

OFFICIAL RECORD

Requested By:

MORRIS HALL & KINGHORN

APN - A portion of 1319-30-712-001

RECORDING REQUESTED BY:

MORRIS, HALL & KINGHORN, P.L.L.C. (Adm)
3005 Horizon Ridge Pkwy, Suite 241
Henderson, NV 89052

WHEN RECORDED MAIL TO:

Same as above

MAIL TAX STATEMENTS TO:

Donna Leavesley
3263 East Vogel Avenue
Phoenix, Arizona 85028

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 40.00
BK-0209 PG-5363 RPTT: 0.00



AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF ARIZONA)
) SS
COUNTY OF MARICOPA)

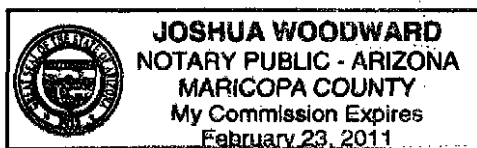
DONNA MARIE LEAVESLEY, of legal age, being duly sworn, deposes and says:

- DALE H. LEAVESLEY and DONNA MARIE LEAVESLEY** created the **LEAVESLEY LIVING TRUST**, dated **September 09, 1999**, as amended or restated, wherein **DALE H. LEAVESLEY and DONNA MARIE LEAVESLEY** were designated as the Trustees and the original Co-Trustees of the Trust.
- DALE H. LEAVESLEY** died on August 13, 2008.
- DONNA MARIE LEAVESLEY** is named in the trust instrument to serve as the sole Trustee in the event of the death of **DALE H. LEAVESLEY**, and, pursuant to the provisions in the Trust agreement now becomes the sole Trustee of the **LEAVESLEY LIVING TRUST** dated **September 09, 1999**.
- That affiant is Co-Trustee of the **LEAVESLEY LIVING TRUST**, the person named as Co-Trustee of the **LEAVESLEY LIVING TRUST**, one of the Grantees in that certain deed recorded on December 27, 2002, as Document No. 0562124 in Book 1202, Page 12188, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada.
- That **Dale Leavesley**, Co-Trustee of the **LEAVESLEY LIVING TRUST**, was one of the Grantees named in said deed and was the identical person named as **Dale Leavesley**, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.
- DONNA MARIE LEAVESLEY** hereby files this Affidavit and accepts the office of sole Trustee of the **LEAVESLEY LIVING TRUST**, dated **September 09, 1999**.

The undersigned, being duly sworn says: that she is the person signing the above document, that she has read the same, and knows the contents thereof, and that the acts stated therein are true.

Donna Marie Leavesley
DONNA MARIE LEAVESLEY, Successor Trustee

Subscribed and sworn to or affirmed before me on this 21st day of January, 2009 by **DONNA MARIE LEAVESLEY**, Successor Trustee, personally known to me or proved to me on the basis of satisfactory evident to be the person who appeared before me.



Joshua Woodward
Notary Public

CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT, COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

ORIGINAL
STATE
COPY

**STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH**

DEATH NO. **102-2008-035113**

1. NAME OF DECEASED DALE HARRIS LEAVESLEY			2. SEX MALE			3. DATE OF DEATH 08-13-2008		
4A. RACE CAUCASIAN			4B. WAS DECEDENT OF HISPANIC ORIGIN: NO			4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. NO		
5. PLACE OF DEATH MARICOPA			6A. COUNTY MARICOPA			6B. TOWN OR CITY PHOENIX		
7. DATE OF BIRTH 08-12-1932			8A. AGE (YEARS LAST BIRTHDAY) 76			8B. UNDER 1 YEAR MOS. DAYS NO		
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED			10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) DONNA MARIE COMBS			11. SOCIAL SECURITY NO. 9501		
12. STATE AND CITY OF BIRTH (If not in USA, name country) PHILADELPHIA, PENNSYLVANIA			13. CITIZEN OF WHAT COUNTRY? INTENTIONALLY LEFT BLANK			14. USUAL OCCUPATION RESEARCH ANALYST		
15. USUAL RESIDENCE ARIZONA MARICOPA PHOENIX			16. ZIP CODE 85028			17. HOW LONG IN ARIZONA? 36 YEARS		
18. STREET ADDRESS OR R.F.D. 3263 E VOGEL AVE,			19. INSIDE CITY LIMITS? YES			20. PREVIOUS STATE OF RESIDENCE INTENTIONALLY LEFT BLANK		
21. FATHER'S NAME GEORGE WILSON			22. MOTHER'S MAIDEN NAME ELIZABETH BUSINGER HARRIS			23. EDUCATION HIGHEST GRADE COMPLETED 5+ YEARS OF COLLEGE		
24. INFORMANT'S SIGNATURE DONNA MARIE LEAVESLEY			25. RELATIONSHIP TO DECEASED SPOUSE			26. ADDRESS STREET NO. CITY AND STATE ZIP CODE 3263 E VOGEL AVE, PHOENIX, ARIZONA 85028		
27. BURIAL, CREMATION, REMOVAL, OTHER (Specify) CREMATION			28. DATE 09-03-2008			29. CEMETERY OR CREMATORY - NAME/LOCATION ARIZONA SERENITY MORTUARY SERVICES, INC. PHOENIX		
30. FUNERAL HOME NAME SCIENCE CARE ANATOMICAL			31. STREET ADDRESS PO BOX 87119 PHOENIX, AZ			32. CITY AND STATE PHOENIX, ARIZONA		
33. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY			34. SIGNATURE AND TITLE FRANCIS P. SURDAKOWSKI, M.D.			35. DATE SIGNED (Mo., Day, Year) 08-19-2008		
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			37. HOUR OF DEATH 0739			38. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.		
39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY FRANCIS P. SURDAKOWSKI, M. 9100 2ND ST PHOENIX, AZ 85020-2459			40. AUTHORIZED FOR CREMATION YES			41. MEDICAL EXAMINER'S SIGNATURE ANGELLE CHEN, M.D.		
42. DATE REGISTERED 09-15-2008			43. REG. FILE NO. 2008MC-43, 014921			44. REGISTRAR'S SIGNATURE MICHELE CASTANEDA-MARTINEZ		
45. REG. DISTRICT INTENTIONALLY LEFT BLANK			46. DATE REC'D IN STATE OFFICE INTENTIONALLY LEFT BLANK			47. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ONEACH LINE) ACUTE PULMONARY EMBOLUS		
48. SEQUENTIALLY LIST CONDITIONS IF ANY, LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) - LAST PART			49. DUE TO OR AS A CONSEQUENCE OF: METASTATIC PROSTATE CANCER			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNKNOWN		
50. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I ATHEROSCLEROTIC VASCULAR DISEASE			51. AUTOPSY NO			52. WAS CASE REFERRED TO MEDICAL EXAMINER YES		
53. MANNER OF DEATH NATURAL DEATH			54. DATE OF INJURY NO			55. INJURY AT WORK? NO		
56. SUPPLEMENTARY ENTRIES			57. PLACE OF INJURY SPECIFY			58. DESCRIBE HOW INJURY OCCURRED		
59. WHERE LOCATED?			60. STREET ADDRESS			61. CITY OR TOWN		
62. STATE			63. ZIP CODE			64. COUNTY		

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Date Issued: 11-04-2008

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Patricia Adams

**PATRICIA ADAMS
ASSISTANT STATE REGISTRAR**

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

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ANY ALTERATION OR ERASURE VOID THIS DOCUMENT