DOC # 0728400
08/14/2008 12:45 PM Deputy: PK
OFFICIAL RECORD
Requested By:
GEORGE KEELE

APN: 1320-29-212-027

When recorded, mail to: George M. Keele 1692 County Road, #A Minden, NV 89423

The undersigned hereby affirms that there is no social security number in this document.

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00

BK-0808 PG-2269 RPTT: 0.00

AFFIDAVIT OF SOLE SURVIVING TRUSTEE

STATE OF NEVADA) : ss.
COUNTY OF DOUGLAS)

- I, HOWARD A. FRAZEUR, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:
- 1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
- 2. I am HOWARD A. FRAZEUR, one of the Trustees named in the Howard A. Frazeur and Marjorie E. Frazeur Trust dated 9/9/88, as amended, and one of the grantees named in that certain Joint Tenancy Deed recorded on January 17, 1992, as Document No. 269110 in Book 192, Page 2103, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada. The real property described therein is located in the County of Douglas, State of Nevada, and is known as 1037 Wisteria Drive, Minden, Douglas County, Nevada, and more specifically described as follows, to wit:

Lot 121 in Block B, as set forth on the map of WINHAVEN, UNIT NO. 1, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989 as Document No. 194373.

3. MARJORIE E. FRAZEUR, also one of the Trustees named in the Howard A. Frazeur and Marjorie E. Frazeur Trust dated 9/9/88, as amended, and one of the grantees named in said deed, is the identical MARJORIE EVELYN FRAZEUR named as decedent in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof, who died on May 22, 2005, in Douglas County, Nevada.

> HOWARD A. FRAZEUR

SIGNED AND SWORN TO (or affirmed) before me on (Mayat by HOWARD A. FRAZEUR.

Faldecch

MARY E. BALDECCHI Notary Public - Nevada **Washoe County** APPT. No. 93-0282-2 appointment Expires January 10, 2009

BK- 0808 PG- 2270

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

Γ	-		CERTIFICATE	OF DEAT	TH \	2005 () () () () () ()
	LOCAL FILE NUMBER				<u> </u>	STATE FILE NUMBER
TYPE OR PRINT	DECEASED-NAME First	Middle	Last	DA	TE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
IN PERMANENT	Marjorie	Evelyn	FRAZEU		May 22, 2005	3a Douglas
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER	INSTITUTION—Name (If not eith	ner, give street a	and number) If Hosp, or Inst, indi Rm, Inpatient (Spec	
DECEDENT	3h. Minden		steria Dr.	AGE-Last	3e. / UNDER 1 YEAR UNDER 1	DAY DATE OF BIRTH (Mo., Day, Yr.)
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origi specify Mexican, Cuban, Puerto	n? Specify Li yes 22 no ir yes, i Rican, etc.	Birthday (Years) MOS DAYS HOURS	MINS
	5. White STATE OF BIRTH	6. CITIZEN OF WHAT COUN-	Decedent's Education. Spec	7a. 75 ifv highest IN	7b. 7c.	8. March 7, 1930 SURVIVING SPOUSE (If wife, give maiden nar
F DEATH OCCURRED IN FINSTITUTION	(If not U.S.A., name country)	TRY	grade completed.	7.55% (MARRIED, NEVER MARRIED, MDOWED, DIVORCED Specify) Married	
SEE HANDBOOK REGARDING	98. Indiana SOCIAL SECURITY NUMBER	U.S.A. OCCUPATION (Give	e Kind of Work Done During Mos		KIND OF BUSINESS OF INDUSTRY	12 Howard Frazeur
COMPLETION OF RESIDENCE ITEMS	-2350	Working Life, Even if Retired	Vice Preside		700 Bank of Ame	rica
1	RESIDENCE—STATE COU		CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMITS
	15a. Nevada 15b.	Douglas	15c Minden	aria (Maria). Talaharan	15d1037 Wiste	ria Dr. Specify Yes or No.
DADENTO	FATHER NAME First	Middle		ER-MAIDEN N		Middle Last
PARENTS	16. Ralph	L	Hopping 17		Alma 🗎	Marks
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS		(Street or R.F.D. No., City or Tow	rn, State, Zip)
	18a Howard Frazeur			steria	Drive, Minden,	
<u> </u>	BURIAL, CREMATION, REMOVAL OTH	10 May 1 - 1	Y OR CREMATORY—NAME	. 6 47	LOCATION	City or Town State
DISPOSITION	FUNERAL DIRECTOR SIGNATURE	19b. Fj	LtzHenry's Cre			n City, Nevada
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting is Such)		DIRECTOR NAME AND ADDI NUMBER	2 0 0 0	48 FitzHenry's C	arson Valley Funera
	z 21% To the best of my knowledge	death cocurred at the time, date	7 20c. Home,	1380 1	On the basis of evamination anti/or i	ville, Nevada 89410 investigation, in my opinion death occurred
!	due to the cause(s) stated.	1/2/1/20 7	1513cm	<u>}</u>	at the time, date and place and due nature and Title)	to the cause(s) and manner stated.
	Gignature and Title) DATE SIGNED (Mo.) Dev. YI	HOUR OF DE	TH.		TE SIGNED, (Mo., Day, Yr.)	HOUR OF DEATH
APPTIPIPE	8 21b. 5/27/	O 5 21c 180)5, y	8 8 22b		22c. Ö
SERTIFIER	NAME OF ATTENDING PHY	SICIAN IF OTHER THAN CERTIF		B S PR	ONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
					. ON 7	22e. AT
		ERTIFIER (PHYSICIAN, ATTEND	ر در اول المستقوم	المراقبين المساورة		UCENSE NUMBER
į (232 Kelle Bro	gan, M.D., 79	00 Willow St.,	Reno,	Nevada 89502 RAR (Mo., Day, Yr.) DEATH DUE TO	23b. 6000
CONDITIONS IF ANY		1 1 1	DATE HECEIV	DI MEDISII	1.28 (1.2.4.4)	\$
WHICH GAVE RISE TO MIMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER I	ONLY ONE CAUSE PER LINE FO	OR (a) (b), AND (c).)	12/,	2005 24c. YES□	NO k
IMMEDIATE CAUSE STATING THE	PART (a) ANGUE	100	Do 34	200	an garage and the second	
LINDERLYING SCAUSE LAST	DUE TO, OR AS/A CON	SEQUENCE OF:	- DUTTE	1	·	Interval between onset and de
	(h)		1 13 200	U .		
	DUE TO, OR AS A CON	SEQUENCE OF:			· · · · · · · · · · · · · · · · · · ·	Interval between onset and de
CAUSE OF	(6)		•			
DEATH	PART OTHER SIGNIFICANT CONT	DITIONS—Conditions contributing	to death but not resulting in the	indenying cause	e given in Part 1. AUTOPSY / Yes	(Specify WAS CASE REFERRED TO sor No) CORONER (Specify Yes or No)
2. 16					26. No	27. No
	OH PENDING INVEST.	E OF INJURY (Mo., Day, Yr.) HOU	R OF INJURY DESCRI	BE HOW INJUR	Y OCCURRED	
ŧ \	(Specify) 28a. 28b.	280.	M 28d.		ATTOCK OF DEPT.	OFFICER TOURS
	(Specify Yes or No)	CE OF INJURY—At home, farm, bulkling, etc. (Spe	ecify)	JN.	STREET OR R.F.D. No.	CITY OR TOWN STATE
Ė	28e. 28f.		28g.			
		STATE DE	GICTOAD			No. 286902

STATE REGISTRAR

223432

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.

JUL 2 3 2008 DATE ISSUED:

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

STATÉ REGISTRAR

