jle?

APN: 1420-28-113-003 WHEN RECORDED RETURN TO: DAWN ELLERBROCK, ESQ. ALLISON, MacKENZIE, PAVLAKIS, WRIGHT & FAGAN, LTD. P.O. Box 646 Carson City, NV 89701

MAIL TAX STATEMENTS TO: PHYLLUS M. LIDSTER, Trustee 2958 San Mateo Drive Minden, NV 89423

The party executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person as required pursuant to NRS 440.380.

DOC # 0720007
03/21/2008 10:11 AM Deputy: S
OFFICIAL RECORD
Requested By:
ALLISON MACKENZIE PAVLAKIS

Douglas County - NV
Werner Christen - Recorder
a: 1 Of 3 Fee: 16.00

Page: 1 Of 3 Fee: BK-0308 PG-4815 RPTT:



0.00

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA) : ss. CARSON CITY)

PHYLLUS M. LIDSTER, being first duly sworn, deposes and says:

- 1. That JAMES H. LIDSTER died on October 8, 2006, and a Certificate of Death is attached hereto and incorporated herein by this reference.
- 2. That JAMES H. LIDSTER was one of the Trustees under that certain revocable Declaration of Trust dated January 20, 1992, and as amended on October 16, 1997, known as the JAMES H. LIDSTER FAMILY REVOCABLE TRUST; the owner of all that certain real property situate in the County of Douglas, State of Nevada, commonly known as 2958 San Mateo Drive, Minden, Nevada, being Assessor's Parcel Number 1420-28-113-003, as more particularly described in that certain Grant, Bargain, Sale Deed, dated August 3, 2004, recorded

in the Official Records of the County of Douglas, State of Nevada, as Document No. 620699, and being more particularly described as follows:

Lots 227, Block E, as shown on the Final Map #PD99-02-04 for SARATOGA SPRINGS ESTATES UNIT NO. 4, A PLANNED UNIT DEVELOPMENT, recorded in the Office of the County Recorder of Douglas County, Nevada, on May 19, 2000, in Book 0500, Page 4445, as Document No. 492337, and as shown on Certificate of Amendment recorded November 30, 2000, in Book 1100, Page 6042, as Document No. 504169.

- 3. PHYLLUS M. LIDSTER is the surviving Trustee under the JAMES H. LIDSTER FAMILY REVOCABLE TRUST.
- 4. That as of this date, the JAMES H. LIDSTER FAMILY REVOCABLE TRUST has not been revoked and Affiant is the sole Trustee thereof.
- 5. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

DATED

March 20

, 2008.

PHYLLUS M. LIDSTER, Trustee

NOTARY PUBLIC

LORETTA MARIE EVENSON Notary Public - State of Nevada Appointment Recorded in County of Cerson City My Appointment Expires September 29, 2008

