




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, Paralegal
ANDERSON, DORN & RADER, LTD.

APN: 1320-29-213-001

RECORDING REQUESTED BY:

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

WHEN RECORDED MAIL TO:

Jerry Collins
11744 View Drive
Grass Valley, CA 95945

MAIL TAX STATEMENTS TO:

Jerry Collins
11744 View Drive
Grass Valley, CA 95945

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, Jerry Collins, 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 January 21, 1998, Howard A. Wysatta and Virginia A. Wysatta executed the Wysatta Living Trust ("Trust").
- (2) Pursuant to the terms of the Trust, the surviving Trustee, Howard W. Wysatta created the Survivor's Trust, dated April 29, 1999 upon the death of Virginia A. Wysatta on April 29, 1999.
- (3) The Survivor's Trust appoints Jerry Collins to serve as sole Successor Trustee upon the death or incapacity of Howard A. Wysatta.

- (4) Howard A. Wysatta died on February 3, 2009 at Reno, Nevada, residents of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Howard A. Wysatta.
- (5) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
- (6) The following described real property is part of the trust estate: See Exhibit "B" attached.
- (7) 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.
- (8) No other person has a right to the interest of the Trust in the described property.
- (9) The described property shall be transferred to me as Successor Trustee.

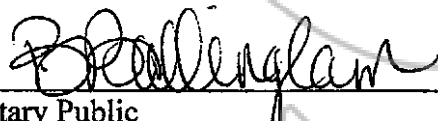
Executed on this 5th of February, 2009, at Reno, Nevada.



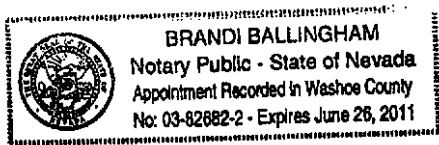
 Jerry Collins, Successor Trustee

STATE OF NEVADA)
) ss:
 COUNTY OF WASHOE)

SUBSCRIBED AND SWORN TO before me this 5th day of February, 2009, by Jerry Collins.



 Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009001566
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) Howard A WYSATTA		2. DATE OF DEATH (Mo/Day/Year) February 03, 2009		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, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 05, 1923		9a. STATE OF BIRTH (if not U.S.A., name country) California		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 9306		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Investigator		14b. KIND OF BUSINESS OR INDUSTRY Insurance	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1088 Wisteria Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Henry WYSATTA	
17. MOTHER - NAME (First Middle Last Suffix) Emma		18a. INFORMANT - NAME (Type or Print) Jerry COLLINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 11744 View Dr, Grass Valley, California 95945	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1261 N Reop Carson City NV 89706	
20d. SIGNATURE AUTHENTICATED		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JORGE SALLABERY MD			
21b. DATE SIGNED (Mo/Day/Yr) February 04, 2009		21c. HOUR OF DEATH 01:45		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) JORGE SALLABERY MD 1600 Medical Parkway Carson City, NV 89706		23b. LICENSE NUMBER			
24a. REGISTRAR (Signature) RANI REED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 04, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I		(a) Pancreatic Pseudocyst		Interval between onset and death Weeks	
(b) Protein-Malnutrition		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Years	
(c) Autoimmune Pancreatitis		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Months	
(d)		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II		25. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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-309
PG-4618

VBS-Rev. 2007

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256300

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:

02/09/2009

Rani Reed
SIGNATURE AUTHENTICATED

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

PHN002/04/11/09

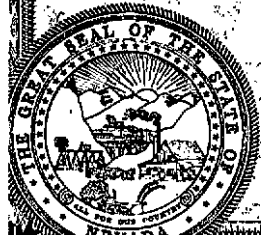


EXHIBIT "B"

Legal Description:

Lot 56 in Block D as shown on the Official Plat of Winhaven Unit No. 2, Phase A, filed for record in the office of the County Recorder on September 14, 1990 in Book 990 of Official Records, at Page 1934, Douglas County, State of Nevada, as Document No. 234654.

APN: 214-143-03

Property Address: 1931 Quail Creek Court, Reno, Nevada 89509

