



*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, Paralegal  
ANDERSON, DORN & RADER, LTD.

APN: 1220-22-211-029

**RECORDING REQUESTED BY:**

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

**WHEN RECORDED MAIL TO:**

Dolores L. Pipkin  
1425 Purple Sage Drive  
Gardnerville, Nevada 89460

**MAIL TAX STATEMENTS TO:**

Dolores L. Pipkin  
1425 Purple Sage Drive  
Gardnerville, Nevada 89460

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, Dolores L. Pipkin, 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 29, 1992, Gene Tunney Pipkin and I executed the Pipkin Family Revocable Intervivos Trust ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of Gene Tunney Pipkin.
- (3) Gene Tunney Pipkin died on June 6, 2008, at Carson City, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Gene Tunney Pipkin.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.



**STATE OF NEVADA  
CERTIFICATION OF VITAL RECORD**

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

2008008979  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gene Tunney <b>PIPKIN</b>		2. DATE OF DEATH (Mo/Day/Year) June 06, 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) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) January 06, 1930		9a. STATE OF BIRTH (if not U.S.A., name country) North Carolina		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) Dolores OLTMANN	
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED] 3014		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Computer Engineer		14b. KIND OF BUSINESS OR INDUSTRY Ibm	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1425 Purple Sage Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Jess Philip PIPKIN	
	17. MOTHER - NAME (First Middle Last Suffix) Ina Marie COHOON		18. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1425 Purple Sage Drive Gardnerville, Nevada 89460			
TRADE CALL	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) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED VIJAY MAIYA</b>				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 12, 2008		21c. HOUR OF DEATH 15:05		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING-PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22c. HOUR OF DEATH	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN; ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Vijay Malya, 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>SARAH KOERNER</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 13, 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).)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) <b>Pneumonia</b>				Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Stage IV Lung Cancer</b>				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Chronic Obstructive Pulmonary Disease</b>				Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Atrial Fibrillation</b>				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



BK-109  
PG-575

VRS-Rev-2008T

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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.

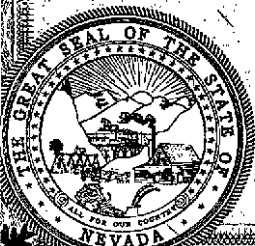
DATE ISSUED:

**JUN 13 2008**

*Rd White*  
STATE REGISTRAR

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

PARCO (REV) 1108



## EXHIBIT "B"

### Legal Description:

The land referred to herein is situated in the State of Nevada, County of Douglas City of GARDNERVILLE described as follows:

Lot 33, in Block A, as shown on the map of BARRINGTON RANCHOS, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 1, 1991, in Book 391, Page 187, as Document No. 245840, being a subdivision of Lot 706 as shown on the map of Gardnerville Ranchos Unit No. 6, filed for record in the office of the County Recorder of Douglas County, Nevada on May 29, 1973, in Book 573, Page 1026, as File No. 665612.

APN: 1220-22-211-029

Property Address: 1425 Purple Sage Drive, Gardnerville, Nevada 89460



BK-109  
PG-576