

OFFICIAL RECORD

Requested By:

MICHAEL S GREGG

APN: 1320-02-002-024

When Recorded Return To:

Verne O. Wellman, Trustee
2495 Fremont Drive
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00
BK-1109 PG- 1011 RPTT: 0.00



Send Tax Statements To:
Same as above

Property address:
2495 Fremont Drive, Minden, NV

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)

Michael S. Gregg

Attorney
Title

Signature
Michael S. Gregg, Esq.

Print name

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

VERNE O. WELLMAN, the undersigned, being of legal age, being first duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. My name is VERNE O. WELLMAN and I reside at 2495 Fremont Drive, Minden, Nevada.

2. EARL ROBERT WELLMAN, the decedent referred to in the attached copy of the certified Certificate of Death, is the same person as EARL R. WELLMAN, who is named as a Trustee of THE EARL R. WELLMAN AND VERNE O. WELLMAN JOINT TRUST dated July 8, 1998 (the "Trust"), a trust created under a Declaration of Trust dated July 8, 1998.

3. The Declaration of Trust appoints me to serve as Trustee of the Trust upon the death or incapacity of EARL R. WELLMAN, and I have now assumed the responsibilities as Trustee because of the death of EARL R. WELLMAN on September 20, 2009.

4. I am authorized under the terms of the Trust to act as Trustee with respect to the real property described below, which is part of the trust estate:

The Trust is the grantee named in that certain Grant Deed executed by Verne O. Wellman, recorded as Instrument No. 0444022, on July 10, 1998, of the Official Records of the County of Douglas, State of Nevada, regarding the real property located in the County of Douglas, State of Nevada, described as follows:

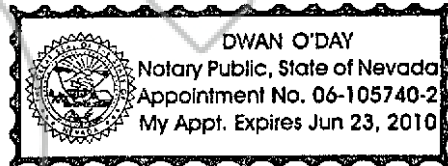
The East 1/2 of the North 1/2 of the Northeast 1/4 of the Southwest 1/4 of Section 2, Township 13 North, Range 20 East, M.D.B.&M., consisting of approximately 10 acres.

Executed on November 3, 2009, at Reno, Nevada.

Verne O. Wellman
VERNE O. WELLMAN

State of Nevada)
County of Washoe) ss.

Subscribed and sworn to (or affirmed) before me on this 3rd day of November, 2009, by VERNE O. WELLMAN personally known to be or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

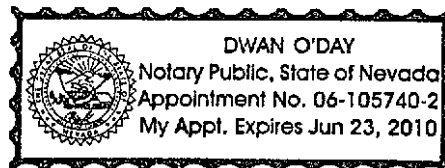


Dwan O'Day
Notary Public

STATE OF NEVADA)
COUNTY OF WASHOE) ss.

On this 3rd day of November, 2009, before me, a Notary Public, personally appeared VERNE O. WELLMAN, known to me (or proved) to be the person who executed the foregoing document, and acknowledged to me that she executed the same for the purposes therein stated.

Dwan O'Day
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009013854
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) Earl Robert WELLMAN		2. DATE OF DEATH (Mo/Day/Year) September 20, 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) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 26, 1924		9a. STATE OF BIRTH (if not U.S.A. name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 15		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Verne O HAUP	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) President And Ceo		14b. KIND OF BUSINESS OR INDUSTRY Communication	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2495 Fremont Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Earl Henry WELLMAN	
17. MOTHER - NAME (First Middle Last Suffix) Alice BROWN		18a. INFORMANT- NAME (Type or Print) Verne O WELLMAN		18b. MAILING ADDRESS: (Street or R.F.D. No, City or Town, State, Zip) 2495 Fremont Dr Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Valley Oaks Memorial Park		19c. LOCATION City or Town State Westlake Village California 91361	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
20a. SIGNATURE AUTHENTICATED		20a. TRADE CALL - NAME AND ADDRESS			
21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JORGE SALLABERRY MD		21b. DATE SIGNED (Mo/Day/Yr) September 23, 2009		21c. HOUR OF DEATH 16:20	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To Be Completed by CORONER'S OFFICE 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) JORGE SALLABERRY MD 1600 Medical Parkway Carson City, NV 89706				23b. LICENSE NUMBER 12639	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 25, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I		(a) Cardiorespiratory Failure		Interval between onset and death Minutes	
(b) Systemic Immune Response Syndrome		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Hours	
(c) Clostridium Difficile Colitis		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Days	
(d) Chronic Obstructive Pulmonary Disease Exacerbation		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Weeks	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) 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 STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

3500492

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BK- 1109
PG- 1013

VRS-Rev-20090602

293822 CERTIFIED COPY OF VITAL RECORDS

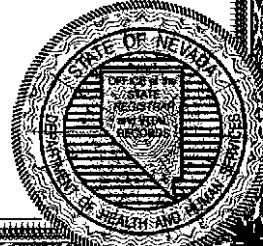
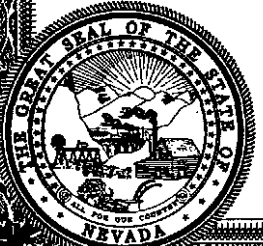
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 09/25/2009

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

PSNCO (Rev.) 11/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE