

OFFICIAL RECORD

Requested By:
HOPKINS & CARLEY

APN# 1220-08-001-022

11-digit Assessor's Parcel Number may be obtained at.
<http://redrock.co.clark.nv.us/assrealprop/owner.aspx>

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee. 17.00
BK-0909 PG- 5714 RPTT: 0.00



AFFIDAVIT - DEATH OF TRUSTEE

Type of Document

(Example: Declaration of Homestead, Quit Claim Deed, etc.)

Recording Requested By:

Bruce B Roberts, Esq.

Return Documents To:

✓ **Name** Hopkins & Carley, a Law Corporation

Address P O. Box 1469

City/State/Zip San Jose, California 95109-1469

This page added to provide additional information required by NRS 111.312 Section 1-2

(An additional recording fee of \$1.00 will apply)

This cover page must be typed or printed clearly in black ink only.

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

Bruce B. Roberts, Esq.
HOPKINS & CARLEY, A Law
Corporation
P.O. Box 1469
San Jose, California 95109-1469

MAIL TAX STATEMENTS TO:

Charles D. Robbins, Trustee
1061 Waterloo Lane
Gardnerville, NV 89460

AFFIDAVIT - DEATH OF TRUSTEE

CHARLES D. ROBBINS, of legal age, being first duly sworn, deposes and says:

That DIANA L. ROBBINS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DIANA L. ROBBINS, one of the Settlor and Trustees of the ROBBINS FAMILY TRUST under Agreement dated June 25, 1996, who prior to her death on September 07, 2008, accepted title to the following described real property in her capacity as Trustee of the ROBBINS FAMILY TRUST, namely:

Certain real property and improvements commonly known as 1061 Waterloo Lane, Gardnerville, Douglas County, Nevada, Assessor's Parcel No.1220-08-001-022, and described in that Warranty Deed dated May 18, 2007, and recorded on May 29,2007, as Instrument No. 0701896, Book 0507 Page 8978 in the Official Records of Douglas County, Nevada, and more particularly described as follows:

All that certain lot, piece, parcel of portion of land situate, lying and being within the North 1/2 of the North 1/2 of Section 8, Township 12

North, Range 20 East, M.D.M., Douglas County, Nevada, and more particularly described as follows:


Parcel 4B as set forth on Parcel Map LDA #02-040 for MIKE HICKEY CONSTRUCTION COMPANY, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 21, 2004, in Book 0404, at Page 9746, as Document No. 610749.

Paragraph B. of ARTICLE FIRST of PART I of the ROBBINS FAMILY TRUST dated June 25, 1996, provides that if either Settlor shall for any reason fail to qualify or cease to act as Trustee, the remaining Settlor is appointed to act as sole Trustee.

DIANA L. ROBBINS died on September 7, 2008.


CHARLES D. ROBBINS hereby accepts the position of sole Trustee of the ROBBINS FAMILY TRUST dated June 25, 1996, and all Trusts created thereunder, effective September 7, 2008.

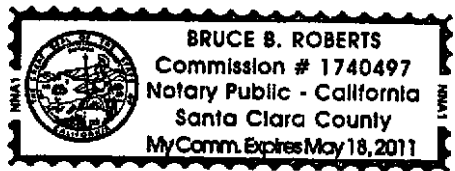
DATED: 9-23-2009


CHARLES D. ROBBINS

STATE OF CALIFORNIA)
)
) ss.
COUNTY OF Santa Clara)

Subscribed and sworn to before me on this 23rd day of September 2009, by CHARLES D. ROBBINS, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature 
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008013617

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) Diana L ROBBINS		2. DATE OF DEATH (Mo/Day/Year) September 07, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1061 Waterloo Lane		3e. If Hosp. or inst. indicate DCA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 60	
5. RACE White (Specify)		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 23, 1947		9a. STATE OF BIRTH (if not U.S.A., name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Charles D ROBBINS	
13. SOCIAL SECURITY NUMBER 3504		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) General Manager		14b. KIND OF BUSINESS OR INDUSTRY General Motor Corporation	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1061 Waterloo Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Sam HAGOPIAN	
17. MOTHER - NAME (First Middle Last Suffix) Mary TURPURAK		18a. INFORMANT- NAME (Type or Print) Charles D ROBBINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1061 Waterloo Lane, Gardnerville, Nevada 89460	
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 <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 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) STEPHEN J HEWITT DO <i>SIGNATURE AUTHENTICATED</i>			22a. On the basis of examination and/or investigation, in my opinion death occurred the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) September 09, 2008			21c. HOUR OF DEATH 16:01		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 89449		
23b. LICENSE NUMBER 1107			24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>		
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 11, 2008			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) Metastatic Chronic Lymphocytic Leukemia					
DUE TO, OR AS A CONSEQUENCE OF					
(b) DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
(d) DUE TO, OR AS A CONSEQUENCE OF					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not reciting in the underlying cause given in Part I.					
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. 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

277260

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: **JUN 16 2009**

Rd White

STATE REGISTRAR

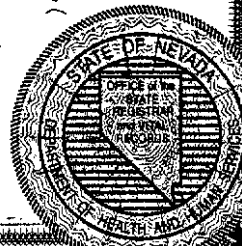
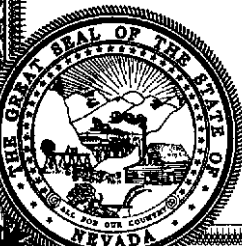
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PSNCO (Rev) 11/06

VRS-Rev.20090802

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EK- 0909
PG- 5717
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09/28/2009
0751324



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE