

APN: 1318-10-313-004

**RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DEED to:**

Rachelle J. Nicolle Ltd.
Attorney at Law
1662 Hwy. 395, Suite 214
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0210 PG-1085 RPTT: 0.00



MAIL TAX STATEMENTS TO GRANTEE:

Carolynn Nelson Churchill, Trustee
1054 Camellia Court
Minden, NV 89423

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. [Per NRS 440.380(1)(a) and 40.525(5)]

AFFIDAVIT of Death of Original Co-Trustee & Continued Service of Sole Remaining Co-Trustee

CAROLYNN NELSON CHURCHILL, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the WILLIAM ARTHUR CHURCHILL AND CAROLYNN NELSON CHURCHILL REVOCABLE LIVING TRUST, U/D/T MARCH 8, 1983, (the "Trust") under a revocable trust agreement executed by WILLIAM ARTHUR CHURCHILL and CAROLYNN NELSON CHURCHILL as the Grantors.
2. The original Grantors and Trustees of the Trust were WILLIAM ARTHUR CHURCHILL and CAROLYNN NELSON CHURCHILL.
3. In accordance with the terms of the Trust, I, CAROLYNN NELSON CHURCHILL, am empowered to act as Sole Trustee for the Trust after the death of WILLIAM ARTHUR CHURCHILL. I hereby affirm my incumbency as sole surviving Co-Trustee, and declare my intention to act as the remaining sole Trustee of the WILLIAM ARTHUR CHURCHILL AND CAROLYNN NELSON CHURCHILL REVOCABLE LIVING TRUST, U/D/T MARCH 8, 1983.
4. I declare and affirm that WILLIAM ARTHUR CHURCHILL died on November 18, 2009. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as WILLIAM ARTHUR CHURCHILL, Trustee of the WILLIAM ARTHUR CHURCHILL AND CAROLYNN NELSON CHURCHILL REVOCABLE LIVING TRUST, U/D/T MARCH 8, 1983.
5. CAROLYNN NELSON CHURCHILL is one of the named Trustees and Grantees in that certain Grant Deed, granting to WILLIAM ARTHUR CHURCHILL and CAROLYNN NELSON CHURCHILL, Trustees, and subsequent Trustees of the

WILLIAM ARTHUR CHURCHILL AND CAROLYNN NELSON CHURCHILL
REVOCABLE LIVING TRUST, U/D/T MARCH 8, 1983, all right, title and interest
in the following identified real property:

APN:1318-10-313-004 (Old APN: 05-132-310)

Commonly Known As:697 Lakeview Drive, Zephyr Knolls #3

Recorded On:January 05, 2009

In Book:0109

On Page:.....0314

Official Records of:Douglas County, Nevada

Legal Description:.....In an UNINCORPORATED AREA, COUNTY OF
DOUGLAS, STATE OF NEVADA. LOT 61, as shown on
the MAP OF ZEPHYR KNOLLS UNIT NO 3, filed in the
Office of the County Recorder of Douglas County, Nevada,
on July 10, 1957, as Document no. 12430, APN 05-132-
310 (New APN 1318-10-313-004).

- 6. The assets held under this Trust are to be held under the following title:
CAROLYNN NELSON CHURCHILL, Trustee
WILLIAM ARTHUR CHURCHILL AND CAROLYNN NELSON
CHURCHILL REVOCABLE LIVING TRUST, U/D/T MARCH 8, 1983
- 7. The WILLIAM ARTHUR CHURCHILL AND CAROLYNN NELSON
CHURCHILL REVOCABLE LIVING TRUST, U/D/T MARCH 8, 1983 has not
been revoked and there have been no amendments limiting the powers of the
Trustee(s) over Trust property.
- 8. I hereby declare, as Sole Trustee, that I have all Trustee powers, to sell, encumber,
retain, or otherwise manage all property belonging to the WILLIAM ARTHUR
CHURCHILL AND CAROLYNN NELSON CHURCHILL REVOCABLE LIVING
TRUST, U/D/T MARCH 8, 1983, including, but not limited to, the above-described
real property, including any portion thereof.
- 9. I make this affirmation under penalty of perjury on February 2, 2010.

Carolynn Nelson Churchill
CAROLYNN NELSON CHURCHILL,
Current and sole remaining Trustee of the
WILLIAM ARTHUR CHURCHILL AND CAROLYNN NELSON CHURCHILL
REVOCABLE LIVING TRUST, U/D/T MARCH 8, 1983

JURAT

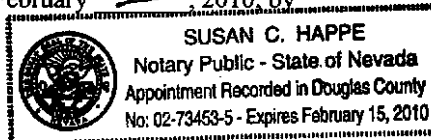
State of Nevada)

County of Douglas)

Signed and sworn to (or affirmed) before me on February 2, 2010, by

CAROLYNN NELSON CHURCHILL.

Susan C. Happe
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS
CERTIFICATE OF DEATH

2009017069

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 Arthur CHURCHILL		2. DATE OF DEATH (Mo/Day/Year) November 18, 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		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 75	
5. RACE (Specify) White		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 24, 1934		9a. STATE OF BIRTH (if not U.S.A. name country) California		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) Carolynn NELSON	
13. SOCIAL SECURITY NUMBER [REDACTED]-7064		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Architect		14b. KIND OF BUSINESS OR INDUSTRY Architecture	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 697 Lakeview Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First, Middle, Last, Suffix) Kenneth Maurice CHURCHILL			17. MOTHER - NAME (First, Middle, Last, Suffix) Martha Helena MORRISON		
18a. INFORMANT - NAME (Type or Print) Carolynn CHURCHILL			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 697 Lakeview Drive Zephyr Cove, Nevada 89448		
19a. BURIAL, CREMATION, REMOVAL; OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa 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) SIGNATURE AUTHENTICATED TREVOR PHAN MD			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) November 20, 2009		21c. HOUR OF DEATH 09:50		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TREVOR PHAN MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 12765	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 25, 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) Pulmonary Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Vasculitis					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) Acute Renal Failure					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) Seizure					
PART II				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

0758213 Page: 3 Of 3 02/05/2010

BK- 0210
PG- 1087

VRS-Rev-20080602

364638

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: 11/25/2009

Rand Whelan
SIGNATURE AUTHENTICATED

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

