



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
Brandi Ballingham, Paralegal
ANDERSON, DORN & RADER, LTD.

APN: 1420-34-501-007

RECORDING REQUESTED BY:
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Ste, 860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:
Robert L. Edwards
1512 Brandi Rose Way
Minden, Nevada 89423

MAIL TAX STATEMENTS TO:
Robert L. Edwards
1512 Brandi Rose Way
Minden, Nevada 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, Robert L. Edwards, 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 April 14, 1989, Geraldine E. Edwards and I executed the Edwards Family Trust ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of Helen Evenson.
- (3) Geraldine E. Edwards died on April 8, 2009, at Reno, Nevada, a resident of Washoe County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Geraldine E. Edwards.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.

**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

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

2009005007
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Geraldine Eloise EDWARDS		2. DATE OF DEATH (Mo/Day/Year) April 08, 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) Evergreen at CC Health and Rehab Ctr		3e. If Hosp. or Inst. indicate DOA, OP/Emer., Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS _____ DAYS _____ HOURS _____ MINS _____		7c. UNDER 1 DAY HOURS _____ MINS _____	
8. DATE OF BIRTH (Mo/Day/Yr) November 08, 1919		9a. STATE OF BIRTH (If not U.S.A., name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Robert EDWARDS	
13. SOCIAL SECURITY NUMBER 5184		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1512 Brandi Rose Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Henry E LUERS	
17. MOTHER - NAME (First Middle Last Suffix) Hazel GREEN		18a. INFORMANT - NAME (Type or Print) Robert EDWARDS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1512 Brandi Rose Way Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Walton's Carson Gardens		19c. LOCATION: City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1261 N Ropp Carson City NV 89708	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAVID STANDISH HOSKINS M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 09, 2009		21c. HOUR OF DEATH 18:15		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)	
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) David Standish Hoskins M.D. 1664 Hwy 395 #201 Minden, NV 89423			
23b. LICENSE NUMBER 4628		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 10, 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) Acute Cardiac Arrhythmia DUE TO, OR AS A CONSEQUENCE OF: (b) Paroxysmal Tachyarrhythmia DUE TO, OR AS A CONSEQUENCE OF: (c) Hypertensive Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (d) Hypertension			
PART II R Tibial Plateau Fracture, Senile Dementia, Depression		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOMICIDE, 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-809
PG-351

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VRS-Rev-20081

267082 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:

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

Robert White
SIGNATURE AUTHENTICATED

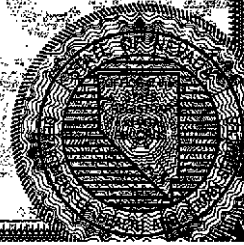
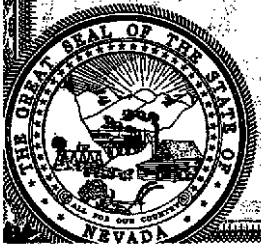




EXHIBIT "B"

Legal Description:

Parcel 3, as set forth on Parcel Map LDA 99-99-090, for Christian and Christel Passink, filed for record in the office of the Douglas County Recorder on May 31, 2000, in Book 500, at Page 6573, as Document No. 493022, Official Records.

APN: 1420-34-501-007

Property Address: 1512 Brandi Rose Way, Minden, Nevada 89423

COPY