



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: 1320-36-002-016

RECORDING REQUESTED BY:

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

WHEN RECORDED MAIL TO:

James Chandler Williams, Jr.
405 22nd Street
Huntington Beach, CA 92648

MAIL TAX STATEMENTS TO:

James Chandler Williams, Jr.
405 22nd Street
Huntington Beach, CA 92648

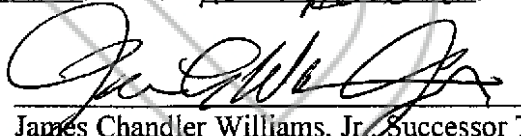
AFFIDAVIT OF SUCCESSOR TRUSTEE

I, James Chandler Williams, Jr., 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 October 23, 2003, James Chandler Williams, and Hertha E. Williams executed the Williams Living Trust ("Trust").
- (2) Said trust appointed James Chandler Williams, Jr. to serve as sole Successor Trustee upon the death or incapacity of James Chandler Williams, and Hertha E. Williams.
- (3) James Chandler Williams died on February 14, 2004 and Hertha E. Williams died on January 2, 2009 at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Hertha E. Williams.


- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
- (5) The following described real property is part of the trust estate: See Exhibit "B" attached.
- (6) I am 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 this 17 of FEB, 2009, at Huntington Beach, California.

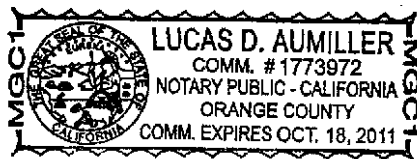

James Chandler Williams, Jr., Successor Trustee

STATE OF CALIFORNIA
) ss:
COUNTY OF ORANGE

SUBSCRIBED AND SWORN TO before me this 17 day of FEB, 2009,
by James Chandler Williams, Jr.



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009000299
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Hertha Eleanor WILLIAMS		2. DATE OF DEATH (Mo/Day/Year) January 02, 2009		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name,(if not other, give street and number) St Mary's Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) 4. SEX Inpatient Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE -last birthday (Years) 77	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) November 30, 1931	
9a. STATE OF BIRTH (if not U.S.A. name country) Sweden		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 ██████████-8589	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		Ever In US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1945 Horsebush Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			

PARENTS

18. FATHER - NAME (First Middle Last Suffix) Herbert SJODAL		17. MOTHER - NAME (First Middle Last Suffix) Ebba CAROLINAEK	
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DISPOSITION

18a. INFORMANT - NAME (Type or Print) James WILLIAMS JR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 405 22nd Street Huntington Beach, California 92648	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory	
19c. LOCATION - City or Town - State Carson City Nevada 89701			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217	
20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701			

TRADE CALL

TRADE CALL - NAME AND ADDRESS

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) EVAN WAYNE EASLEY 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) January 07, 2008		21c. HOUR OF DEATH 09:49	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
		22e. PRONOUNCED DEAD AT (Hour)	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Evan Wayne Easley M.D. 1520 Virginia Ranch Rd. Gardnerville, NV. 89410		23b. LICENSE NUMBER 7446	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 13, 2009	
		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

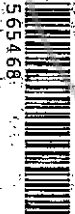
CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
(a) Respiratory Failure			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death:	
(b) Metastatic Mullerian Origin Cancer			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death:	
(c)			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death:	
(d)			

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

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		28. AUTOPSY (Specify Yes or No) No	
						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

STATE REGISTRAR



BK-209
PG-4780

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VRS-Rev-2008T

251222

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:

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

Christina Griffith
SIGNATURE AUTHENTICATED

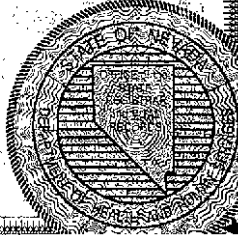
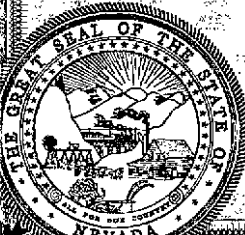


