

OFFICIAL RECORD

Requested By:
MARK A. WINTER

Recorded at the request of:
Mark A. Winter
801 N. Division
Carson City, NV 89703

Douglas County - NV
Werner Christen - Recorder

When recorded, mail to:
Mail tax statements to:
Lucinda Apel Taylor
1168 Country Club Drive
Minden, NV 89423

Page: 1 Of 3 Fee: 16.00
BK-0807 PG- 5924 RPTT: 0.00



AFFIDAVIT OF DEATH OF CO-TRUSTEE

APN: 1420-29-711-018
STATE OF NEVADA)
: ss.
CARSON CITY)

Lucinda Apel Taylor, being first duly sworn, deposes and says:

1. James Norman Taylor died on the 25th day of August, 2006, in the state of Nevada, and that a certified copy of his Death Certificate is attached hereto.

2. That at the date of his death, the said James Norman Taylor was a Co-Trustee with the Affiant of the James Norman and Lucinda Apel Taylor Revocable Living Trust Agreement dated May 27, 2003, which was the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

See Exhibit "A" attached hereto

3. That said ownership was created by a Deed dated June 9, 2003, and recorded on June 9, 2003, as Document Number 0579280 in the Douglas County Recorder's Office.

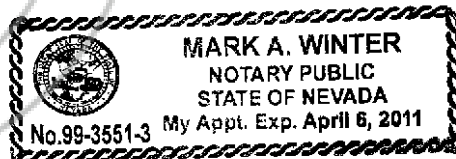
4. That upon the death of the said James Norman Taylor, the Affiant became the sole Trustee of the James Norman and Lucinda Apel Taylor Revocable Living Trust Agreement dated May 27, 2003.

Dated August 15, 2007:

Lucinda Apel Taylor
Lucinda Apel Taylor

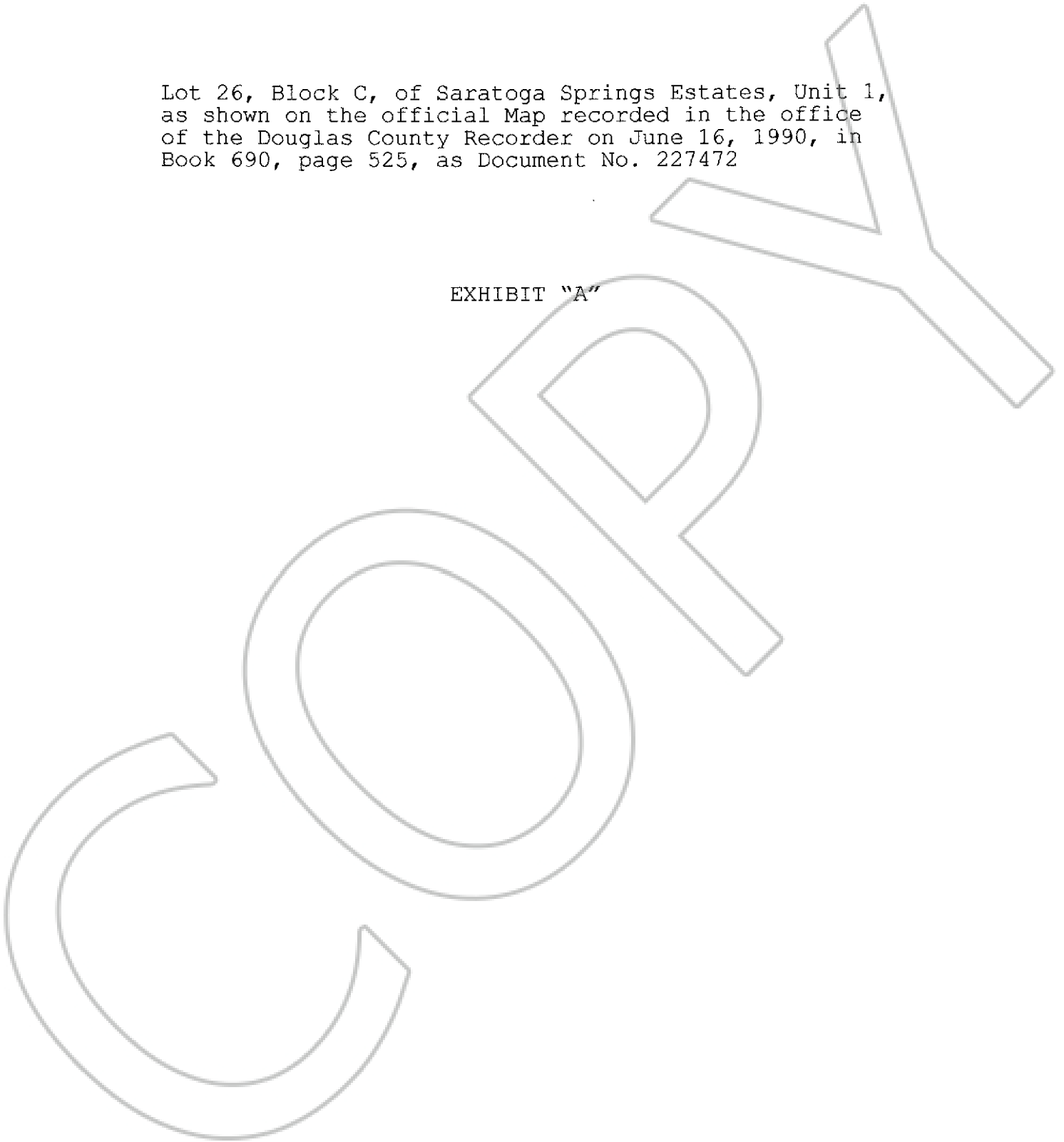
SUBSCRIBED and SWORN to before me
this 15th day of August, 2007.

