

APN # 1420-34-710-049
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services Inc.
3708 Lakeside Drive, Suite 202
Reno, Nevada 89509

DOC # 739860
03/19/2009 01:01PM Deputy: DW
OFFICIAL RECORD
Requested By:
LIFELINE ESTATE SERVICES
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-309 PG-4613 RPTT: 0.00



MAIL TAX STATEMENTS TO:
Inge Ferreira
2642 Squires Street
Minden Nevada 89423

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

Douglas County


Lot 85, as shown on the map of Sierra View Subdivision filed in the office of the County Recorder of Douglas County, State of Nevada, on April 18, 1960, as Document No. 15897, Official Records of Douglas County, State of Nevada.

The undersigned, Inge Ferreira, hereby declares that, Gilbert M. Ferreira, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gilbert M. Ferreira, named as one of the initial Co-Trustee's in that certain Declaration of Trust titled the FERREIRA FAMILY TRUST dated SEPTEMBER 4, 1999.

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 February 24, 2009, in the City of Reno, County of Washoe, Nevada.



Inge Ferreira, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On February 24, 2009, before me, Susan C. Rhoads, a Notary Public in and for said County and State, personally appeared Inge Ferreira, 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 her authorized capacity, and that by her 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, Notary Public
Washoe County, Nevada
My commission expires 07/23/2012



BK-309
PG-4614

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009000922
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) Gilbert M FERREIRA		2. DATE OF DEATH (Mo/Day/Year) January 22, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2642 Squires St		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) 	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 04, 1933.		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) VON WAADEN	
13. SOCIAL SECURITY NUMBER 4992		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Automotive	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2642 Squires St		16. FATHER - NAME (First Middle Last Suffix) Manuel L FERREIRA		17. MOTHER - NAME (First Middle Last Suffix) Mamie RODGERS	
18a. INFORMANT-NAME (Type or Print) Inge FERREIRA		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2642 Squires St Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Hoop Carson City NV 89706	
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) SIGNATURE AUTHENTICATED JOHN PAUL KELLY M.D.		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 26, 2009		21c. HOUR OF DEATH 04:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) John Paul Kelly M.D. 1535 College Parkway Carson City, NV 89706			
23b. LICENSE NUMBER 6376		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 25 2009	
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) Myelodysplastic Syndrome DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:			
Interval between onset and death 3 Years		Interval between onset and death Interval between onset and death Interval between onset and death			
PART II		26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26a. DATE OF INJURY (Mo/Day/Yr)	
26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED	
27a. INJURY AT WORK (Specify Yes or No)		27b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		27c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

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BK-309
PG-4615

VSS-REV-2008T

739860 Page: 3 of 3 03/19/2009

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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:

01/27/2009

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

PHONO REVI LUTS

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

