trustees for the Whitney Spencer Hall Trust Dated August 31, 1990**, recorded as Instrument No. 312279, on July 13, 1993 in Book 0793, Page 2081, of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

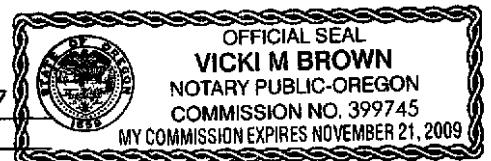
Dated: June 13, 2007

Arthur E. Hall
 Arthur E. Hall

State of Oregon }
 } ss
 County of Clackamas

This instrument was acknowledged before me on 6/15/2007
 By: Arthur E. Hall

Signature: *Vicki M. Brown*
 Notary Public



(One Inch Margin on all sides of Document for Recorder's use Only)

**EXHIBIT "A"
LEGAL DESCRIPTION**

Order No.: 070500807

The land referred to herein is situated in the State of Nevada,
County of DOUGLAS, described as follows:

A portion of the Southeast 1/4 Section 5, Township 13
North, Range 20 East, M.D.B. & M., Douglas County, Nevada
and being more particularly described as follows:

Parcel 3A as set forth on Parcel Map LDA 05-069 for HALL
TRUST ET, AL, and filed for record with the Douglas County
Recorder on January 19, 2006, in Book 0106, at Page 6147,
as Document No. 665970, Official Records of Douglas County,
Nevada.

Assessor's Parcel No. 1320-05-002-017

**EXHIBIT "A"
LEGAL DESCRIPTION**

Order No.: 070500426

The land referred to herein is situated in the State of Nevada,
County of DOUGLAS, described as follows:

A portion of the Southeast 1/4 Section 5, Township 13
North, Range 20 East, M.D.B. & M., Douglas County, Nevada
and being more particularly described as follows:

Parcels 3B and 3C as set forth on Parcel Map LDA 05-069
for HALL TRUST ET, AL, and filed for record with the
Douglas County Recorder on January 19, 2006, in Book 0106,
at Page 6147, as Document No. 665970, Official Records of
Douglas County, Nevada.

Assessor's Parcel No. 1320-05-002-018 and 019



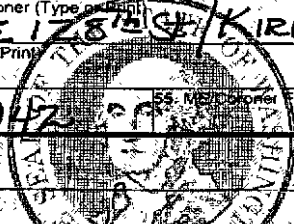
STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 5789		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First WHITNEY Middle S. Last HALL Suffix			2. Death Date 06/08/2006		
3. Sex (M/F) Male	4a. Age - Last Birthday 43	4b. Under 1 Year Months 0 Days 0	4c. Under 1 Day Hours 0 Minutes 0	5. Social Security Number	6. County of Death King
7. Birthdate 03/21/1963		8a. Birthplace (City, Town, or County) Yakima		8b. (State or Foreign Country) Washington	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 34th St.) (Include Apt. No.) 8280 SE 34th Street				13b. City or Town Mercer Island	
13c. Residence: County King		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98040
14. Estimated length of time at residence. 8 years		15. Marital Status at Time of Death Divorced		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Proprietor			18. Kind of Business/Industry (Do not use Company Name) Leasing of Small Business Equipment		
19. Father's Name (First, Middle, Last, Suffix) Arthur E. Hall			20. Mother's Name Before First Marriage (First, Middle, Last) Joanne Ginn		
21. Informant's Name Arthur E. Hall		22. Relationship to Decedent Father		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 1479 Minden, Nevada 89423	
24. Place of Death, if Death Occurred in a Hospital: Inpatient Place of Death, if Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (If not a facility, give number & street or location) Evergreen Hospital Medical Center			26a. City, Town, or Location of Death Kirkland	26b. State WA	27. Zip Code 98034
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Flintoft's Issaquah Crematory		30. Location-City/Town, and State Issaquah, Washington	
31. Name and Complete Address of Funeral Facility Flintoft's Issaquah Funeral Home 540 E. Sunset Way Issaquah, WA 98027				32. Date of Disposition 06/09/2006	
33. Funeral Director Signature X <i>Elizabeth C. Bates</i>					
34. Cause of Death (See Instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Ventilator associated pneumonia					Interval between Onset & Death 4 days
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Hepatic failure					Interval between Onset & Death 15 days
c. Alcohol abuse					Interval between Onset & Death unknown
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending				39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.					
45. Location of Injury: Number & Street: _____ Apt No. _____ City or Town: _____ County: _____ State: _____ Zip Code + 4: _____					
46. Describe how injury occurred _____					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) JOHNSON LQH 12040 NE 178th ST KIRKLAND 98034			50. Hour of Death (24hrs) 01:55		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)			52. Date Signed (mm/dd/yyyy) 6/8/2006		
53. Title of Certifier MD		54. License Number MD000339		55. ME/Coroner File Number	
57. Registrar Signature <i>Jon Anderson</i>				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
59. Amendments				58. Date Received (mm/dd/yyyy) 6/9/06	

Part 1 completed by Funeral Director

Part 2 completed by Certifier



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

Public - King County
Department of Public Health
Dorothy P. Foster
Dorothy P. Foster, MHA
Funeral Director and Health Officer



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BK- 0607
PG- 7455

JUN 21 2006

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