

APN# 1220-21-110-065

Recording Requested by:
Name: Sylvia Griffith
Address: 760 Sunburst Court
City/State/Zip: Gardnerville, NV 89460

Douglas County - NV
Karen Ellison - Recorder
Page: 1 OF 5 Fee: 18.00
BK-0309 PG-0023 RPIT: 0.00



**When Recorded Mail
and Send Tax statements
to:**


Name: Sylvia Griffith
760 Sunburst Court
Gardnerville, NV 89460


for Recorder's use only

Affidavit of Death of Trustee

Please complete Affirmation Statement below:

SYLVIA GRIFFITH, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS 239B.030)


Signature: SYLVIA GRIFFITH


Title:

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.

APN: 1220-21-110-065

MAIL TAX STATEMENTS TO &
RECORDING REQUESTED BY:

Mrs. Sylvia Griffith
760 Sunburst Court
Gardnerville, Nevada 89460

AFFIDAVIT OF DEATH OF TRUSTEE

I, SYLVIA GRIFFITH, the undersigned, affirm under penalty of perjury that the assertions of this Affidavit are true and deposes and says that Affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

I hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 40.525 and NRS 111.365.

1. By instrument dated July 3, 1985, PAUL GRIFFITH and I executed the PAUL GRIFFITH and SYLVIA TRUST AGREEMENT ("Trust").

2. Said Trust appointed me to serve as sole Trustee upon the death or incapacity of PAUL GRIFFITH.

3. PAUL GRIFFITH died on April 24, 2005 at 760 Sunburst Court in Gardnerville, Nevada, a resident of Douglas County,



Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said PAUL GRIFFITH.

4. Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.

5. The following described real property part is part of the trust estate. See Exhibit "B" attached hereto and made a part hereof.

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 AND DATED this 28 day of Feb, 2009.

Sylvia Griffith

SYLVIA GRIFFITH

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged, signed and sworn to before me on 28 February, 2009, by SYLVIA GRIFFITH.

Dottie Remenar

NOTARY PUBLIC

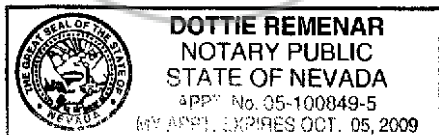


EXHIBIT "B"

Legal description:

Lot 12 as set forth on the Final Map of TILLMAN ESTATES, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 12, 1994, in Book 494, at Page 2192, as Document No. 334956.

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

Physical Address: 760 Sunburst Court, Gardnerville, Nevada 89460

APN: 1220-21-110-065

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Paul GRIFFITH		2. April 24, 2005	3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emr. Frm. Inpatient (Specify) SEX
3b. Gardnerville		3c. 760 Sunburst CT	3e. Male
4. Male		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. 80
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. California		9b. U.S.A.	10. 14 Years
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. 5253		14a. Chief-Building Inspector	14b. City of Beverly Hills
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada		15b. Douglas	15c. Gardnerville
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	INSIDE CITY LIMITS (Specify Yes or No)
16. Gerald Ivy		17. Felicia Whitney	15d. 760 Sunburst Ct. 15e. Yes
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Sylvia Griffith - Wife		18b. 760 Sunburst Ct. Gardnerville, Nevada 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. FitzHenry's Crematory	19c. Carson City, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>[Signature]</i>		20b. 217	FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.	
(Signature and Title) <i>[Signature]</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.) 21b. 5-2-05		DATE SIGNED (Mo., Day, Yr.) 22b. <i>[Signature]</i>	
HOUR OF DEATH 21c. 9:16 pm		HOUR OF DEATH 22c. <i>[Signature]</i>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23b. 8912		REGISTRAR	
24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 2, 2005	DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Cardio pulmonary arrest		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) congestive heart failure		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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.		AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	DESCRIBE HOW INJURY OCCURRED 28d.
		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
		28g.	

STATE REGISTRAR

No. 286910

62744

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:

MAY - 2 2005

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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