

OFFICIAL RECORD

Requested By:

ALLISON MACKENZIE PAVLAKIS

APN: 1420-28-510-005  
WHEN RECORDED RETURN TO:  
DAWN ELLERBROCK, ESQ.  
ALLISON, MacKENZIE, PAVLAKIS,  
WRIGHT & FAGAN, LTD.  
P.O. Box 646  
Carson City, NV 89701

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 5 Fee: 18.00  
BK-0408 PG- 436 RPTT: 0.00



MAIL TAX STATEMENTS TO:  
PATRICK DAUGHERTY  
160 Yampa Way  
Fremont, CA 94539

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

AFFIDAVIT OF DEATH OF TRUSTEES

STATE OF CALIFORNIA )

: ss.

COUNTY OF Alameda )

PATRICK DAUGHERTY, being first duly sworn, deposes and says:

1. That CATHERINE HENRIETTA DAUGHERTY, also known as CATHERINE M. DAUGHERTY, died on June 29, 2004, and a Certificate of Death is attached hereto and incorporated herein by this reference.

2. That RALPH FRANK DAUGHERTY, also known as RALPH F. DAUGHERTY, died on June 25, 2007, and a Certificate of Death is attached hereto and incorporated herein by this reference.

3. That RALPH F. DAUGHERTY and CATHERINE M. DAUGHERTY were the Settlers and original Trustees of that certain Declaration of Trust dated October 4, 2001;

the owner of all that certain real property situate in the County of Douglas, State of Nevada, commonly known as 1417 North Santa Barbara Drive, Minden, Nevada, being Assessor's Parcel Number 1420-28-510-005, as more particularly described in that certain Grant, Bargain, and Sale Deed, dated August 30, 2002, recorded in the Official Records of the County of Douglas, State of Nevada, as Document No. 0706592, in Book 0707, at Page 11152, and being more particularly described as follows:

Lot 4, Block A, as shown on the official plat of Mission Hot Springs, Unit No. 1, filed in the office of the Recorder of Douglas County, State of Nevada, on July 1, 1987, in Book 787, Page 1, as Document No. 157492 of Official Records.

4. That due to the passing of both RALPH F. DAUGHERTY and CATHERINE M. DAUGHERTY, that certain Declaration of Trust dated October 4, 2001, is irrevocable and that PATRICK DAUGHERTY is the sole Successor Trustee thereof.

5. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

DATED MAR 28, 2008.

Patrick Daugherty  
PATRICK DAUGHERTY, Successor Trustee

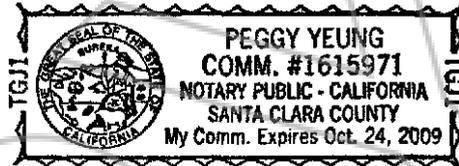
On MAR 28, 2008, before me, Peggy Young,

a notary public, personally appeared PATRICK DAUGHERTY, ~~personally known to me~~ (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to

the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person (or entity upon behalf of which the person acted), executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC *Pg*



COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH — SECTION OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2004 0008345

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Catherine Henrietta DAUGHERTY		June 29, 2004		3a. Douglas		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Minden		3c. 1417 N. Santa Barbara Dr.		3e. <input checked="" type="checkbox"/>		4. Female	
RACE—(s.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 81		7b. : : 7c. : : 8. November 1, 1922	
STATE OF BIRTH (If not U.S.A., name country)		CITY OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Oklahoma		9b. U.S.A.		10. 11		11. Married 12. Ralph Daugherty	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. ██████████-3108		14a. Homemaker		14b. Own Home			
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15b. Douglas		15c. Minden		15d. 417 N. Santa Barbara 15e. Yes	
FATHER—NAME First Middle Last				MOTHER—MAIDEN NAME First Middle Last			
16. Marco Marcolette				17. Mary Henrietta Braum			
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Sheet or R.F.D. No., City or Town, State, Zip)			
18a. Ralph Daugherty				18b. 1417 North Santa Barbara Dr., Minden, NV. 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Removal/Burial		19b. Oak Hill Memorial Park		19c. San Jose California			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. Jimmy Daugherty		20b. 09		20c. 1478 4th St., Minden, Nevada 89423 53			
21a. To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>				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) and manner stated. (Signature and Title) <i>[Signature]</i>			
DATE SIGNED (Mo., Day, Yr.)				HOUR OF DEATH			
21b. 6/30/04				21c. 1935			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22b. PRONOUNCED DEAD (Mo., Day, Yr.)			
21d.				22c. PRONOUNCED DEAD (Hour)			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)				LICENSE NUMBER			
23a. David Hoskins, M.D., 1664 Hwy 395 N., #201, Minden, NV 89423				23b. 4628			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) <i>[Signature]</i>		24b. June 30, 2004		24c. 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) Congestive Heart Failure							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Ischemic Cardiomyopathy							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.						AUTOPSY (Specify Yes or No)	
26. COPD w/hx of Smoking, Renal Insufficiency						26. NO	
WAS CASE REFERRED TO CORONER (Specify Yes or No)							
27. YES							
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
29a.		29b.		29c.		29d.	

