

15

OFFICIAL RECORD

Requested By:
JOAN E REID

APN 1419-11-001-009

Recording requested by and when recorded, mail to:

Joan E. Reid, Esq.
PO Box 943
Carson City, NV 89702

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0708 PG- 5533 RPTT: 0.00



Mail tax statements to:
Marie-Christine Fry and
Maxine Cirac, T/I/C
3547 Mont Blanc
Carson City, NV 89701

AFFIDAVIT - DEATH OF TRUSTEE

I, **JOAN E. REID, ESQ.**, being of legal age, being first duly sworn, depose and say under penalty of perjury under the laws of the State of Nevada that:

ODILE M. BLACKBURN, the decedent described in the attached certified copy of Certificate of Death, died on December 11, 2007, and is the same person named in that Trust Transfer Deed dated November 2, 1993. Said deed transferred ownership to herself as Trustee of the ODILE M. BLACKBURN 1993 TRUST DATED NOVEMBER 2, 1993, and was recorded on November 15, 1993, as document number 322518, in Book 1193, Pages 2569-70 in Official Records of Douglas County, Nevada.

The Trust provides that upon ODILE M. BLACKBURN'S death, her daughters, MARIA-CHRISTINA FRY and MAXINE-ALIX CHIRAC, shall act as Co-Trustees, and that the property has now vested in their names as follows:

MARIA-CHRISTINA FRY and MAXINE-ALIX CHIRAC, Successor Co-Trustees of the ODILE M. BLACKBURN 1993 TRUST DATED NOVEMBER 2, 1993.

Dated this 21st day of July, 2008

JOAN E. REID, ESQ.

STATE OF NEVADA)
CARSON CITY)

Signed and sworn to before me on 7-21st, 2008,
by **JOAN E. REID, ESQ.**

Notary Public
My commission expires 03/01/2010



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007011685

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

1a. DECEASED-NAME FIRST Odile			1b. MIDDLE Marie			1c. LAST BLACKBURN			2. DATE OF DEATH (Mo/Day/Year) December 11, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City				3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 3547 Mont Blanc				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. Non-hispanic			7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY DAYS	7d. UNDER 1 DAY HOURS	7e. UNDER 1 DAY MINS	8. DATE OF BIRTH (Mo/Day/Yr) August 24, 1921		
9a. STATE OF BIRTH (If not U.S.A., name country) France			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 [REDACTED] 7668			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 Carson City			15d. STREET AND NUMBER 3547 Mont Blanc			15e. INSIDE CITY LIMITS (Specify Yes or No) No		

PARENTS

16. FATHER - NAME (First Middle Last Suffix) Jean DUCLOS						17. MOTHER - NAME (First Middle Last Suffix) Simone DROUET					
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DISPOSITION

18a. INFORMANT- NAME (Type or Print) Christina FRY				18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 950 Delmar Way Reno, Nevada 89509							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens				19c. LOCATION City or Town State Reno Nevada 89503			

TRADE CALL

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 Lompia Ln Carson City NV 89701			
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CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) ANTHONY TAYLOR ZIMMERMAN 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) December 12, 2007			21c. HOUR OF DEATH 16:35			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)		

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Anthony Taylor Zimmerman, M.D. 200 Bath Street Carson City, NV 89703								23b. LICENSE NUMBER 9259			
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CAUSE OF DEATH

24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 18, 2007				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))												
PART I	(a) Heart Disease/Atrial Fibrillation						Interval between onset and death Years					
}	(b) Failure to Thrive						Interval between onset and death Weeks					
	(c) DUE TO, OR AS A CONSEQUENCE OF:						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) 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



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183781 CERTIFIED COPY OF VITAL RECORDS

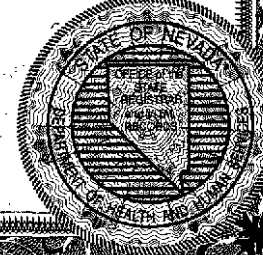
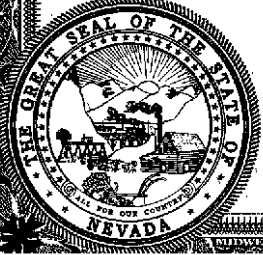
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

12/20/2007

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED



PBNC0 (Rev) 11/06