

OFFICIAL RECORD

Requested By:

RACHELLE J NICOLLE LTD

APN: 1320-03-001-014

RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DEED TO:

Rachelle J. Nicolle Ltd.
Attorney at Law
1662 Hwy. 395, Suite 214
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1107 PG- 5140 RPTT: 0.00



MAIL TAX STATEMENTS TO GRANTEEES:

Susan K. Dudley, Marilyn Dudley, and
Frederick Ralph Dudley, Trustees
P.O. Box 1594
Minden, NV 89423

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. [Per NRS 440.380(1)(a) and 40.525(5)]

CERTIFICATE OF TRUST FOLLOWING DEATH OF ORIGINAL TRUSTEE & SERVICE OF SUCCESSOR TRUSTEES

FREDERICK RALPH DUDLEY, SUSAN K. DUDLEY, formerly known as SUSAN DELGADO, and MARILYN DUDLEY, being of legal age, being first duly sworn, depose and say:

1. This Certification of Trust refers to The DOROTHY S. BARNES TRUST, U/D/T February 26, 1991, Amended October 24, 2003, (the "Trust") under a revocable trust agreement executed by Dorothy S. Barnes as the Grantor.
2. The original Trustee of the Trust was Dorothy S. Barnes.
3. We declare and affirm that Dorothy S. Barnes died on September 25, 2007. We also hereby declare and affirm that the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dorothy S. Barnes, Trustee of The Dorothy S. Barnes Trust, U/D/T February 26, 1991, Amended October 24, 2003.
4. In accordance with the terms of Article I of the Trust, we, FREDERICK RALPH DUDLEY, SUSAN K. DUDLEY, formerly known as SUSAN DELGADO, and MARILYN DUDLEY, are empowered to act as Successor Co-Trustees for the Trust after the death of Dorothy S. Barnes.
5. We hereby affirm our incumbency as Successor Co-Trustees, and declare our intention to act as the current Co-Trustees of The Dorothy S. Barnes Trust.
6. Dorothy S. Barnes is the named Grantor and Trustee and Grantee in that certain Grant Deed, granting to Dorothy S. Barnes, Trustee, and subsequent Trustees of the Dorothy S. Barnes Trust, all right, title and interest in the real property commonly known as 1553 Johnson Lane, Minden, Douglas County, State of Nevada, and recorded on 09/27/2001, in Document 0523812 of the official records of Douglas County, Nevada, and more particularly described as:

All that real property situate in the County of Douglas, State of Nevada, particularly described as follows:

Parcel No. 4-T13N-R20E Section 3 M.D.B.& M. as shown on the map thereof recorded in the Office of the County Recorder of Douglas County in Book 984, Page 608, as Document No. 106410

Together with the appurtenances and all the estate and rights of Grantor in and to said premises, subject to conditions, covenants and all other items of record.

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- 7. The assets held under this Trust are to be held under the following title:
Frederick Ralph Dudley, Susan K. Dudley, and Marilyn Dudley, Trustees
Dorothy S. Barnes Trust U/D/T February 26, 1991
- 8. The Dorothy S. Barnes Trust has not been revoked and there have been no amendments limiting the powers of the Trustees over Trust property.
- 9. We hereby declare, as the Trustees, that we have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the Dorothy S. Barnes Trust, including, but not limited to, the above-described real property, including any portion thereof.

We make this affirmation under penalty of perjury on November 14th, 2007.

Frederick Ralph Dudley
FREDERICK RALPH DUDLEY,
Co-Trustee

Susan K. Dudley
SUSAN K. DUDLEY, formerly known as
SUSAN DELGADO, Co-Trustee

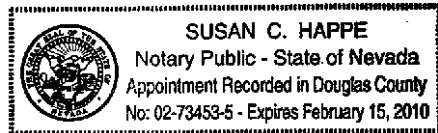
Marilyn Dudley
MARILYN DUDLEY, Co-Trustee

JURAT

State of Nevada)
County of Douglas)

Signed and sworn to before me on November 14, 2007 by FREDERICK RALPH DUDLEY, SUSAN K. DUDLEY, formerly known as SUSAN DELGADO, and MARILYN DUDLEY. I declare under penalty of perjury that the persons whose names are subscribed to this instrument appear to be of sound mind and under no duress, fraud or undue influence.

Susan C. Happe
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007007703

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME FIRST Dorothy			1b. MIDDLE S			1c. LAST BARNES			2. DATE OF DEATH (Mo/Day/Year) September 25, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1553 Johnson Lane				3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)			4. SEX Female			
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? if yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 03, 1925		
9a. STATE OF BIRTH (If not U.S.A., name country) New Hampshire			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Darwin A BARNES			
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker						14b. KIND OF BUSINESS OR INDUSTRY Own Home					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1553 Johnson Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER - NAME (First Middle Last Suffix) Hugh SAWYER						17. MOTHER - NAME (First Middle Last Suffix) Carrie WHEELER								
18a. INFORMANT- NAME (Type or Print) Darwin A BARNES						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1553 Johnson Lane Minden, Nevada 89423								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial				19b. CEMETERY OR CREMATORY- NAME Eastside Memorial Park				19c. LOCATION City or Town State Minden Nevada 89423						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop Carson City NV 89706								
TRADE CALL - NAME AND ADDRESS														
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 DAVID HOWARD JOHNSON M.D.						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)								
21b. DATE SIGNED (Mo/Day/Yr) September 26, 2007			21c. HOUR OF DEATH 08:05			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David Howard Johnson M.D. 1624 Library Lane Minden, NV. 89423										23b. LICENSE NUMBER 4143				
24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 28, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Lymphoma; diabetes; coronary artery disease										Interval between onset and death.				
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death.				
(b) DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death.				
(c) DUE TO, OR AS A CONSEQUENCE OF:										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.										25. 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- 1107
PG- 5142
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169541 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.

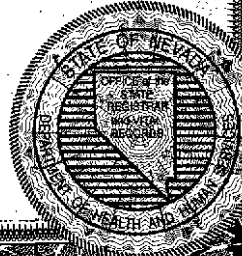
DATE ISSUED:

OCT 01 2007

STATE REGISTRAR

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

PNBCO (Rev) 11/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE