

8.

OFFICIAL RECORD

Requested By:

JULIE W HENIG

Assessor's Parcel Number: \_\_\_\_\_

Recording Requested By:

Name: Julie W. Henig  
Address: 2020 Aberdeen Ave  
City/State/Zip: Santa Rosa CA 95404

Douglas County - NV  
Werner Christen - Recorder

Page: 1 of 5 Fee: 18.00  
BK-0807 PG-02027 RPTT: 0.00



Mail Tax Statements to:

Name: -same as above-  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Please complete Affirmation Statement below:

\_\_\_\_\_ I the undersigned hereby affirm that this document 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 this document submitted for Recording contains the social security number of a person or persons as required by law: \_\_\_\_\_ (state specific law)

Julie W. Henig  
Signature (Print name under signature)  
Julie W. Henig

Successor Trustee  
Title

AFFIDAVIT OF DEATH OF TRUSTEE

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: \_\_\_\_\_ (Document Title), Book: \_\_\_\_\_ Page: \_\_\_\_\_

Document # \_\_\_\_\_ recorded \_\_\_\_\_ (Date) in the Douglas County Recorders Office.

-OR-

If Surveyor, please provide name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fees apply)

~~Affidavit of Certification of Trust~~

I, Julie Walker Henig, of legal age, being duly sworn, declare:

On December 29, 2006, Alice Walker created The Walker Family Trust. The declaration of trust creating The Walker Family Trust directs that upon the death of the grantor, I, Julie Walker Henig, become the trustee of the trust.

On March 26, 2007, Alice Walker died, as shown by the certified copy of the Certificate of Death (State of Hawaii) attached to this document.

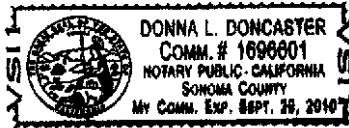
I hereby accept the office of trustee of the trust, and am now acting as trustee.

Julie W. Henig  
Phone: 707-584-5205 2020 Aberdeen Ave, Santa Rosa ✓  
Date: 7-27-07 CA 95404

**JURAT**

State of California  
County of Sonoma } SS.

Subscribed and sworn to (or affirmed) before me on this 27 day of July, 2007, by  
Julie W. Henig (Signer), personally known to me or proved to me on the basis  
of satisfactory evidence to be the person(s) who appeared before me.



Donna L. Doncaster  
NOTARY'S SIGNATURE

**OPTIONAL INFORMATION**

The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.

**CAPACITY CLAIMED BY SIGNER (PRINCIPAL)**

- INDIVIDUAL
- CORPORATE OFFICER

\_\_\_\_\_  
TITLE(S)

- PARTNER(S)
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- SUBSCRIBING WITNESS
- OTHER: \_\_\_\_\_

**ABSENT SIGNER (PRINCIPAL) IS REPRESENTING:**  
NAME OF PERSON(S) OR ENTITY(IES)

\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF ATTACHED DOCUMENT**

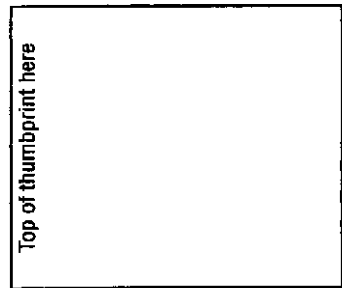
Affidavit of Certification  
TITLE OR TYPE OF DOCUMENT  
of Trust (1)

\_\_\_\_\_  
NUMBER OF PAGES

7-27-07  
DATE OF DOCUMENT

\_\_\_\_\_  
OTHER

RIGHT THUMBPRINT  
OF  
SIGNER



CERTIFICATE OF DEATH

STATE OF HAWAII  
DEPARTMENT OF HEALTH



CERTIFICATE NO. 151 2007 - 002133

Name of Decedent  
Alice Walker

City, Town or Location of Death  
KAMUELA

County of Death  
HAWAII

Island of Death  
HAWAII

Actual or Presumed Date of Death    Actual or Presumed Time of Death  
March 26, 2007    10:40 PM

Date of Birth  
January 05, 1926

Age at Death  
81 YEAR(s)

Sex  
FEMALE

Race  
Caucasian

Citizenship  
USA

Ever in Armed Forces?  
NO

Social Security Number

Marital Status  
WIDOW(ER)

Father's Name  
Emanuel Nides

Mother's Name (Prior to First Marriage)  
Sarah Kaufman

Disposition

CREMATION

Date: March 28, 2007  
Permit #: 11730

Cemetery/Crematory: CREMATION SERVICES OF WEST HAWAII

Location: KAILUA-KONA, HAWAII 96740

Funeral Home: CREMATION SERVICES OF WEST HAWAII, LLC

Certifier: Brian L. Williams, M.D. PRIVATE PHYSICIAN

Date Certified: March 27, 2007

Cause of Death:

- a. Respiratory Arrest Interval: Minutes
- b. Brain Herniation Interval: 1 hour
- c. Metastatic tumors - intracranial Interval: Months
- d. Lung Cancer Interval: Months

Manner of Death: NATURAL CAUSES

Date Filed by State Registrar: March 28, 2007

OHSM 1.2 (Rev. 1/06)

This copy serves as prima facie evidence of the fact of death in any court proceeding. [HRS 338-13(b), 338-19]

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE

COPY

APR -2 2007

I CERTIFY THIS IS A TRUE COPY OF  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF LANDS

*Alvin T. Onaka, P.E.*  
STATE REGISTRAR

0707086 Page: 5 of 5 08/07/2007



BK- 0807  
PG- 2031