

OFFICIAL RECORD

Requested By:

KALICKI LAW OFFICES

We the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.350

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 6 Fee: 44.00
BK-0310 PG-7547 RPTT: 0.00



APN: 1420-07-110-009

RECORDING REQUESTED BY:

Kalicki Law Offices, Ltd.
5470 Kietzke Lane, Ste. 140
Reno, NV 89511

WHEN RECORDED MAIL TO:

Kalicki Law Offices, Ltd.
5470 Kietzke Lane, Ste. 140
Reno, NV 89511

MAIL TAX STATEMENTS TO:

Loretta Netzel
3548 Shawnee Drive
Carson City, NV 89705

AFFIDAVIT OF SUCCESSOR TRUSTEES

We, Loretta Lee Netzel and Rebecca June Kunow, jointly, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated July 3, 2006, June A. Netzel executed the June A. Netzel 2006 Revocable Living Trust ("Trust").
- (2) Said trust appointed Loretta Lee Netzel and Rebecca June Kunow to serve as joint Successor Trustees upon the death or incapacity of June A. Netzel.
- (3) June A. Netzel died on February 18, 2010, at Carson City, Nevada, a resident of Carson City, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said June A. Netzel.
- (4) Pursuant to the terms of the Trust, we have assumed the responsibilities of joint Successor Trustees.

(5) The following described real property is part of the trust estate: See Exhibit "B" attached.

(6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustees with respect to the trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to us as Successor Trustees.

Executed on March 22, 2010, at Carson City, Nevada.

Loretta Lee Netzel
LORETTA LEE NETZEL, Successor Trustee


Rebecca June Kunow
REBECCA JUNE KUNOW, Successor Trustee



STATE OF NEVADA)
CARSON CITY)
SS:

On March 22, 2010, before me, James A. Kalicki, personally appeared LORETTA LEE NETZEL, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.



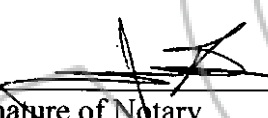
Signature of Notary



STATE OF NEVADA)
CARSON CITY)
SS:

On March 22, 2010, before me, James A. Kalicki, personally appeared REBECCA JUNE KUNOW, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.



Signature of Notary



EXHIBIT "A"

DEATH CERTIFICATE

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010002382
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) June Adelia NETZEL		2. DATE OF DEATH (Mo/Day/Year) February 18, 2010		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) Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 93		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) August 19, 1916		9a. STATE OF BIRTH (If not U.S.A. name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE OR DOMESTIC PARTNER	
13. SOCIAL SECURITY NUMBER 2863		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3548 Shawnee Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last- Suffix) Edwin DAUM	
17. MOTHER - NAME (First Middle Last Suffix) Della FREIMUTH		18a. INFORMANT - NAME (Type or Print) Loretta L NETZEL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 713 N. Walsh St #10 Carson City, Nevada 89701	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
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	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA		21b. DATE SIGNED (Mo/Day/Yr) February 19, 2010		21c. HOUR OF DEATH 03:50	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11909		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 23, 2010		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).) Cardiac Arrest	
25. IMMEDIATE CAUSE/ (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Congestive Heart Failure		25. IMMEDIATE CAUSE/ (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Atherosclerotic/Coronary Artery Disease		25. IMMEDIATE CAUSE/ (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death	
25. IMMEDIATE CAUSE/ (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death		25. IMMEDIATE CAUSE/ (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death		25. IMMEDIATE CAUSE/ (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death	
25. IMMEDIATE CAUSE/ (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death		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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN	
28j. STATE		28k. LOCATION		28l. STREET OR R.F.D. No.	

STATE REGISTRAR



BK- 0310
PG- 7551
0761336 Page: 5 Of 6 03/31/2010

VRS-Rev-20080802

316929 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: 02/23/2010

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

Rod Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

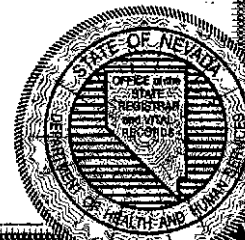


EXHIBIT "B"

LEGAL DESCRIPTION

Lot 9, as shown on the map of VALLEY VIEW SUBDIVISION, filed in the office of the Recorder of Douglas County, Nevada, on November 12, 1958.

Property Address:
3548 Shawnee Drive
Carson City, NV 89705

APN: 1420-07-110-009

