

APN # 1420-33-602-007
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services Inc.
3708 Lakeside Drive, Suite 202
Reno, Nevada 89509

DOC # 740048
03/24/2009 09:20AM Deputy: PK
OFFICIAL RECORD
Requested By:
LIFELINE ESTATE SERVICES
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-309 PG-5462 RPTT: 0.00



MAIL TAX STATEMENTS TO:
LaWanda D. Taylor
1340 Downs Drive
Minden Nevada 89423

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

Douglas County, Nevada

That certain parcel of land situated in the Southeast ¼ of the Northeast ¼ of Section 33, Township 14 North, Range 20 East, M.D.B. & M., County of Douglas, State of Nevada, and being more particularly described as follows:

Parcel 2 as set forth on that certain Parcel Map for Clarence R. and Lillie M. Allen, recorded April 1, 1993, in Book 493, Page 105, as Document No. 303567, Official Records Douglas County, State of Nevada.

TOGETHER WITH, all and singular, the tenements, hereditaments and appurtenances thereunto belonging, or in anywise appertaining, and the remainder and remainders, reversion and reversions, rents, profits and issues thereof.


NOTE(NRS 111.312): The above metes and bounds description appeared previously in that certain Grant, Bargain, Sale Deed, recorded in the office of the County Recorder of Douglas County, Nevada on April 9, 1998, as Document No. 436896, of Official Records.

The undersigned, LaWanda D. Taylor, hereby declares that, John E. Taylor, Jr., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John E. Taylor, Jr., named as one of the initial Co-Trustee's in that certain Declaration of Trust titled the TAYLOR FAMILY TRUST dated APRIL 8, 1998.

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.

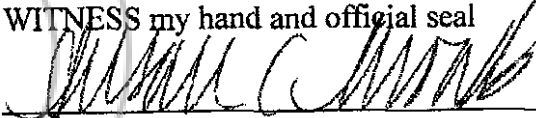
Executed on March 18, 2009, in the City of Reno, County of Washoe, Nevada.


LaWanda D. Taylor, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On March 18, 2009, before me, Susan C. Rhoads, a Notary Public in and for said County and State, personally appeared LaWanda D. Taylor, 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 his authorized capacity, and that by his 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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009003107
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) Johnnie E TAYLOR JR		2. DATE OF DEATH (Mo/Day/Year) February 27, 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		3d. 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) 72		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 15, 1936		9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) LaWanda THOMAS	
13. SOCIAL SECURITY NUMBER 3317		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Carpenter		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1340 Downs Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Johnnie E TAYLOR SR			17. MOTHER - NAME (First Middle Last Suffix) Dorothy M BETTIS		
18a. INFORMANT - NAME (Type or Print) LaWanda TAYLOR		18b. MAILING ADDRESS (Street or R.F.D., No, City or Town, State, Zip) 1340 Downs Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20d. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at this time, date and place and due to the cause(s) stated. (Signature & Title) CHRISTOPHER HIGHLEY D.O.			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) March 05, 2009		21c. HOUR OF DEATH 23:25		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Christopher Highley D.O. 1200 North Mountain Street Carson City, NV. 89703	
23b. LICENSE NUMBER 1108		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 09, 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) Heart Failure			
		DUE TO, OR AS A CONSEQUENCE OF:			
		(b) Chronic Kidney Failure			
		DUE TO, OR AS A CONSEQUENCE OF:			
		(c) Diabetes			
		DUE TO, OR AS A CONSEQUENCE OF:			
		(d)			
PART II		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. 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	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR



BK-309
PG-5464

VRS-PW-2005T

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260210

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:

03/09/2009

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

