

OFFICIAL RECORD

Requested By:

GEORGE KEELE

APN: 1320-29-410-020

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0310 PG- 4197 RPTT: 0.00

The undersigned hereby affirms
that there is no
Social Security number
contained in this document.



When recorded, mail to:
George M. Keele
1692 County Road, #A
Minden, NV 89423

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, ARLENE CLARE MAULE, hereby swear (or affirm) under
penalty of perjury, that the following assertions are true
of my own personal knowledge:

1. I am over the age of twenty-one (21) years and
competent to be a witness as to the matters hereinafter
stated.

2. WYNNE M. MAULE, the decedent mentioned in the
attached certified copy of Certificate of Death, is the
same person as WYNNE MALCOLM MAULE named as one of the
Trustees of THE WYNNE MALCOLM MAULE AND ARLENE CLARE MAULE
FAMILY TRUST dated August 27, 2002, in that certain **Grant,
Bargain, Sale Deed** dated August 27, 2002, executed by WYNNE
M. MAULE and ARLENE C. MAULE, husband and wife, as joint
tenants with the right of survivorship, to WYNNE MALCOLM
MAULE and ARLENE CLARE MAULE, as Trustees of THE WYNNE

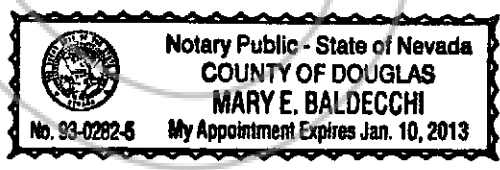
MALCOLM MAULE AND ARLENE CLARE MAULE FAMILY TRUST dated August 27, 2002, recorded as Document No. 0552176, in Book 0902, page 04597, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

LOTS eleven (11), twelve (12), thirteen (13) and fourteen (14), within "Block B" as per official map of Minden Townsite on record in Douglas County, Nevada.

Arlene Clare Maule
ARLENE CLARE MAULE

SIGNED AND SWORN TO (or affirmed)
before me on March 18, 2010,
by ARLENE CLARE MAULE.

Mary E. Baldecchi
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

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TYPE OR PRINT IN PERMANENT BLACK INK

CEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

RENTERS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LISTING THE UNDERLYING CAUSE LAST

USE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Wynne M. MAULE		DATE OF DEATH (Month, Day, Year) 2. June 5, 2006	COUNTY OF DEATH 3a. Douglas
CITY, TOWN OR LOCATION OF DEATH 3b. Minden		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1604 6th Street	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Male
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 80	UNDER 1 YEAR MOS : DAYS 7b.
STATE OF BIRTH (If not U.S.A., name country) 9a. California	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education, Specify highest grade completed 10. 16	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
SOCIAL SECURITY NUMBER 13.	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Forester	KIND OF BUSINESS OR INDUSTRY 14b. U.S. Forest Service	DATE OF BIRTH (Mo., Day, Yr.) a. July 17, 1925
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	STREET AND NUMBER 15d. 1604 6th Street
FATHER—NAME First Middle Last 16. William R. Maule		MOTHER—MAIDEN NAME First Middle Last 17. Rose Todd	
INFORMANT—NAME (Type or Print) 18a. Arlene Maule		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 243, Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) 20a. <i>James Deane</i>		NAME AND ADDRESS OF FACILITY 20c. Walton's Douglas County Mortuary 1478 4th Street, Minden, Nevada 89423	
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 and Title) <i>Mark A. Brune</i>		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) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.) 21b. 6-6-06		DATE SIGNED (Mo., Day, Yr.) 22b. 6-6-06	
HOUR OF DEATH 21c. 0415		HOUR OF DEATH 22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Mark Brune, M.D., 1701 County Rd. #H, Minden, Nevada 89423		LICENSE NUMBER 23b. 7134	
REGISTRAR 24a. (Signature) <i>Jeddy Ananthakrishnan</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 6-7-06	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART (a) <i>Respiratory failure</i> DUE TO, OR AS A CONSEQUENCE OF: PART (b) <i>Dehydration</i> DUE TO, OR AS A CONSEQUENCE OF: PART (c) <i>Terminal Lung Cancer</i>		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No) 26. No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	
INJURY AT WORK (Specify Yes or No) 28e.		HOUR OF INJURY 28c. M	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		DESCRIBE HOW INJURY OCCURRED 28d.	
LOCATION 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 337761

120123

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 - 7 2006

James Deane
STATE REGISTRAR

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

