

17-

APN: 1418-10-810-010
Recording Requested By And
When Recorded Return to:

KELLEY R. CARROLL
PORTER • SIMON
✓ Professional Corporation
40200 Truckee Airport Road
Truckee, CA 96161

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0808 PG- 1980 RPTT: 0.00



MAIL TAX STATEMENTS TO:

Barbara W. Peregrine
P.O. Box 48
Glenbrook, NV 89413

SPACE ABOVE FOR RECORDER'S USE

Social Security Number Affirmation Statement:

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does **not** contain the social security number of any person;

-OR-

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document **does** contain the social security number of any person.

Janet Silver
Name

Paralegal
Title

Janet Silver
Signature

Title of Document Recorded:

AFFIDAVIT - DEATH OF CO-TRUSTEE

Commonly Known As: 205 S. Meadow Road, Glenbrook, Douglas County, Nevada

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AFFIDAVIT - DEATH OF CO-TRUSTEE

KELLEY R. CARROLL, of legal age, being first duly sworn, deposes and says:

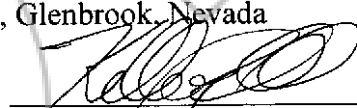
That HOWARD CLAYTON PEREGRINE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HOWARD C. PEREGRINE, named as one of the parties in that certain Grant Deed dated February 22, 2006, executed by HOWARD C. PEREGRINE and BARBARA W. PEREGRINE, husband and wife as joint tenants, conveying to HOWARD C. PEREGRINE and BARBARA W. PEREGRINE, Trustees of the PEREGRINE FAMILY TRUST, U.D.T. dated February 22, 2006, recorded as Document No. 0669417 on March 8, 2006, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit "A" attached hereto.

Assessor's Parcel Number: 1418-10-810-010

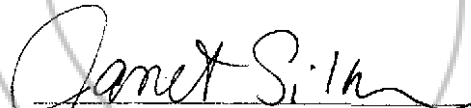
Commonly known as: 205 S. Meadow Road, Glenbrook, Nevada

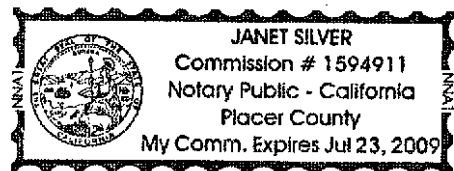
Dated: 8/08/08


KELLEY R. CARROLL

State of California)
County of Placer)

Subscribed and sworn (or affirmed) before me this 8th day of August, 2008, by KELLEY R. CARROLL, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.


Notary Public
Commission No.: 1594911
Commission Expires: 7-23-2009



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P.O. Box 48
Glenbrook, NV 89413

