

APN: 1320-32-612-013

**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-0208 PG-0278 RPTT: 0.00



MAIL TAX STATEMENTS TO GRANTEE:

George F. Clifton Jr., Trustee
1760 Iris Court
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)]

**CERTIFICATION of TRUST
Following Death of Original Co-Trustee and
Continued Sole Service of Remaining Co-Trustee**

GEORGE F. CLIFTON JR., being of legal age, being first duly sworn, deposes and says:

1. This Certification of Trust refers to the CLIFTON FAMILY TRUST U/D/T 09/07/1988, (the "Trust") under a revocable trust agreement executed by MARY M. CLIFTON and GEORGE F. CLIFTON JR. as the Grantors.
2. The original Trustees of the Trust were MARY M. CLIFTON and GEORGE F. CLIFTON JR..
3. I declare and affirm that MARY M. CLIFTON died on October 24, 2007. I also hereby declare and affirm that the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as MARY M. CLIFTON, Trustee of the CLIFTON FAMILY TRUST U/D/T 09/07/1988.
4. In accordance with the terms of the Trust, I, GEORGE F. CLIFTON JR., am empowered to act as Sole Trustee for the Trust after the death of MARY M. CLIFTON. I hereby affirm my incumbency as Sole Trustee, and declare my intention to act as the Trustee of the CLIFTON FAMILY TRUST U/D/T 09/07/1988.
5. MARY M. CLIFTON is one of the named Trustees and Grantees in that certain Grant Deed, granting to MARY M. CLIFTON, Trustee, and subsequent Trustees of the CLIFTON FAMILY TRUST U/D/T 09/07/1988, all right, title and interest in the following real property identified by:

AAPN: 1320-32-612-013

Commonly Known As: 1130 Spruce St., Minden, Nevada

Recorded On:February 25, 1999

As Document Number: 461933

In Book:02 99

On Page:5181

Official Records of:Douglas County, Nevada

Legal Description:Lot 6, in Block B, as shown on the map of West Addition to the TOWN OF GARDNERVILLE, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 14, 1958, in book 1 of Maps, as Document No. 13016. APN: 1320-32-612-013

- 6. The CLIFTON FAMILY TRUST U/D/T 09/07/1988 has not been revoked and there have been no amendments limiting the powers of the Trustee over Trust property.
- 7. I hereby declare, as Sole Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the CLIFTON FAMILY TRUST U/D/T 09/07/1988, including, but not limited to, the above-described real property, including any portion thereof.
- 8. I make this affirmation under penalty of perjury on 1/23, 2008.

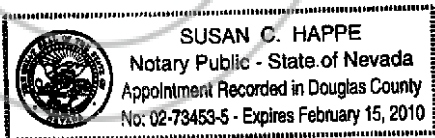
George F. Clifton Jr. 1/23/08
 George F. Clifton Jr., Date
 Successor and Current Trustee
 CLIFTON FAMILY TRUST U/D/T 09/07/1988

JURAT

State of Nevada)
County of Douglas)

Signed and sworn to before me on 1/23, 2008 by GEORGE F. CLIFTON JR.. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Susan C. Happe
 Susan C. Happe, NOTARY PUBLIC



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 BK- 0208
 PG- 279

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007009124
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 Mary			1b. MIDDLE Marcelline			1c. LAST CLIFTON			2. DATE OF DEATH (Mo/Day/Year) October 24, 2007			3a. COUNTY OF DEATH Carson City					
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center						3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient.			4. SEX Female		
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) 77			7b. UNDER 1 YEAR -MOS -DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) February 01, 1930		
9a. STATE OF BIRTH (If not U.S.A., name country) Kansas			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) George F CLIFTON JR					
13. SOCIAL SECURITY NUMBER [REDACTED]-4161						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 1760 Iris Ct			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First, Middle, Last, Suffix) Albert SLATTERY						17. MOTHER - NAME (First, Middle, Last, Suffix) Honora SPAIGHT											
18a. INFORMANT - NAME (Type or Print) George F CLIFTON JR						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1760 Iris Ct 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 Douglas County Mortuary 1478 4th Street Minden NV 89423								
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) JOHN PAUL KELLY 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) October 29, 2007			21c. HOUR OF DEATH 15:50			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) John Paul Kelly M.D. 2874 N. Carson Street #210 Carson City, NV 89706									23b. LICENSE NUMBER 6376								
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 29, 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) Rectal Cancer						Interval between onset and death 7 Years											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(b)						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(c)						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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175108 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:

11/01/2007

SIGNATURE AUTHENTICATED

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

PRNCO (Rev) 11/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE