



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).

Brandi Ballingham

Brandi Ballingham, Legal Assistant
ANDERSON & DORN, LTD.

APN: 1320-36-002-034

RECORDING REQUESTED BY:

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

WHEN RECORDED MAIL TO:

Carolyn L. Messer
1442 Rabbitbrush Drive
Gardnerville, Nevada 89410

MAIL TAX STATEMENTS TO:

Carolyn L. Messer
1442 Rabbitbrush Drive
Gardnerville, Nevada 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, Carolyn L. Messer, 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 December 1, 1998, Allen R. Messer and I executed the Messer Living Trust ("Trust").

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

(3) Allen R. Messer died on June 13, 2008, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Allen R. Messer.

(4) Pursuant to the terms of the Trust, Thomas A. Messer and I have assumed the responsibilities of Co-Successor Trustees.

(5) The following described real property is part of the trust estate: See Exhibit "B" attached.

(6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

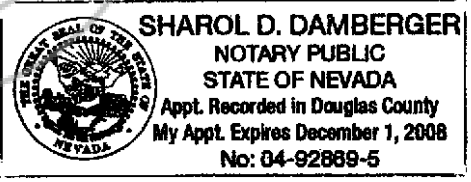
Executed on 7/16/08, at Cardville, Nevada.

Carolyn L. Messer
Carolyn L. Messer, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF Douglas)

SUBSCRIBED AND SWORN TO before me this 16th day of July, 2008, SAD
by Carolyn L. Messer.

Sharol D. Damberger
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008009427
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) Allen Roy MESSER		2. DATE OF DEATH (Mo/Day/Year) June 13, 2008		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) 1442 Rabbitbrush Drive		3d. 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) 67	
9a. STATE OF BIRTH (If not U.S.A., name country) Ohio		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) Carolyn RICHARDSON		4. SEX Male	
13. SOCIAL SECURITY NUMBER 0619		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Engineering	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1442 Rabbitbrush Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) May 09, 1941	
16. FATHER - NAME (First Middle Last Suffix) Samuel Ray MESSER			17. MOTHER - NAME (First Middle Last Suffix) Opal HAMILTON		
18a. INFORMANT- NAME (Type or Print) Carolyn MESSER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1442 Rabbitbrush Drive Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
20a. SIGNATURE AUTHENTICATED					
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) MARK THOMAS BRUNE 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) June 19, 2008			21c. HOUR OF DEATH 10:03		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)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Mark Thomas Brune M.D., 1701 County Road #H Minden, NV 89423			23b. LICENSE NUMBER 7134		
24a. REGISTRAR (Signature) RANI REED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 20, 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))					
PART I					
(a) Sudden Death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Ventricular Fibrillation					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Coronary Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II					
Cerebellar Bleed					
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		27. DATE OF INJURY (Mo/Day/Yr)		28a. DESCRIBE HOW INJURY OCCURRED	
28b. INJURY AT WORK (Specify Yes or No)		28c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28d. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



BK-808
PG-2303

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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 20 2008**

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

PNBCO (Rev) 1/06

R. D. Wilson
STATE REGISTRAR



EXHIBIT "B"

Legal Description:

LOT 16, BLOCK B, AS SHOWN ON THAT CERTAIN MAP ENTITLED WILDFLOWER RIDGE UNIT 1, FILED IN THE OFFICE OF THE COUNTY RECORDER ON JUNE 4, 1991, IN BOOK 691, PAGE 338, AS DOCUMENT NO. 252076.

APN: 1320-36-002-034

Property Address: 1442 Rabbitbrush Drive, Gardnerville, Nevada 89410

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.



BK-808
PG-2304