

DOC # 724915
06/12/2008 02:09PM Deputy: PK
OFFICIAL RECORD
Requested By:
ANDERSON & DORN LTD
Douglas County - NV
werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-608 PG-3008 RPTT: 0.00



This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).

Brandingham

Brandi Ballingham, Legal Assistant
ANDERSON & DORN, LTD.

APN: 1420-08-214-014 and 1420-18-710-060

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Ste, 860
Reno, NV 89521

WHEN RECORDED MAIL TO:

Norma Greenwood-Erickson
3543 N. Sunridge Drive
Carson City, Nevada 89705

MAIL TAX STATEMENTS TO:

Norma Greenwood-Erickson
3543 N. Sunridge Drive
Carson City, Nevada 89705

AFFIDAVIT OF DEATH OF TRUSTEE

I, Norma Greenwood-Erickson, 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 February 2, 2005, Albert Erickson and I executed the Erickson Trust ("Trust").

(2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of Albert Erickson.

(3) Albert Erickson died on June 30, 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 Albert Erickson.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007003771
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
SAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME- FIRST Albert		1b. MIDDLE ERICKSON JR		1c. LAST ERICKSON JR		2. DATE OF DEATH (Mo/Day/Year) June 30, 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) Evergreen at CC Health and Rehab Ctr			3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)		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. Non-hispanic		7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 21, 1926
9a. STATE OF BIRTH (If not U.S.A. name country) Florida		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Norma STEWART			
13. SOCIAL SECURITY NUMBER [REDACTED] 6918			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired) Brick Mason			14b. KIND OF BUSINESS OR INDUSTRY Construction				
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 3543 Sunridge Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		
16. FATHER - NAME (First Middle Last Suffix) Albert ERICKSON SR					17. MOTHER - NAME (First Middle Last Suffix) Edith ALFSON					
18a. INFORMANT- NAME (Type or Print) Norma ERICKSON				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3543 N. Sunridge Drive Carson City, Nevada 89705						
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens			19c. LOCATION City or Town State Reno Nevada 89503				
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701				
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 GAIL P. KRIVAN M.D.					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 02, 2007			21c. HOUR OF DEATH 17:00			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) GAIL P. KRIVAN M.D. 1011 N. Mountain Street Carson City, NV 89703								23b. LICENSE NUMBER -9735		
24a. REGISTRAR (Signature): CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 03, 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 (a) Acute Cardiopulmonary Arrest										
DUE TO, OR AS A CONSEQUENCE OF										
(b) Aspiration Pneumonia										
DUE TO, OR AS A CONSEQUENCE OF										
(c)										
PART 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) 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-608
PG-3010

724915 Page: 3 of 4 06/12/2008

VRS-Rev

154536 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: 07/05/2007

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

1980C (Rev) 1/06

SIGNATURE AUTHENTICATED

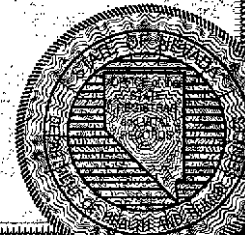


EXHIBIT "B"

Legal Description:

Lot 2, in Block L, as set forth on the final map of SUNRIDGE HEIGHTS, PHASE 4, a Planned Unit Development, filed for record in the office of the County recorder of Douglas county, State of Nevada, on July 1, 1994, in Book 794, Page 1, as Document No. 340968.

APN: 1420-08-214-014

Property Address: 3543 N. Sunridge Drive, Carson City, Nevada 89705

Legal Description:

The land referred to herein is situated in the State of Nevada, County of DOUGLAS described as follows:

Lot 60 in Block B, as set forth on that certain Amended Final Map LDA #99-54-1A for SUNRIDGE HEIGHTS III, PHASE 1A, a Planned Unit Development, recorded in the office of the Douglas County Recorder on December 29, 2003, in Book 1203, Page 12019, as Document No. 600647.

APN: 1420-18-710-060

Property Address: 931 Chip Creek Court, Carson City, Nevada

This Affidavit of Death was prepared without the benefit of a title search and the description of the property was furnished by the parties. The preparer of this Affidavit of Death and attached property description assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

