

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0510 PG- 1216 RPTT: 0.00



A.P.N. 1023-07-002-007

When Recorded Mail To:  
Toni Martin  
✓ P.O. Box 46  
Wellington, NV 89444

**AFFIDAVIT - DEATH OF TRUSTEE**

The undersigned being first duly sworn, deposes and says:

That KENNETH JOHN MARTIN, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KENNETH J. MARTIN, Trustee named as one of the parties in that Grant, Bargain and Sale Deed dated February 15, 2002, executed by DARRELL P. OLSON and MARIANNE H. OLSON, WHO ACQUIRED TITLE AS MARIANN H. OLSON, HUSBAND AND WIFE to KENNETH J. MARTIN AND TONI MARTIN, TRUSTEES OF THE 1998 MARTIN FAMILY TRUST, recorded as Instrument No. 0535181 on February 21, 2002 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

See "EXHIBIT A" attached hereto and made a part of.

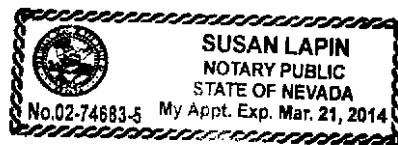
Dated: May 7, 2010

Toni Martin, Trustee  
TONI MARTIN, Trustee

STATE OF NEVADA     )  
  ) SS.  
COUNTY OF DOUGLAS )

On May 7, 2010, before me, a notary public, personally appeared TONI MARTIN, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that SHE executed the instrument.

[Signature]  
Notary Public





**EXHIBIT "A"**

**LEGAL DESCRIPTION**

The North Half of the Northeast Quarter of the Southeast Quarter of Section 7, Township 10 North, Range 23 East, M.D.B.&M.

APN 1023-07-002-007

"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED NOVEMBER 3, 1986, BOOK 1186, PAGE 069, AS FILE NO. 144421, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

POSITION

CERTIFIER

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

USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. <b>Kenneth John MARTIN</b>		2. <b>April 24, 2004</b>		3a. <b>Douglas</b>			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. <b>Wellington</b>		3c. <b>4603 Hwy 208</b>		3e. <b>Male</b>			
RACE (e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. <b>White</b>		6. <b>X</b>		7a. <b>71</b>		B. <b>December 10, 1935</b>	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education—Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. <b>England</b>		9b. <b>U.S.A.</b>		10. <b>15 Years</b>		11. <b>Married</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. <b>-1326</b>		14a. <b>Maitre D</b>		14b. <b>Restaurant Industry</b>			
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. <b>Nevada</b>		15b. <b>Douglas</b>		15c. <b>Wellington</b>		15d. <b>4603 Hwy 208</b>	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. <b>William George Martin</b>		17. <b>Kate Lockwood</b>					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. <b>Toni Martin - Wife</b>		18b. <b>P.O. Box 46, Wellington, Nevada 89444</b>					
BURIAL, CREMATION, REMOVAL OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. <b>Cremation</b>		19b. <b>FitzHenry's Crematory</b>		19c. <b>Carson City, Nevada</b>			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR—LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. <b>217</b>		20c. <b>Home, 1380 Hwy 395, Gardnerville, NV 89410</b>			
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>[Signature]</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) and manner stated. (Signature and Title) <i>[Signature]</i>			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. <b>26 April 2004</b>		21c. <b>1935</b>		22b. <b>26 April 2004</b>		22c. <b>1935</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d.		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.				22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		23a. <b>Thomas G. Merry M.D., 1107 Hwy 395, Gardnerville, NV 89410</b>		LICENSE NUMBER		23b. <b>7634</b>	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) <i>[Signature]</i>		24b. <b>April 27 2004</b>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death					
PART I (a) <b>Metastatic Cancer</b>		Interval between onset and death					
(b)		Interval between onset and death					
(c)		Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. <b>No</b>		27. <b>No</b>			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
29a.		28f.		28g.			

STATE REGISTRAR



No. 264178

BK- 0510  
PG- 1218

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29389

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: APR 27 2004

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

*[Signature]*  
STATE REGISTRAR

