

OFFICIAL RECORD

Requested By:

THOMAS A COLLINS

RECORDING REQUESTED BY:
Thomas A. Collins

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 4 Fee: 17.00
BK-1008 PG- 2379 RPTT: 0.00

AND WHEN RECORDED MAIL TO:

When Recorded Mail To:
DOUGLAS GLENN SPERRY
125 Bickford Street
Placentia, CA 92870



I, the undersigned hereby affirms that this document submitted for recordation does not contain the Social Security Number of any person or persons, pursuant to NRS 239B.030.

**AFFIDAVIT OF DEATH OF TRUSTEES:
AND CHANGE OF TRUSTEE**

STATE OF CALIFORNIA)
) ss
COUNTY OF LOS ANGELES)

DOUGLAS GLENN SPERRY, of legal age, being first duly sworn, deposes and says: THAT **RICHARD TARNOWSKE** and **MARCIA MARIE TARNOWSKE**, the decedents mentioned in the attached certified copies of Certificates of Death, were the same person as **RICHARD TARNOWSKE** and **MARCIA MARIE TARNOWSKE**, named as the Trustors in the **RICHARD TARNOWSKE and MARCIA MARIE TARNOWSKE REVOCABLE TRUST**, dated September 20, 2007, as amended by the **FIRST AMENDMENT TO THE RICHARD TARNOWSKE and MARCIA MARIE TARNOWSKE REVOCABLE TRUST**, dated the 4th day of January, 2008.

RICHARD TARNOWSKE died on the 29th day of April, 2008. A certified copy of his death certificate is attached hereto.

MARCIA MARIE TARNOWSKE died on the 13th day of July, 2008. A certified copy of her death certificate is attached hereto.

DOUGLAS GLENN SPERRY is the Successor Trustee of the Trust.

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The legal description of the property affected is described as follows:

Lot 296, in Block C, as shown on the Final Map #PD99-02-08 of SARATOGA SPRINGS ESTATES UNIT 8, A PLANNED DEVELOPMENT, filed in the Office of the Douglas County Recorder on October 18, 2004, as Document No. 626992.

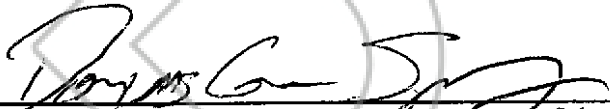
(APN: 1420-29-612-019)

That, I **DOUGLAS GLENN SPERRY** am named within the aforementioned trust as the sole trustee;

That I hereby consent to act as the sole trustee of the aforementioned trust and do hereby assume the powers and duties as the sole trustee of the trust;

That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in ro dealing with the property identified in this document.

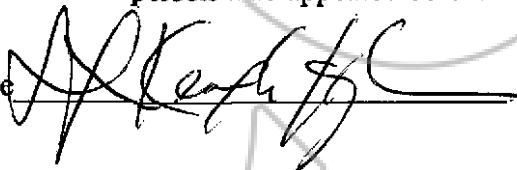
DATED This 28TH day of AUGUST, 2008.



DOUGLAS GLENN SPERRY, Trustee of the **RICHARD TARNOWSKE and MARCIA MARIE TARNOWSKE REVOCABLE TRUST**, dated September 20, 2007, as amended by the **FIRST AMENDMENT TO THE RICHARD TARNOWSKE and MARCIA MARIE TARNOWSKE REVOCABLE TRUST**, dated the 4th day of January, 2008.

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) ss.

Subscribed and sworn to (or affirmed) before me on this 28th day of August 2008, by **DOUGLAS GLENN SPERRY**, provided to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature 

(Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008006737
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) Richard TARNOWSKE		2. DATE OF DEATH (Mo/Day/Year) April 29, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 1136 San Marcos Circle		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Male	
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) California		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) Marcia MISEK		8. DATE OF BIRTH (Mo/Day/Yr) December 22, 1940	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner/operator		14b. KIND OF BUSINESS OR INDUSTRY Plumbing Contractor	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1136 San Marcos Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No		4. SEX	
16. FATHER - NAME (First Middle Last Suffix) Otto TARNOWSKE			17. MOTHER - NAME (First Middle Last Suffix) Ruth BOVE		
18a. INFORMANT - NAME (Type or Print) Marcia TARNOWSKE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1136 San Marcos Circle Minden, Nevada 89423			
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 & Creations 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) RALPH HERBIG 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) May 01, 2008		21c. HOUR OF DEATH 23:15		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF DR. CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV. 89410.	
23b. LICENSE NUMBER 984		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 02, 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				Interval between onset and death	
(a) Respiratory Failure				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Neurological Compromise				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Amyotrophic Lateral Sclerosis				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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. 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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BK- 1008
PG- 2381

VRS-Rev-2008T

209832 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.

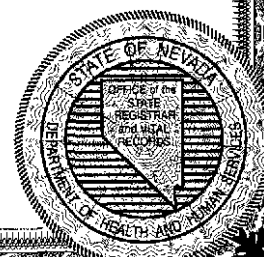
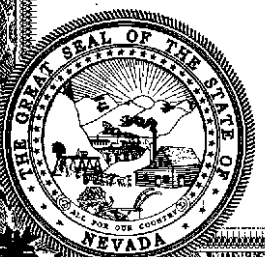
DATE ISSUED: 05/02/2008

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

P8NCO (REV) 11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008010704
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) Marcia Marie TARNOWSKE		2. DATE OF DEATH (Mo/Day/Year) July 13, 2008		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 65		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 15, 1943		9a. STATE OF BIRTH (if not U.S.A., name country) Iowa		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		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Real Estate Agent		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1136 San Marcos Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Gilbert MISEK			17. MOTHER - NAME (First Middle Last Suffix) Naomi WALTERMEIER		
18a. INFORMANT- NAME (Type or Print) Doug SPERRY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 125 Bickford Street Placentia, California 92870			
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) DAVID CARL LEPLA 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) July 16, 2008		21c. HOUR OF DEATH 01:15		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) David Carl Leppla M.D., 85 Kirman Ave., Suite 202 Reno, NV 89502				23b. LICENSE NUMBER 11236	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 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).) PART I				Interval between onset and death	
(a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Cerebellar Hemorrhage DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death 6 Days	
(c) Spontaneous Acute Cerebellar Hemorrhage 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	
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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BK- 1008
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222671

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07/17/2008

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PBNC0 (Rev) 11/06

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

