

OFFICIAL RECORD
Requested By:
1ST AMERICAN LENDERS
ADVANTAGE

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0208 PG- 1371 RPTT: 0.00



APN: 141901701011
R.P.T.T.: \$0.00

Recording Requested By:
R. Gregory Bridgeland
3669 Cindys Trails
Carson City, Nevada 89705

After Recording Mail To:
Johnathan and Kara Neumann
3669 Cindys Trails
Carson City, Nevada 89705

Send Subsequent Tax Bills To:
Johnathan and Kara Neumann
3669 Cindys Trails
Carson City, Nevada 89705
When recorded mail to:
First American Title Insurance Co.
Lenders Advantage
1100 Superior Avenue, Suite 200
Cleveland, Ohio 44114
Attr: NR1120

Solo 388

AFFIDAVIT OF SUCCESSOR TRUSTEE

TITLE OF DOCUMENT

13686215

I/We, **R. Gregory Bridgeland**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated DECEMBER 27, 2005, **Joan Knoll** executed the **Joan Knoll Trust**.
2. Said trust appointed me/us to serve as Successor Trustee(s) upon the death or incapacity of **Joan Knoll**.
3. **Joan Knoll** died on **July 15, 2007** at **Carson City, Nevada**, a resident of **Douglas County, Nevada**. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said **Joan Neumann Knoll**.
4. Pursuant to the terms of the Trust, I/We have assumed the responsibilities of Successor Trustee(s).
5. The real property subject hereof is part of the trust estate, situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

SEE EXHIBIT "B" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **3669 Cindys Trails**
Carson City, Nevada 89705

Per NRS 111.312 - The Legal Description appeared previously in Deed, recorded on 1/10/06 DOUGLAS, as Document No. 0665223 in Douglas County Records, Douglas County, Nevada.

6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to **R. Gregory Bridgeland** as Successor Trustee(s).

DATED this 13TH day of NOVEMBER, 2000.

R. Gregory Bridgeland
R. Gregory Bridgeland, Successor Trustee

STATE OF _____)
COUNTY OF _____) ss

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____,
by **R. Gregory Bridgeland, Successor Trustee.**

NOTARY STAMP/SEAL

Notary Public

Title and Rank
My Commission Expires: _____

see attached

I, **R. Gregory Bridgeland**, hereby affirm that this document submitted for recording does/does not contain a social security number.

R. Gregory Bridgeland
Signature
R. Gregory Bridgeland, Successor Trustee
Printed Name

Affiant
Title

CALIFORNIA JURAT WITH AFFIANT STATEMENT

State of California

County of San Diego } ss.

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], not Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

Subscribed and sworn to (or affirmed) before me on this

13th day of November, 2007, by

(1) B. Gregory Bridgeland
Date Month Year Name of Signer

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (.)
(and

(2) _____
Name of Signer

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

[Signature]
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Affidavit of Successor

Document Date: 11/13/07 Number of Pages: 3

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1

Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2

Top of thumb here



EXHIBIT "B"
LEGAL DESCRIPTION

THE LAND REFERRED TO HEREIN IS SITUATED IN THE STATE OF NEVADA, COUNTY OF DOUGLAS, CITY OF CARSON CITY, AND DESCRIBED AS FOLLOWS:

THE SOUTH 132 FEET OF THE EAST HALF (E 1/2) OF THE NORTHWEST QUARTER (NW 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) AND THE NORTH 20 FEET OF THE EAST HALF (E 1/2) OF THE SOUTHWEST QUARTER (SW 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF THE SOUTHWEST QUARTER (SE 1/4), ALL IN SECTION 1, TOWNSHIP 14 NORTH, RANGE 19 EAST, M.D.B. &M.

EXCEPT THEREFROM THE SOUTHEASTERLY PORTION OF SAID LAND CONVEYED TO THE COUNTY OF DOUGLAS, STATE OF NEVADA, FOR PUBLIC ROAD, IN INSTRUMENT DATED OCTOBER 5, 1972, RECORDED OCTOBER 11, 1972, IN BOOK 1072, PAGE 254, DOCUMENT NO. 62250, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on 11/10/06 000643, as Document No. 0665223 in Douglas County Records, Douglas County, Nevada.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007004353
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 Joan			1b. MIDDLE Neumann			1c. LAST KNOLL			2. DATE OF DEATH (Mo/Day/Year) July 15, 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) 3669 Cindy Trail						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. No Non-hispanic			7a. AGE-Last birthday (Years) 72			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) July 13, 1935					
9a. STATE OF BIRTH (If not U.S.A., name country) Pennsylvania			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)								
13. SOCIAL SECURITY NUMBER						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Registered Nurse						14b. KIND OF BUSINESS OR INDUSTRY Physicians Office								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Carson City			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 3669 Cindy Trail			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes								
16. FATHER - NAME (First Middle Last Suffix) Edward LEWIS						17. MOTHER - NAME (First Middle Last Suffix) Natalie DEVAL														
18a. INFORMANT- NAME (Type or Print) Brad NEUMANN						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 881 Amador Circle Carson City, Nevada 89705														
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. Raggio 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) KELLE LYNN BROGAN 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) July 18, 2007						21c. HOUR OF DEATH 13:55			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) Kelle Lynn Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511												23b. LICENSE NUMBER 6000								
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 19, 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).)												Interval between onset and death								
PART I (a) Malignant Neoplasm Brain												Interval between onset and death								
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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BK- 0208
PG- 1375

157975 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:

07/20/2007

SIGNATURE AUTHENTICATED

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

PBNC01 Rev 11/06

