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APN: 1220-08-811-012

OFFICIAL RECORD

Requested By:

PORTER SIMON PROFESSIONAL

CORPORATION

Douglas County - NV

Werner Christen - Recorder

Page: 1 of 4 Fee: 17.00

BK-1007 PG- 6400 RPTT: 0.00

Recording Requested By And

When Recorded Return to:

KELLEY R. CARROLL

PORTER • SIMON

Professional Corporation

40200 Truckee Airport Road

Truckee, CA 96161



Space Above For Recorder's Use

AFFIDAVIT - DEATH OF CO-TRUSTEE

COY DEAN SANDERS, of legal age, being first duly sworn, deposes and says:

That NANCY JANE SANDERS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NANCY SANDERS, named as one of the parties in that certain Trust Transfer Deed, dated July 12, 2005, executed by COY SANDERS and NANCY SANDERS, Husband and Wife, as Joint Tenants, granting to COY DEAN SANDERS and NANCY JANE SANDERS, Trustees of the COY DEAN SANDERS AND NANCY JANE SANDERS 2005 LIVING TRUST dated July 12, 2005, recorded as Document No. 0650338, on July 25, 2005, of Official Records of the Douglas County Recorder, State of Nevada, covering the following described property situated in City of Gardnerville, County of Douglas, State of Nevada:

See Exhibit "A" attached hereto and made a part hereof.

Commonly known as: 1185 Chisholm Trail, Gardnerville, Nevada 89460

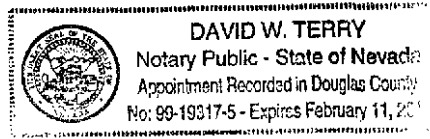
Dated: 10-16-07

State of NEVADA)
County of DOUGLAS)

Coy Dean Sanders
COY DEAN SANDERS

Subscribed and sworn (or affirmed) before me this 16th day of Oct, 2007, by COY DEAN SANDERS, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

David W. Terry
Notary Public
Commission No.: 99-14317-5
Commission Expires: 2-11-11



MAIL TAX STATEMENTS TO:

Coy Dean Sanders
1185 Chisholm Trail
Gardnerville, NV 89460

EXHIBIT "A"

Legal Description

1185 Chisholm Trail, Gardnerville, Douglas County, Nevada 89460

Lot 18, as shown on that Final Subdivision Map LDA#97-008-8 for SILVERANCH PHASE 8, filed for record on May 7, 2004, in Book 0504, at page 2789, as File No. 612542, Official Records, Douglas County, Nevada.

SUBJECT TO those certain covenants, conditions and restrictions recorded May 7, 2004, in Book 0504, Page 2799, as Document No. 612545, official records of Douglas County, Nevada.

RESERVING THEREFROM any and all appurtenant water rights, ditch and/or ditch rights, including but not limited to those certain rights under claims nos 254, 277, 278 and 279 of the final decree entered on October 28, 1989 in "United States of America v. Alpine Land and Reservoir Company et al, Civil Number D-183BRT, in the United States District Court for the District of Nevada.

APN: 1220-08-811-012



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

2005003108

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER 2005003108			STATE FILE NUMBER		
	DECEASED—NAME 1. Nancy Jane SANDERS			DATE OF DEATH (Month, Day, Year) 2. November 5, 2005		COUNTY OF DEATH 3a. Washoe
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. Indicate DOA, OF Emer. Rm. Inpatient (Specify) 3d. Inpatient
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White			AGE—Last Birthday (Years) 7a. 67		SEX 4. Female
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 8a. Colorado		CITY OF BIRTH 8b. U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8. November 24, 1937	
	SOCIAL SECURITY NUMBER 13. [REDACTED]		DECEDENT'S EDUCATION—Specify highest grade completed. 10. 12		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
PARENTS	RESIDENCE—STATE 15a. Nevada		CITY, TOWN, OR LOCATION 15b. Douglas		STREET AND NUMBER 15c. Trail 1185 Chisholm	
	FATHER—NAME 16. Wilbur Macy Swinford		MOTHER—MAIDEN NAME 17. Margaret Mary Prather		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Entombment		CEMETERY OR CREMATORY—NAME 19b. Mountain View Cemetery		LOCATION 19c. Reno Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 21		NAME AND ADDRESS OF FACILITY 20c. Mountain View Mortuary 425 Stoker Avenue Reno, Nevada 89503	
CERTIFIER	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) DATE SIGNED (Mo., Day, Yr.) 21b. <i>[Signature]</i> 21c. 11:51 AM		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) DATE SIGNED (Mo., Day, Yr.) 22b. <i>[Signature]</i> 22c. 11:51 AM		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Frieda M. Hulka MD 75 Pringle Way #102 Reno NV 89502					
CAUSE OF DEATH	REGISTRAR 24a. (Signature) <i>[Signature]</i> Dep		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. November 10, 2005		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Overwhelming sepsis DUE TO, OR AS A CONSEQUENCE OF: (b) Aortic aneurysm leak DUE TO, OR AS A CONSEQUENCE OF: (c) Perforated diverticula		Interval between onset and death 4 days 3 weeks 9 months			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No		
ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 28f.		DESCRIBE HOW INJURY OCCURRED 28d.		
		LOCATION 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR No. 322730



This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *Mary A. Anderson* Date: **DEC 1 2005**

WARNING: IT IS ILLEGAL TO ALT



WASHOE COUNTY RECORDER

OFFICE OF THE RECORDER
KATHRYN L. BURKE, RECORDER

1001 E. NINTH STREET
POST OFFICE BOX 11130
RENO, NEVADA 89520-0027
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FAX (775) 325-8010

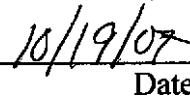
LEGIBILITY NOTICE

The Washoe County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties rights may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed it may not reproduce a legible copy.



Signature



Date



Printed Name