

Assessor's Parcel Number. 07-261-06

Recording Requested By

Name Walter C. Youngman, Jr.
Address Youngman, Ericsson & Low, LLP
1981 No. Broadway, Suite 300
City/State/Zip Walnut Creek, CA 94596

Douglas County - NV
Karen Ellison - Recorder
Page 1 Of 4 Fee 17 00
BK-0909 PG- 2537 RPTT 0.00



Mail Tax Statements to:

Name Leslie K. Verrips, Trustee
Address 395 Calle la Montana
City/State/Zip Moraga, CA 94556

Please complete Affirmation Statement below.

I the undersigned hereby affirm that this document 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 this document submitted for Recording contains the social security number of a person or persons as required by law (state specific law)

Walter C. Youngman, Jr.
Signature (Print name under signature)
Walter C. Youngman, Jr.

Attorney for Trustee
Title

AFFIDAVIT-DEATH OF TRUSTEE

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from _____ (Document Title), Book _____ Page _____
Document # _____ recorded _____ (Date) in the Douglas County Recorders
Office

-OR-

If Surveyor, please provide name and address

This page added to provide additional information required by NRS 111 312 Sections 1-4
(Additional recording fees apply)

Recording requested by)
and when recorded mail to:)
)
Youngman, Ericsson & Low, LLP)
1981 North Broadway, Suite 300)
Walnut Creek, California 94596)
_____)

AFFIDAVIT - DEATH OF TRUSTEE

State of California)
County of Contra Costa)ss

LESLIE K VERRIPS , of legal age, being first duly sworn, deposes and says:

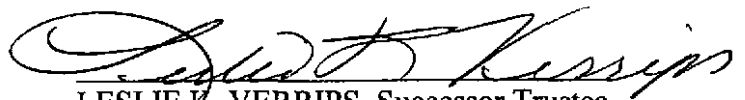
1. That MARJORY BLYTH MEEDER , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARJORY B MEEDER named as the Trustee in that certain Quitclaim Deed dated May 10, 2005, executed by GERALD ELDEN MEEDER and MARJORY B. MEEDER, recorded on May 19, 2005, as Document No. 0644759, of Official Records of Douglas County, California, covering the following described property situated in the County of Douglas, State of Nevada.

LOT 6, IN BLOCK A, AS SHOWN ON THE MAP OF LAKEWOOD KNOLLS ANNEX, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 12, 1959, AS DOCUMENT NO 14378.

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2 That the Meeder Family Trust referred to above provides that LESLIE K VERRIPS thereupon became the Successor Trustee of the trust, and having accepted the office of trustee, is now qualified and acting trustee of the trust.

Dated: June 12, 2009


LESLIE K. VERRIPS, Successor Trustee
of the MEEDER FAMILY TRUST UDT
Dated May 10, 2005



State of California)
County of Contra Costa)ss

Subscribed and sworn to (or affirmed) before me on this 12th day of June, 2009, by LESLIE K VERRIPS, proved to me on the basis of satisfactory evidence to be the person who appeared before me

Dani M. Altés

Notary Public in and for said State



COOPER

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

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PG- 2540
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CERTIFICATE OF DEATH

3200907003020

1 NAME OF DECEDENT - FIRST (Given) MARJORY		2 MIDDLE BLTYHE		3 LAST (Family) MEEDER	
4 DATE OF BIRTH mm/dd/yyyy 02/17/1922				5 AGE Yrs 87	6 SEX F
7 BIRTH STATE/FOREIGN COUNTRY NY		10 SOCIAL SECURITY NUMBER ████████-8415		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS (at Time of Death) WIDOWED		7 DATE OF DEATH mm/dd/yyyy 06/05/2009		8 HOUR (24 Hours) 1710	
13 EDUCATION - Highest Level/Degree (See work sheet on back) BACHELOR		14/15 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OFFICE ADMINISTRATOR			18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) -MEDICAL		
19 YEARS IN OCCUPATION 15			20 DECEDENT'S RESIDENCE (Street and number or location) 10 ARROYO DRIVE		
21 CITY ORINDA		22 COUNTY/PROVINCE CONTRA COSTA		23 ZIP CODE 94563	
24 YEARS IN COUNTY 55		25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME & RELATIONSHIP LESLIE VERRIPS NIECE	
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state ZIP) 395 CALLE LA MONTANA MORAGA, CA 94556			28 NAME OF SURVIVING SPOUSE - FIRST WILLIAM		
29 MIDDLE HENRY		30 LAST (Maiden Name) BLTYHE		34 BIRTH STATE SCOTLAND	
31 NAME OF FATHER - FIRST MARJORY		32 MIDDLE OGG		33 LAST OGG	
35 NAME OF MOTHER - FIRST OGG		36 MIDDLE OGG		37 LAST (Maiden) OGG	
38 DISPOSITION DATE mm/dd/yyyy 06/11/2009		40 PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF MARIN COUNTY			
41 TYPE OF DISPOSITION(S) CR/SEA		42 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER	
44 NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NO. CA		45 LICENSE NUMBER FD1354		46 SIGNATURE OF LOCAL REGISTRAR WENDEL BRUNNER MD	
47 DATE mm/dd/yyyy 06/11/2009		101 PLACE OF DEATH RESIDENCE			
104 COUNTY CONTRA COSTA		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 10 ARROYO DRIVE		106 CITY ORINDA	
107 CAUSE OF DEATH CONGESTIVE HEART FAILURE		108 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110 UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST CRITICAL AORTIC STENOSIS		111 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ATRIAL FIBRILLATION		113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113a. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 08/09/2007 04/23/2009		115 SIGNATURE AND TITLE OF CERTIFIER ELIZABETH CHING SEET M D		116 LICENSE NUMBER G51885	
117 TYPE ATTENDING PHYSICIAN'S NAME MAKING ADDRESS ZIP CODE ELIZABETH CHING SEET M D		118 TYPE ATTENDING PHYSICIAN'S NAME MAKING ADDRESS ZIP CODE 1210 ROSSMOOR PARKWAY, WALNUT CREEK CA 94595		117 DATE mm/dd/yyyy 06/10/2009	
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. NEURAL		120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE mm/dd/yyyy	
122 HOUR (24 Hours)		123 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)			
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125 LOCATION OF INJURY (Street and number or location and city and ZIP)					
126 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE mm/dd/yyyy		128 TYPE NAME TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH # CENSUS TRACT

010001001241150

000787462

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA } SS

DATE ISSUED

JUN 12 2009

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES

Wendell Brunner MD
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer

