

APN # 1319-03-401-006

Escrow # 00171614 --KB2

Recording Requested By:
First Centennial Title Company
716 N. Carson Street, Suite 100
Carson City, Nevada 89701

When Recorded Return to:
Marian Eloise Vassar
217 Holton Court
Genoa, Nevada 89411

Mail Tax Statements to:
Marian Eloise Vassar
217 Holton Court
Genoa, NV 89411

DOC # 742402
05/01/2009 12:11PM Deputy: GB
OFFICIAL RECORD
Requested By:
FIRST CENTENNIAL - RENO
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-509 PG-142 RPTT: 0.00



SPACE ABOVE FOR RECORDERS USE

Affidavit - Death of Trustee

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380 (state specific law).


SIGNATURE

Title Officer
TITLE

Kathy Pavlik
Print Signature

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.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1319-03-401-006
Escrow No. 00171614 - 002 -04

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Genoa, NV 89411

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AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA } ss:
COUNTY OF CARSON CITY

Marian Eloise Vassar, of legal age, being duly sworn, deposes and says
That ROSCOE KAY VASSAR the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as ROSCOE KAY VASSAR named as one of the Trustees in The Kay and Marian Vassar Family Trust dated Mar 2-'99. **Marian Eloise Vassar is the Successor Trustee of said trust. The legal description of the property is :**

Being a portion of the Southwest ¼ of the Southwest ¼ of Section 3, Township 13 North, Range 19 East, M.D.B. & M., more particularly described as follows:

Parcel C, as shown on that certain parcel map filed in the office of the County Recorder of Douglas County, Nevada, on October 29, 1973 in Book 1073, page 1168, as File No. 69736.

Dated: April 27, 2009

Marian Eloise Vassar *successor trustee*
Marian Eloise Vassar, Successor Trustee

SUBSCRIBED AND SWORN TO before me on this 27 day of April 2009 by **Marian Eloise Vassar**.

Karen B
NOTARY PUBLIC



SPACE BELOW FOR RECORDER



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STATE OF NEVADA

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

99 013255

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

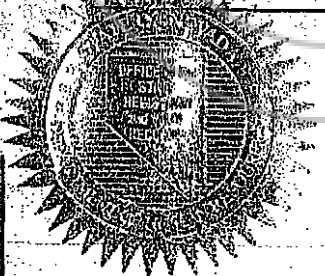
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Roscoe Kay VASSAR			2. DATE OF DEATH (Month, Day, Year) November 15, 1999		3a. COUNTY OF DEATH Douglas
3b. CITY, TOWN OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 217 Holton Court		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 6	4. SEX Male
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) 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. AGE—Last Birthday (Years) 70	7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS
8a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 16	
11. SOCIAL SECURITY NUMBER 5151		12. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Manager of Projects		13. KIND OF BUSINESS OR INDUSTRY Power Plant	
14a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Genoa	
15d. STREET AND NUMBER 217 Holton Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
17. SURVIVING SPOUSE (If wife, give maiden name) Marian Bujalski			18. FATHER—NAME First Middle Last Roscoe Kelsey Vassar		
19. MOTHER—MAIDEN NAME First Middle Last Elisabeth Barndt			20. INFORMANT—NAME (Type or Print) Marian E. Vassar		
21. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 137, Genoa, Nevada 89411			22. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		
23. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory			24. LOCATION City or Town State Carson City, Nevada		
25. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>			26. FUNERAL DIRECTOR LICENSE NUMBER 217		
27. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410			28. To be completed by Certifying Physician 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 11-16-99 21b. HOUR OF DEATH 2155 21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Jeffrey Upton, M.D., 907 N. Mountain, Carson City, Nevada 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jeffrey Upton, M.D., 907 N. Mountain, Carson City, Nevada 21e. LICENSE NUMBER NV 5645		
29. To be completed by Coroner's Office 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> DATE SIGNED (Mo., Day, Yr.) Nov 17, 1999 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT			30. REGISTRAR 24a. (Signature) <i>[Signature]</i> 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Nov 17, 1999 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
31. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Transitional Carcinoma of Bladder DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 26. No 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			32. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST (Specify) 28a. DATE OF INJURY (Mo., Day, Yr.) 28b. HOUR OF INJURY M 28c. DESCRIBE HOW INJURY OCCURRED 28d. INJURY AT WORK (Specify Yes or No) 28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.		



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No.155536

[Signature]
Yvonne Sylva

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: **OCT 20 2000**
State Registrar