STATE REGISTRAR

No. 264083



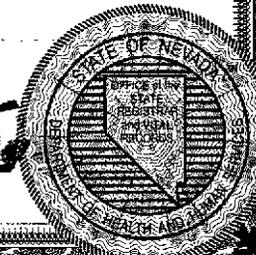
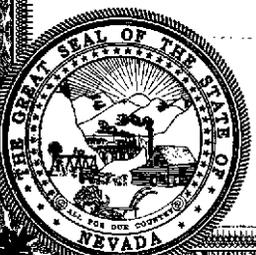
159128 0720721 Page: 4 of 5 04/02/2008

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: JUL 30 2007

*[Signature]*  
STATE REGISTRAR

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



PHNCO (Rev) 1/06

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**CERTIFICATE OF DEATH**

2007003677  
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

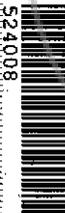
REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED NAME - FIRST Ralph			1b. MIDDLE Frank			1c. LAST DAUGHERTY			2. DATE OF DEATH (Mo/Day/Year) June 25, 2007			3a. COUNTY OF DEATH Douglas											
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Evergreen Gardnerville Health & Rehab Center			3e. If Hosp. or Inst. Indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Male														
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) 90			7b. UNDER 1 YEAR MOS   DAYS			7c. UNDER 1 DAY HOURS   MINS			8. DATE OF BIRTH (Mo/Day/Yr) April 22, 1917								
9a. STATE OF BIRTH (if not U.S.A., name country) Nevada			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)											
13. SOCIAL SECURITY NUMBER ██████████-4747			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Painter			14b. KIND OF BUSINESS OR INDUSTRY Painting																	
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1417 N. Santa Barbara Dr.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes											
16. FATHER - NAME (First Middle Last Suffix) Raymond DAUGHERTY						17. MOTHER - NAME (First Middle Last Suffix) Pauline BRIDDLER																	
18a. INFORMANT - NAME (Type or Print) Patrick DAUGHERTY						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 160 Yampa-Fremont, California 95439																	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Shipout/Burial						19b. CEMETERY OR CREMATORY - NAME Oak Hill Memorial Park						19c. LOCATION City or Town, State San Jose California 95125											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> 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 <b>DAVID STANDISH HOSKINS M.D.</b>						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) June 27, 2007						21c. HOUR OF DEATH 11:00						22b. DATE SIGNED (Mo/Day/Yr)											
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22c. HOUR OF DEATH						22d. PRONOUNCED DEAD (Mo/Day/Yr)											
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22e. PRONOUNCED DEAD AT (Hour)																	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) David Standish Hoskins M.D. 1664 Hwy. 395 #201 Minden, NV 89423												23b. LICENSE NUMBER 4628											
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 27, 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) Glioblastoma Multiforme												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 Coronary Artery Disease, Renal Insufficiency												26. AUTOPSY (Specify Yes or No) No						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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- 0408  
PG- 440  
04/02/2008

0720721 Page: 5 OF 5

153947

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: 06/29/2007

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

PNCO (REV) 1106

SIGNATURE AUTHENTICATED  
STATE REGISTRAR

