

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) SS.
COUNTY OF WASHOE)

KATHLEEN BIGELOW, of legal age, being first duly sworn, deposes and says:

That **WILLIAM BIGELOW**, the decedent mentioned in the attached certified copy of Certificate of Death died on the 4th day of June, 2009 in Gardnerville, Nevada.

That **WILLIAM BIGELOW**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as one of the parties in that certain deed dated the 28th day of April, 2008 executed by **WILLIAM L. BIGELOW** and **KATHLEEN L. BIGELOW**, husband and wife as Joint Tenants to **THE WILLIAM L. AND KATHLEEN L. BIGELOW LIVING TRUST**, UTD, April 28th, 2008, **WILLIAM L. BIGELOW AND KATHLEEN L. BIGELOW**, Trustees, recorded as Instrument No. 0723511 on May 16th, 2008, recorded in Douglas County, Nevada.

Described as: A parcel of land located in the Southwest 1/4 of the Southwest 1/4 of Section 3, Township 12 North, Range 19 East, M.D.B. & M., Douglas County Nevada, more particularly described as follows:

Commencing at the Southwest corner of said Section 3, proceed North 89°57' East 687.23 feet, along the section line, which is also the centerline of a public road, to the True Point of Beginning; which is the Southwest corner of the parcel, proceed thence along the section line, North 89°57' East, 157.50 feet to the Southeast corner of the parcel; thence South 89°57' West, 157.50 feet to the Northwest corner of the parcel; thence South 0°10'19" East, 310.00 feet to the True Point of Beginning.

Commonly known as: 228 Autumn Hills Road, Gardnerville, NV 89460.

TOGETHER with all appurtenances, subject to covenants, easements and restrictions of record.

DATE: 10/19/2009

Kathleen Bigelow
KATHLEEN L. BIGELOW

State of Nevada)
County of Washoe)

Signed and sworn to (or affirmed) before me on the 19 day of Oct, 2009, by
KATHLEEN L. BIGELOW.

RHONDA HUFF
Notary Public - State of Nevada
Appointment Number 07-2165-2
My Appt. Expires March 13, 2011

Rhonda Huff
Signature of Notarial Officer

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2009008458

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) William BIGELOW		2. DATE OF DEATH (Mo/Day/Year) June 04, 2009		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) 228 Autumn Hills Road		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) November 15, 1929	
9a. STATE OF BIRTH (if not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Kathleen SNYDER			
13. SOCIAL SECURITY NUMBER 1427		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even,if Retired) Design Engineer		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 228 Autumn Hills Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Eloy BIGELOW			17. MOTHER - NAME (First Middle Last Suffix) Mamie		
18a. INFORMANT- NAME (Type or Print) Kathleen BIGELOW		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 228 Autumn Hills Road, Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY- NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FUNERAL HOME Autumn Funerary & Cremations 1575 N Lomp Ln Carson City, NV 89701	
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) JEFFREY WOODROW SANDERS M.D. <i>SIGNATURE AUTHENTICATED</i>		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) June 05, 2009		21c. HOUR OF DEATH 18:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22a. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jeffrey Woodrow Sanders M.D. 1001 N Mountain St #1E Carson City, NV 89703				23b. LICENSE NUMBER 9437	
24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 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				Interval between onset and death	
(a) Metastatic Melanoma				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	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II Hypertension, Chronic Kidney Disease				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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 STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

574765

BK- 1009
PG- 4531
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VRS-Rev 20080902

277321

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 prepared on engraved border displaying date, seal and signature of the State Registrar.

PHNCO (Rev) 1/06

06/12/2009

John Lawrence
STATE REGISTRAR
SIGNATURE AUTHENTICATED

