

**OFFICIAL RECORD**

Requested By:  
RACHELLE J. NICOLLE

APN: 1320-33-311-003

**RECORDING REQUESTED BY and  
AFTER RECORDING MAIL THIS DEED to:**

✓ Rachele J. Nicolle Ltd.  
Attorney at Law  
1662 Hwy. 395, Suite 214  
Minden, NV 89423

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0809 PG- 0137 RPTT: 0.00



**MAIL TAX STATEMENTS TO GRANTEE:**

Virginia Ann (V.A.) Blythe, Trustee  
1486 Longfellow Lane  
Gardnerville, NV 89410

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

**AFFIDAVIT OF DEATH OF ORIGINAL CO-TRUSTEE AND  
CONTINUED SERVICE OF SOLE REMAINING CO-TRUSTEE**

VIRGINIA ANN (V.A.) BLYTHE, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the BLYTHE FAMILY TRUST U/D/T 10/03/2003, (the "Trust") under a revocable trust agreement executed by ALFRED EUGENE (A.E.) BLYTHE and VIRGINIA ANN (V.A.) BLYTHE as the Grantors.
2. The original Grantors and Trustees of the Trust were ALFRED EUGENE (A.E.) BLYTHE and VIRGINIA ANN (V.A.) BLYTHE.
3. In accordance with the terms of the Trust, I, VIRGINIA ANN (V.A.) BLYTHE, am empowered to act as Sole Trustee for the Trust after the death of ALFRED EUGENE (A.E.) BLYTHE. I hereby affirm my incumbency as sole surviving Co-Trustee, and declare my intention to act as the remaining sole Trustee of the BLYTHE FAMILY TRUST U/D/T 10/03/2003.
4. I declare and affirm that ALFRED EUGENE (A.E.) BLYTHE died on July 31, 2007. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as ALFRED EUGENE (A.E.) BLYTHE, Trustee of the BLYTHE FAMILY TRUST U/D/T 10/03/2003.
5. ALFRED EUGENE (A.E.) BLYTHE is the named Co-Trustee and Grantee in that certain Grant Deed, granting to ALFRED EUGENE (A.E.) BLYTHE and VIRGINIA ANN (V.A.) BLYTHE, Trustees, and subsequent Trustees of the BLYTHE FAMILY TRUST U/D/T 10/03/2003, all right, title and interest in the following identified real property:

APN: .....1320-33-311-003  
Commonly Known As: .... 1486 Longfellow Lane, Gardnerville, NV 89410

Recorded On: .....July 27, 2007

As Document Number: ....0706385

In Book: .....0707

On Page: .....10171

Official Records of: .....Douglas County, Nevada

Legal Description: .....Lot 3, in Block A, of Final Subdivision Map FSM-1006-2 for CHIICHESTER ESTATES PHASE 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 9, 1996, in Book 1296, at Page 1286, as Document No. 402540, and amended by Certificate of Amendment recorded November 22, 2000, in Book 1100, Page 4362, Document No. 503768, Official Records.

- 6. The assets held under this Trust are to be held under the following title:  
VIRGINIA ANN (V.A.) BLYTHE, TRUSTEE  
BLYTHE FAMILY TRUST U/D/T 10/03/2003
- 7. The BLYTHE FAMILY TRUST U/D/T 10/03/2003 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 8. I hereby declare, as Sole Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the BLYTHE FAMILY TRUST U/D/T 10/03/2003, including, but not limited to, the above-described real property, including any portion thereof.
- 9. I make this affirmation under penalty of perjury on July 23, 2009.

*Virginia Ann (V.A.) Blythe*  
 \_\_\_\_\_  
 Virginia Ann (V.A.) Blythe, Trustee  
 BLYTHE FAMILY TRUST U/D/T 10/03/2003

JURAT

State of Nevada )  
County of Douglas )

Signed and sworn to (or affirmed) before me on July 23, 2009, by VIRGINIA ANN (V.A.) BLYTHE.

*Susan C. Happe*  
 \_\_\_\_\_  
 Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2007005055  
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  
HAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

|  |  |  |  |  |  |   |  |  |   |  |                                 |  |  |  |                |  |  |
|--|--|--|--|--|--|---|--|--|---|--|---------------------------------|--|--|--|----------------|--|--|
| 1a. DECEASED-NAME FIRST<br>Alfred  |  |  | 1b. MIDDLE<br>Eugene   |  |  | 1c. LAST<br>BLYTHE  |  |  | 2. DATE OF DEATH (Mo/Day/Year)<br>July 31, 2007   |  |                                 | 3a. COUNTY OF DEATH<br>Douglas                                       |  |  |                |  |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br>Gardnerville   |  |  |  |  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number)<br>1486 Longfellow Lane   |  |  |   |  |                                 | 3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) |  |  | 4. SEX<br>Male |  |  |
| 5. RACE (e.g., White, Black, American Indian) (Specify)<br>White   |  |  | 6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc.<br>No<br>Non-hispanic |  |  | 7a. AGE-Last birthday (Years)<br>82   |  |  | 7b. UNDER 1 YEAR<br>MOS   DAYS  |  | 7c. UNDER 1 DAY<br>HOURS   MINS |  | 8. DATE OF BIRTH (Mo/Day/Yr)<br>March 25, 1925 |  |                |  |  |
| 9a. STATE OF BIRTH (If not U.S.A., name country)<br>Michigan   |  |  | 9b. CITIZEN OF WHAT COUNTRY<br>United States   |  |  | 10. EDUCATION<br>16   |  |  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married  |  |                                 | 12. SURVIVING SPOUSE (If wife, give maiden name)<br>Ginger ELLIOTT   |  |  |                |  |  |
| 13. SOCIAL SECURITY NUMBER<br>[REDACTED] 7916  |  |  |  |  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)<br>Human Resource Manager   |  |  |   |  |                                 | 14b. KIND OF BUSINESS OR INDUSTRY<br>Aerospace                       |  |  |                |  |  |
| 15a. RESIDENCE - STATE<br>Nevada   |  |  | 15b. COUNTY<br>Douglas   |  |  | 15c. CITY, TOWN OR LOCATION<br>Gardnerville   |  |  | 15d. STREET AND NUMBER<br>1486 Longfellow Lane  |  |                                 | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br>Yes                   |  |  |                |  |  |
| 16. FATHER - NAME (First Middle Last Suffix)<br>Arley BLYTHE   |  |  |  |  |  | 17. MOTHER - NAME (First Middle Last Suffix)<br>Carrie Lena RHODES  |  |  |   |  |                                 |  |  |  |                |  |  |
| 18a. INFORMANT- NAME (Type or Print)<br>Ginger BLYTHE  |  |  |  |  |  | 18b. MAILING ADDRESS - (Street or R.F.D. No., City or Town, State, Zip)<br>1486 Longfellow Lane Gardnerville, Nevada 89410  |  |  |   |  |                                 |  |  |  |                |  |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>Cremation  |  |  | 19b. CEMETERY OR CREMATORY - NAME<br>Fitzhenry's Crematory   |  |  | 19c. LOCATION City or Town State<br>Carson City Nevada 89701  |  |  |   |  |                                 |  |  |  |                |  |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br>JAMES SMOLENSKI<br>SIGNATURE AUTHENTICATED   |  |  |  |  |  | 20b. FUNERAL DIRECTOR LICENSE<br>217  |  |  | 20c. NAME AND ADDRESS OF FACILITY<br>FitzHenry's Canyon Valley Funeral Home<br>1380 Highway 395 N Gardnerville NV 89410 |  |                                 |  |  |  |                |  |  |
| 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)<br>STEPHEN HEWITT DO<br>SIGNATURE AUTHENTICATED         |  |  |  |  |  | 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)<br>August 02, 2007  |  |  | 21c. HOUR OF DEATH<br>08:50  |  |  | 22b. DATE SIGNED (Mo/Day/Yr)  |  |  | 22c. HOUR OF DEATH  |  |                                 |  |  |  |                |  |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  |  |  |  |  | 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)<br>Dr. Stephen Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 89449 |  |  |  |  |  |   |  |  | 23b. LICENSE NUMBER<br>NV 1107  |  |                                 |  |  |  |                |  |  |
| 24a. REGISTRAR (Signature)<br>MIKE NEUMANN<br>SIGNATURE AUTHENTICATED  |  |  |  |  |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br>August 03, 2007  |  |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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) Lung Cancer   |  |  |  |  |  | Interval between onset and death<br>Years   |  |  |   |  |                                 |  |  |  |                |  |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |  |  | Interval between onset and death  |  |  |   |  |                                 |  |  |  |                |  |  |
| (b)  |  |  |  |  |  | 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.   |  |  |  |  |  | 26. AUTOPSY (Specify Yes or No)<br>No   |  |  | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br>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<br>STREET OR R.F.D. No. CITY OR TOWN STATE  |  |  |   |  |                                 |  |  |  |                |  |  |

STATE REGISTRAR



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BK- 0809  
PG- 139

159933 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.

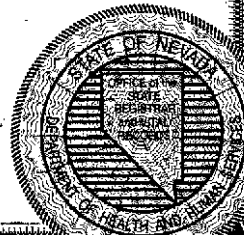
DATE ISSUED:

08/07/2007

SIGNATURE AUTHENTICATED

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

PBNC0 (Rev) 11/06



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