

APN: 1220-22-110-058
R.P.T.T.: \$0.00

Recording Requested By:
uDeed, LLC
2700 East Sunset Road, Suite 6
Las Vegas, NV 89120

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-0807 PG-05500 RPTT: 0.00



After Recording Mail To:
uDeed, LLC - 10167
2700 East Sunset Road, Suite 6
Las Vegas, NV 89120

Send Subsequent Tax Bills To:
David R. Ritchie, Successor Trustee
19417 Anza Avenue
Torrance, CA 90503

AFFIDAVIT OF SUCCESSOR TRUSTEE
TITLE OF DOCUMENT

I/We, **David R. Ritchie**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated **January 27, 1998**, **Anna C. Zimmerman** executed the **Zimmerman Family Trust**.
2. Said trust appointed me/us to serve as Successor Trustee(s) upon the death or incapacity of **Anna C. Zimmerman**.
3. **Anna C. Zimmerman** died on **March 27, 2007** at **Gardnerville, Nevada**, a resident of **Douglas County, Nevada**. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said **Anna C. Zimmerman**.
4. Pursuant to the terms of the Trust, I/We have assumed the responsibilities of Successor Trustee(s).
5. The real property subject hereof is part of the trust estate, situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

SEE EXHIBIT "B" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **1439 James Road**
Gardnerville, Nevada 89460

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **March 16, 2005**, as Document No. **0639198** in Douglas County Records, Douglas County, Nevada.

6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to **David R. Ritchie** as Successor Trustee(s).

DATED this 30 day of July, 2007.

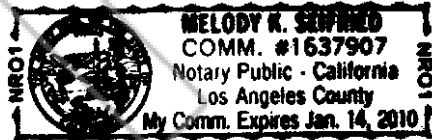
David R. Ritchie
David R. Ritchie, Successor Trustee

STATE OF Los Angeles)
COUNTY OF California) SS

SUBSCRIBED AND SWORN before me this 30 day of July, 2007,
by **David R. Ritchie, Successor Trustee.**

NOTARY STAMP/SEAL

Melody K. Seifried
Notary Public
NOTARY PUBLIC - California
Title and Rank
My Commission Expires: 1-14 2010



Melody K. Seifried
Comm. # 1637907

I, **David R. Ritchie**, hereby affirm that this document submitted for recording does contain a social security number.

David R. Ritchie
Signature

Affiant
Title

David R. Ritchie, Successor Trustee
Printed Name

CERTIFICATION OF VITAL RECORD

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2007001395

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME - FIRST Anna			1b. MIDDLE C	1c. LAST ZIMMERMAN		2. DATE OF DEATH (Mo/Day/Year) March 27, 2007		3a. COUNTY OF DEATH Douglas				
	DECEDENT	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1439 James Road			3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)		4. SEX Female			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS		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) 73		7b. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		7c. UNDER 1 DAY			
	8. DATE OF BIRTH (Mo/Day/Yr) February 24, 1934		9a. STATE OF BIRTH (If not U.S.A., name country) Arizona		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARRIED; NEVER MARRIED; WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)		
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Administrative Assistant			14b. KIND OF BUSINESS OR INDUSTRY Education						
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1439 James Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No				
DISPOSITION	16. FATHER - NAME (First Middle - Last - Suffix) Clifford MCDUFF				17. MOTHER - NAME (First Middle - Last - Suffix) Ruby Nita ANDERSON								
	18a. INFORMANT - NAME (Type or Print) David RITCHIE				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 19417 Anza Ave Torrance, California 90503								
TRADE CALL	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 Capitol City Memorial Cremation and Burial Society 1614 N. Curry Street, Carson City NV 89703						
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 MIKAL RAHMAN MD												
	21b. DATE SIGNED (Mo/Day/Yr) March 28, 2007		21c. HOUR OF DEATH 02:40		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) MIKAL RAHMAN MD, 1520 Virginia Ranch Road, Suite B, Gardnerville, NV 89410								23b. LICENSE NUMBER 11904				
	24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 30, 2007		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 I		(a) Cardiovascular Sudden Death				Interval between onset and death						
		(b) Stroke, Neurological				Interval between onset and death							
		(c) Diabetes				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. Hypoglycemia								26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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



BK- 0807
PG- 5502

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T08534

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: APR 05 2007

[Signature]
STATE REGISTRAR

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

PBNC0 (Rev) 1/06

EXHIBIT "B"
LEGAL DESCRIPTION

LOT 116, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 5, FILED FOR RECORD ON NOVEMBER 4, 1970 IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 50056.

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **March 16, 2005**, as Document No. **0639198** in Douglas County Records, Douglas County, Nevada.

COPY