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APN: 1420-33-611-003

**RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DEED TO:**

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

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-1207 PG- 4290 RPTT: 0.00



MAIL TAX STATEMENTS TO GRANTEE:

James Nafus, Trustee
22469 Tula Dr.
Saugus, CA 91350

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)]

**CERTIFICATION of TRUST
Following the Deaths of Original Grantors and Co-Trustees
and Service of Successor Trustee**

I, JAMES NAFUS, hereby declare:

1. The present Trustee is JAMES NAFUS.
2. This Certification of Trust refers to the RUSSELL JOHN NAFUS AND CHERYL LINDA NAFUS FAMILY TRUST U/D/T OCTOBER 9, 1998, ("Trust") under a revocable trust agreement executed by RUSSELL JOHN NAFUS and CHERYL LINDA NAFUS as Grantors.
3. The first Trustees of the Trust were the Grantors RUSSELL JOHN NAFUS and CHERYL LINDA NAFUS.
4. CHERYL LINDA NAFUS died on April 8, 2000, as demonstrated by the Affidavit – Death of Co-Trustee & Continued Sole Service of Remaining Co-Trustee filed with the Douglas County Recorder's Office in 2001 as Document No. 510180. After the death of CHERYL LINDA NAFUS, RUSSELL JOHN NAFUS served alone as the remaining Trustee.
5. RUSSELL JOHN NAFUS died on November 30, 2007, as demonstrated by the attached certified Certificate of Death. I also hereby declare and affirm that the decedent mentioned above is the same person as RUSSELL JOHN NAFUS, Trustee of the RUSSELL JOHN NAFUS AND CHERYL LINDA NAFUS FAMILY TRUST U/D/T OCTOBER 9, 1998.

6. The terms of Article III of the Trust, empower me, JAMES NAFUS (the Grantors' son), to act as Successor Trustee for the Trust in the event of the disability or death of CHERYL LINDA NAFUS and of the disability or death of RUSSELL JOHN NAFUS.
7. I declare under penalty of perjury as follows: CHERYL LINDA NAFUS AND RUSSELL JOHN NAFUS are deceased.
8. I hereby affirm my incumbency as Successor Trustee and declare my intention to act as the current Trustee of the Trust since both Russell John Nafus and Cheryl Linda Nafus are deceased and therefore unable to serve as Trustees.
9. This Trust operates under its own tax number.
10. The assets held under this Trust are to be held under the following title:
James Nafus, Trustee,
Russell John Nafus and Cheryl Linda Nafus Family Trust U/D/T 10/9/1998
11. Correspondence should be directed to:
James Nafus, Trustee,
Russell John Nafus and Cheryl Linda Nafus Family Trust U/D/T 10/9/1998
22469 Tula Dr.
Saugus, CA 91350
12. When JAMES NAFUS is no longer serving as Trustee, the second successor Trustee is VALERIE HOLLAND.
13. Trustees have all powers enumerated in the Uniform Trusts Act, including the power to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interest in real and personal property in the name of the Trust.
14. RUSSELL JOHN NAFUS and CHERYL LINDA NAFUS are the named Grantors and Trustees in that certain Grant Deed, granting to RUSSELL JOHN NAFUS and CHERYL LINDA NAFUS, Trustees, and subsequent Trustees of the RUSSELL JOHN NAFUS AND CHERYL LINDA NAFUS FAMILY TRUST U/D/T OCTOBER 9, 1998 all right, title and interest in the real property commonly known as 1387 Sanden Lane, Minden, Nevada 89423, located in the County of Douglas, State of Nevada and more particularly described as:
Lot 3, in Block 7 as set forth on that certain Subdivision Plat of Mountain View Estates Unit No. 3, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 21, 1985 in Book 585, Page 1696, as Document No. 117600.
Assessment Parcel Number: 1420-33-611-003



15. The RUSSELL JOHN NAFUS AND CHERYL LINDA NAFUS FAMILY TRUST U/D/T OCTOBER 9, 1998 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
16. No person or entity paying money to or delivering property to the Trustee(s) shall be required to see to its application. All persons relying on this document regarding the Trustee(s) and their powers over Trust property shall be held harmless for any resulting loss or liability from such reliance. A copy of this Certificate of Trust shall be just as valid as the original.

IN WITNESS WHEREOF and intending to be legally bound hereby, I certify that the statements contained in this Certification of Trust are true and correct and that it was executed on 12-17-07.

James Nafus Trustee
 JAMES NAFUS, Trustee

State of Calif
 County of Los Angeles

JURAT

Catherine L. Rideout
 SUBSCRIBED AND SWORN TO (or affirmed) before me, *Catherine L. Rideout*, the undersigned, a Notary Public in and for said County and State, on Dec. 17, 2007, by James Nafus, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal:

Signature *Catherine L. Rideout*
 Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007011094
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 Russell			1b. MIDDLE John			1c. LAST NAFUS			2. DATE OF DEATH (Mo/Day/Yr) November 30, 2007			3a. COUNTY OF DEATH Washoe		
3b. CITY, TOWN, OR LOCATION OF DEATH Reno				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) St Mary's Regional Medical Center				3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Male			
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) 76		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	7c. UNDER 1 DAY HOURS: _____ MINS: _____	8. DATE OF BIRTH (Mo/Day/Yr) March 06, 1931				
9a. STATE OF BIRTH (If not U.S.A. name country) Pennsylvania			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 8	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)				
13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Stage Technician				14b. KIND OF BUSINESS OR INDUSTRY Entertainment						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1387 Sander Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
16. FATHER - NAME (First Middle Last Suffix) John NAFUS						17. MOTHER - NAME (First Middle Last Suffix) Florence SAPEK								
18a. INFORMANT - NAME (Type or Print) James R NAFUS						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 22469 Tula Dr. Saugus, California 91530								
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 Walton's Chapel of the Valley 1281 N Loop 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) DAVID CARL LEPLA M.D. SIGNATURE AUTHENTICATED						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) December 03, 2007				21c. HOUR OF DEATH 22:35		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 Carl Leppla M.D., 85 Kirman Ave., Suite 202 Reno, NV, 89502									23b. LICENSE NUMBER 11236					
24a. REGISTRAR (Signature) SANDI BRIDGES SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 06, 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) Respiratory Failure Interval between onset and death														
(b) Brain Stem Herniation Interval between onset and death														
(c) Acute Intracranial Hemorrhage Non Traumatic 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.									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

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177488 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:

12/07/2007

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

SIGNATURE AUTHENTICATED