Mark A. Winter
Notary Public



Lot 26, Block C, of Saratoga Springs Estates, Unit 1,
as shown on the official Map recorded in the office
of the Douglas County Recorder on June 16, 1990, in
Book 690, page 525, as Document No. 227472

EXHIBIT "A"



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last 1. James Norman TAYLOR	DATE OF DEATH (Month, Day, Year) 2 August 25, 2006	COUNTY OF DEATH 3a. Carson City
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CITY, TOWN OR LOCATION OF DEATH 3b. Carson City	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson-Tahoe Regional Medical Center	If Hosp. or Inst. Indicate DOA, OP/Emer. Inpatient (Specify) 3e. Inpatient	SEX 4. Male
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RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 70	UNDER 1 YEAR 7b.	UNDER 1 DAY 7c.	DATE OF BIRTH (Mo., Day, Yr.) 8. November 28, 1935
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STATE OF BIRTH (If not U.S.A., name country) 9a. California	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12 years	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Lucinda A. Apel
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SOCIAL SECURITY NUMBER 13.	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a. Painting Contractor	KIND OF BUSINESS OR INDUSTRY 14b. Painting
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RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	STREET AND NUMBER 15d. 1168 Country Club Dr.	INSIDE CITY LIMITS (Specify Yes or No) 15e. yes
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FATHER—NAME First Middle Last 16. James Taylor	MOTHER—MAIDEN NAME First Middle Last 17. Dorothy Lintz
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INFORMANT—NAME (Type or Print) 18a. Lucinda A. Taylor - Wife	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1168 Country Club Dr., Minden, Nevada 89423
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BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory	LOCATION City or Town State 19c. Carson City, Nevada
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FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home 3945 Fairview Dr. Carson City, NV 89701
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21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 8-28-06 21b.	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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. 22c.
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HOUR OF DEATH 21c. 2010	HOUR OF DEATH 22c.
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NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.	PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON
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NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.) 23a. Lee Van Epps, M.D., 2874 N. Carson #200, Carson City, NV 89706	LICENSE NUMBER 23b. 5904
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REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. August 29, 2006	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Pulmonary fibrosis DUE TO, OR AS A CONSEQUENCE OF. (b) Lung cancer DUE TO, OR AS A CONSEQUENCE OF. (c)	Interval between onset and death : : : Interval between onset and death : : : Interval between onset and death : : :
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PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	AUTOPSY (Specify Yes or No) 26. NO	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO
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ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE



BK- 0807
PG- 5926

No. 341452

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134360 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:

AUG 29 2006

[Signature]

—STATE REGISTRAR

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