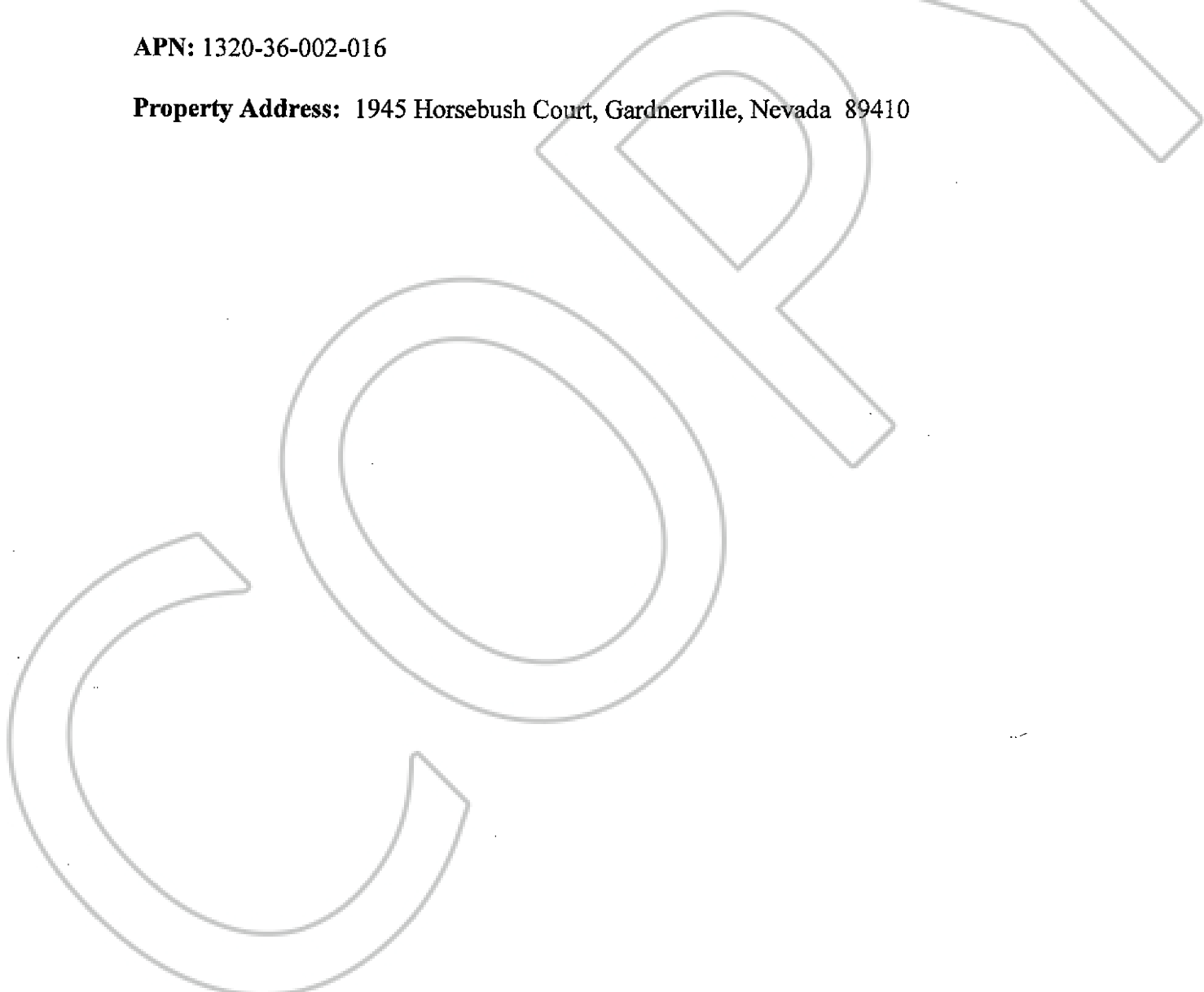
EXHIBIT "B"

Legal Description:

Lot 5, in Block C, as shown on the map of WILDFLOWER RIDGE SUBDIVISION, UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 19, 1990, in Book 1290, Page 2541, as Document No. 241308.

APN: 1320-36-002-016

Property Address: 1945 Horsebush Court, Gardnerville, Nevada 89410



BK-209
PG-4781