

1220-21-610-246
APN# ~~0000-29-192-100~~

DOC # 0735001
12/26/2008 12:14 PM Deputy: GB

OFFICIAL RECORD

Requested By:
LIFELINE ESTATE SERVICES

Recording Requested by:

Name: Lifeline Estate Services Inc
Address: 3708 LAKESIDE DR #202
City/State/Zip: RENO NEVADA 89509

INCD
Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-1208 PG- 4893 RPTT: 0.00



(for Recorder's use only)

When Recorded Mail to:

Name: Lifeline Estate Services Inc
Address: 3708 LAKESIDE DR #202
City/State/Zip: RENO NEVADA 89509

Mail Tax Statement to:

Name: ALICE M. ISLANDER
Address: 979 DEAN DRIVE
City/State/Zip: GARNSVILLE NV 89410

AFFIDAVIT REGARDING DEATH OF INITIAL
CO-TRUSTEE & ASSUMPTION OF TRUSTEESHIP BY REMAINING
TRUSTEE
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.350
(State specific law)

Betty Hughes
Signature

ADMIN. ASSISTANT
Title

BETTY HUGHES
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

APN # 0000-29-192-100
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services Inc.
3708 Lakeside Drive, Suite 202
Reno, Nevada 89509

MAIL TAX STATEMENTS TO:
Alice M. Islander
979 Dean Drive
Gardnerville Nevada 89410

AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE

Douglas County, Nevada

Lot 388 as shown on the official map GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada, as Document No. 66512, and on Record of Survey recorded October 1, 1982 in Book 1082 of Official Records at Page 006, as Document No. 713399.

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging, or in anywise pertaining and any reversions, remainders, rents, issues or profits thereof.

The undersigned, Alice M. Islander, hereby declares that, David F. Islander, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David F. Islander, named as one of the initial Co-Trustee's in that certain Declaration of Trust titled the ISLANDER LIVING TRUST DATED DECEMBER 30, 1992.

Declarant further declares that she is the remaining initial Co-Trustee named in the Declaration of and that she hereby assumes the position as sole Trustee.

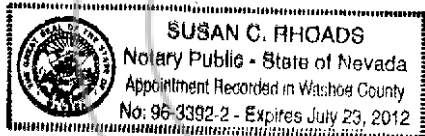
The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on November 6, 2008, in the City of Reno, County of Washoe, Nevada.

Alice M. Islander
Alice M. Islander, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On November 6, 2008, before me, Susan C. Rhoads, a Notary Public in and for said County and State, personally appeared Alice M. Islander, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal

Susan C. Rhoads
Susan C. Rhoads, Notary Public
Washoe County, Nevada
My commission expires 07/23/2012

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008010034
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) David Franklin ISLANDER		2. DATE OF DEATH (Mo/Day/Year) June 21, 2008		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Evergreen at CC Health and Rehab Ctr		3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 26, 1937		9a. STATE OF BIRTH (If not U.S.A., name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Alice LAIRD	
13. SOCIAL SECURITY NUMBER 0593		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Manufacturing 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 979 Dean Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Stephen ISLANDER	
17. MOTHER - NAME (First Middle Last Suffix) May Madeline GORNIAK		18a. INFORMANT- NAME (Type or Print) Alice ISLANDER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 979 Dean Drive, Gardnerville, Nevada 89460	
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 (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. 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) GAIL KRIVAN MD			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 30, 2008			21c. HOUR OF DEATH 09:10		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Gail Krivan MD 1001 N. Mountain St. Suite 1D Carson City, NV 89703			22c. HOUR OF DEATH		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
23b. LICENSE NUMBER 9735			22e. PRONOUNCED DEAD AT (Hour)		
24a. REGISTRAR (Signature): RANI REED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 02, 2008		
24c. SIGNATURE AUTHENTICATED			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) Acute Cardiopulmonary Arrest Interval between onset and death					
(b) Myocardial Infarction Interval between onset and death					
(c) Coronary Artery Disease Interval between onset and death					
(d) Hypertension Interval between onset and death					
PART II					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26f. DESCRIBE HOW INJURY OCCURRED	
26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26. AUTOPSY (Specify Yes or No) No			
26h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			

STATE REGISTRAR

552715

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BK- 1208
PG- 4896

VRS-Rev.2008T

220472 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: **JUL 02 2008**

Rd White
STATE REGISTRAR

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

PBNC0 (Rev.) 11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