2

PG- 4816 13/21/2008

STAND DE LE DIN DA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH

VITAL STATISTICS

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

		LOCAL FILE NUMBER			1,				STATE F	ILE NUMBER
YPE PRINT	$\overline{}$	DECEASED—NAME First		Middle		ast	DATE OF DEATH (Month, Day, Year)	OC.	DUNTY OF DEATH
EN FANENT		_{1.} James	H	• •	LIDST	ER.	2 October	8, 2006) 3a.	Carson City
CK INK	ī	CITY, TOWN OR LOCATION OF D	EATH	HOSPITAL OR OTH	R INSTITUTION Name	(if not either, give stre	et and number)	If Hosp, or Inst. indicate Rm. Inpatient (Specify)	DOA, OP/Em	or. SEX
	;	_{3b.} Carson City	_ ·	3c.Carson :	Cahoe Regio	nal Healt	hcare	3. Inpatio		4. Male
DENT	ī	PACE—(e.g., White, Black, America Indian, etc.) (Specify)	ın Was De	ecedent of Hispanic O	igin? Specify ☐ yes 🗖 n rto Rican, etc.	o If yes, AGE—Last	UNDER 1 Y	EAR UNDER 1 DA		F BIRTH (Mo., Day, Yr.)
1		5. White	6.	Mexican, Coban, Foo	ito ricali, etc.	7a 70	7b.	.7c.		ıly 29, 1936
DEATH	1	STATE OF BIRTH		IZEN OF WHAT COU	N- Decedent's Educat	ion. Specify highest	MARRIED, NEVE WIDOWED, DIVO	R MARRIED,		OUSE (if wife, give maiden name)
uared in Ittution	,	(N not U.S.A., name country) 9a. California	7R\ 96.	U.S.A.	grade completed.	zears	(Specify) Mar		12.Phy11	lus Corradino
HANDBOOK Harding	1	SOCIAL SECURITY NUMBER	บรเ	UAL OCCUPATION (G	ive Kind of Work Done C			ESS OR INDUSTRY		
LETION OF ENCE ITEMS		13. -5 869	14a	rking Life Even if Reti	Owner 🦟		Tab. C	nstructio	n -	
	i	RESIDENCE-STATE	COUNTY	# N. N. W.	CITY, TOWN, OR L	OCATION	STREE	AND NUMBER	-],	INSIDE CITY LIMITS (Specify Yes or No)
->		_{15a.} Nevada	_{15b.} Doû	glas 🎺 🐪	15c. Mino	len 📈	154 1	58 Sàn Mat	CO DISI	ispecily riss of No.) 15e. Ves
	\geq_{1}	FATHER NAME First	727	Middle .	Last	MOTHER-MAIDE	N NAME / Fit	st AV	Middle	Last
ENTS		16. Howard	1 /		Lidster	17.	Mabe.	The same of the f		Hansen
	ो	INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street of R.F.D. No., City or Town, State, Zip)								
	-	Phyllus Lidster - Wife P.O. Box 2577, Minden, Nevada 89423								
DSITION	1	BURIAL, CREMATION, REMOVAL,	OTHER (Spec	city) / CEMETE	RY OR CREMATORY-		1/		City or Town	State
		19a Cremation 19b FitzHenry's Crematory 19c Carson City, Nevada								
	Ī	FUNERAL DIRECTOR—SIGNATUR (Or Person Acting as Such)	E	- ZERNEDA	L DIDECTOR LIAME	NO ADDDECO OF EA	CHITY TO A	Transfer To Transfer		TT
		20a. * 11mm	1	200.	NUMBER 21 7 20c.	3945 Fai	rview Dri	ve, Carsor	City,	NV 89701
		21a. The best of my knowl	edge, death oc	commed all the time, da	ite and place and	E 15 47.	at the time, date	and place and due to t	stigation, in my he cause(s) an	opinion death occurred d manner stated.
	2		>" we kee	ではまたが	ريا الشيالينية	6.00	(Signature and Title) DATE SIGNED (Mo.,	→ # - ## .		
	, jed	(Signature and Title) DATE SIGNED (Mo., Da	ıy, Ye.)	HOUR OF D	EATH A PARTY OF	#5×i	DATE SIGNED (Ma.,	Day, Yr.)	OUR OF DEAT	тн
77-11-12	Š	21b. 10/10	الماصور	21c.	0215 ₃₀ , 📜		226.		2c.	
IFIER	2	NAME OF ATTENDING	PHYSICIAN I	FOTHER THAN CER	NFIER (Type or Print)	79 20	PRONOUNCED DEA	D (Mo., Day, Yr.)	PRONOUNCED	DEAD (Hour)
- 1		21d:	1, 7				22d. ON		2e. AT	
- 1		NAME AND ADDRESS	1 /	3.00	" " "			-700	LICEN	ISE NUMBER
1	_	23a. Richard	Yamamo	oto NM.D.,	2874 N C				23b.	5778
TIONS	Ŧ	REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE								
WY GAVE E TO DIATE				euma	24b.	October	1,2006	24c. YES□	NO 🔯	* * **
DIATE USE VG THE		25. IMMEDIATE CAUSE (EN)	TER ONLY ON	NE CAUSE PER LINE	FOR (a), (b), AND (c).)				Interval	between onset and death
rlying 🔐	/ ı		ris	200		- A. S. A. S	. ,	-	:	, 5
ELAST		DUE TO, OR AS	CONSEQUEN	ICE OF:				-	interval	between onset and death
4	1	100 Kea	tores	CCULAY ICE OF:	fretul	م			::	,
	1	DUE TO, OR AS A	CONSEQUEN	ICE OF:	1)				interval	between onset and death
SE OF		(c)		*	V		<u>.</u>			or percented to
ATH	1	PART OTHER SIGNIFICANT (CONDITIONS-	-Conditions contribution	ng to death but not resulti	ng in the underlying ca	use given in Part 1.	res or	NO! CUHCNI	EH (Specify Les OL MO)
	-	Kecta Acc., suicide, Hom., undet., T	<u>1</u> 01		NO OF INA		UDV OCCUPACE	26. No	27.	No
- \	Í	ACC., SUICIDE, HOM., UNDET, OR PENDING INVEST. (Specify)	DATE OF INJU		OUR OF INJURY	DESCRIBE HOW INJ	ONT COUMNED			,
1	١.	28s ×	28b.	28		28d.	STREET OR R.	ED No.	TY OR TOWN	STATE
	- 30	(Specify Yes or No)		NJURY—At home, tam building, etc. (S	n, street, factory, office (pecify)	LOCATION.	OINCEL ON HA	-,o, No. Cl	I ON IOMN	VIAI
ı	`	28e	28f. /			28g.				
		1			B		BK- 03	808 N	o. 34	5057 - 1

0720007 Page: 3 Of 3 03/21/2008

STATE REGISTRAR

139789

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered a placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

OCT 1 1 2006

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