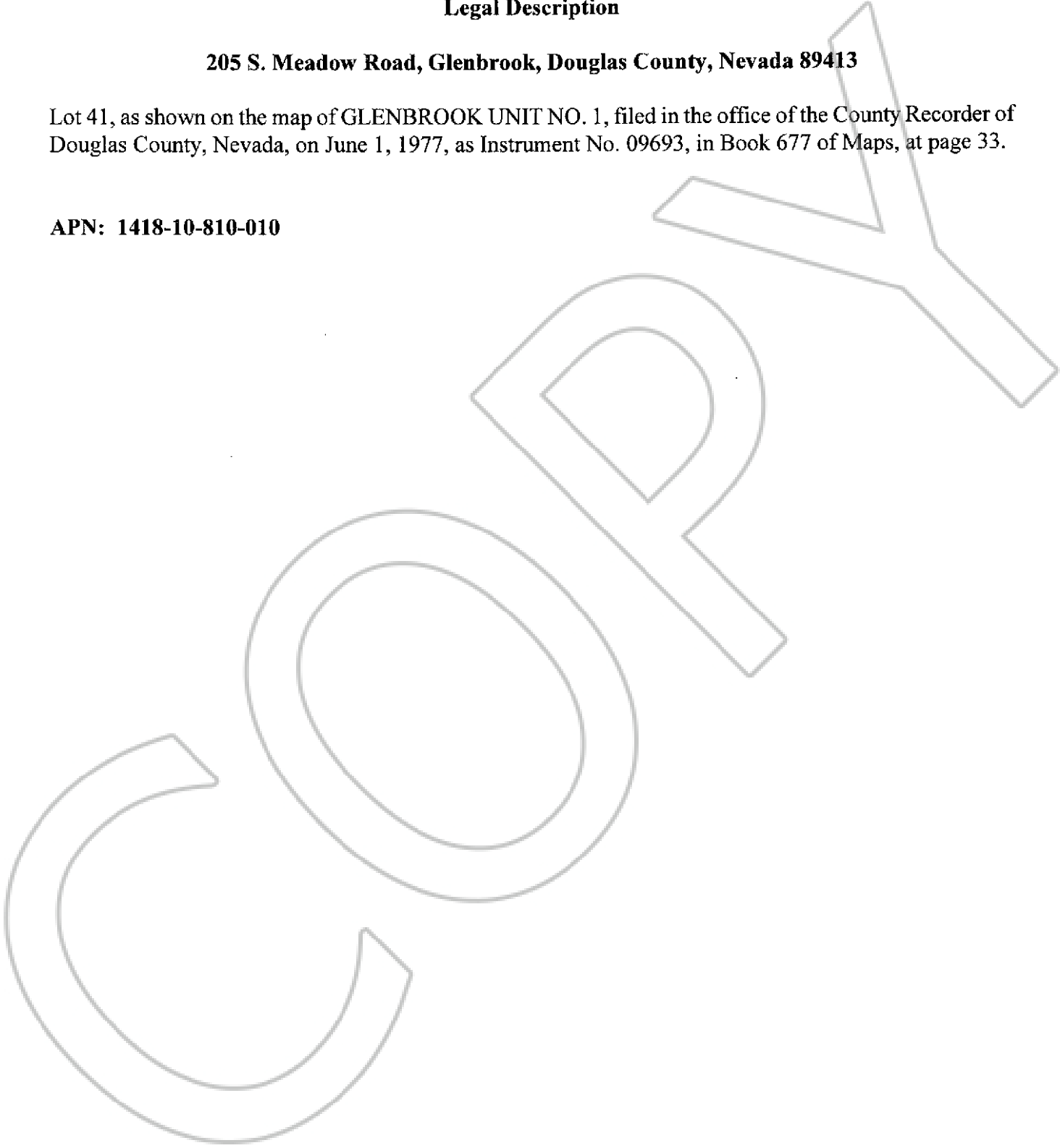
EXHIBIT "A"

Legal Description

205 S. Meadow Road, Glenbrook, Douglas County, Nevada 89413

Lot 41, as shown on the map of GLENBROOK UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1977, as Instrument No. 09693, in Book 677 of Maps, at page 33.

APN: 1418-10-810-010



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008009195
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,MIDDLE,LAST,SUFFIX) Howard Clayton PEREGRINE		2. DATE OF DEATH (Mo/Day/Year) June 06, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Glenbrook		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 205 South Meadow Road		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
9a. STATE OF BIRTH (If not U.S.A., name country) South Dakota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Barbara WILLIAMS		8. DATE OF BIRTH (Mo/Day/Yr) May 01, 1921	
13. SOCIAL SECURITY NUMBER 1477		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Aero Space	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Glenbrook	
15d. STREET AND NUMBER 205 South Meadow Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Glenn PEREGRINE	
17. MOTHER - NAME (First Middle Last Suffix) May BOYNER		18a. INFORMANT - NAME (Type or Print) Barbara PEREGRINE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 205 South Meadow Road Glenbrook, Nevada 89413	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal from State		19b. CEMETERY OR CREMATORY - NAME Inglewood Cemetery		19c. LOCATION - City or Town State Inglewood California 90301	
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	
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) STEPHEN J HEWITT DO 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) June 16, 2008		21c. HOUR OF DEATH 11:50		22b. DATE SIGNED (Mo/Day/Yr)	
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) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 89449				23b. LICENSE NUMBER 1107	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 17, 2008		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) Metastatic Prostate Cancer				Years	
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	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II				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. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			
28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)					
28g. INJURY AT WORK (Specify Yes or No)					

STATE REGISTRAR



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PG- 1983
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VRS-Rev-2008T

217836 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:

JUN 17 2008

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

PH-000 (REV) 11/06

Ridway
STATE REGISTRAR

