

OFFICIAL RECORD

Requested By:

KAPLAN & ASSOCIATES

Assessor's Parcel Number: N/A

Recording Requested By:

✓ Kirk D. Kaplan, Esq.
6480 Spring Mountain Road, Suite 4
Las Vegas, Nevada 89146

Mail Tax Statements to:

Thomas A. Hanson
c/o Jeffrey R. Matsen, Esq.
695 Town Center Drive, Suite #700
Costa Mesa, California 92626

Real Property Transfer Tax:

\$ _____

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0510 PG- 4170 RPTT: 0.00



CERTIFICATE OF INCUMBENCY
AFFIDAVIT OF SUCCESSOR TRUSTEE OF
THE THOMAS A. AND DAPHANIE A. HANSON FAMILY TRUST

CERTIFICATE OF INCUMBENCY

**Affidavit of Successor Trustee
Of
THE THOMAS A. AND DAPHANIE A. HANSON FAMILY TRUST**

STATE OF NEVADA)
) ss.
COUNTY OF Douglas)

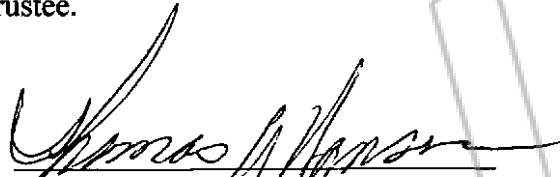
THOMAS A. HANSON, under penalties of perjury, does hereby certify and say that:

1. On April 2, 1980, THOMAS A. HANSON and DAPHANIE A HANSON established a revocable Trust entitled THE THOMAS A. AND DAPHANIE A. HANSON FAMILY TRUST, which was restated on August 23, 2006 (hereinafter referred as the "Trust").
2. Under the terms of the Trust, THOMAS A. HANSON and DAPHANIE A HANSON were serving as Co-Trustees during their joint lives, and the survivor is to serve as sole trustee of all trust after the death of the first trustee.
3. DAPHANIE A HANSON died on December 4, 2009, and a copy of her death certificate is attached hereto and incorporated herein by this reference.
4. Pursuant to the terms of the Trust, the office of Trustee is to be filled by THOMAS A. HANSON, who by signing this Certificate accepts the duties and responsibilities thereof, and agrees to be bound by the terms of the Trust.
5. The Trustee has, among other powers, the power to sell, exchange, lease, and otherwise engage in transactions involving Trust assets as the Trustee considers appropriate. The Trustee has the power to make all types of investments without limitation.


(Remainder Continues on Next Page)

6. The trust instrument provides that no person dealing with the trust is obligated to inquire as to the powers of the Trustee or to inquire as to how the Trustee applies any funds delivered to the Trustee.

DATED: March 22, 2010


THOMAS A. HANSON

SUBSCRIBED AND SWORN TO OR AFFIRMED BY
THOMAS A. HANSON on March 22, 2010


NOTARY PUBLIC in and for
said County and State County of Douglas
State of Nevada

Recording requested by:

Kirk Kaplan, Esq.
Kaplan & Associate, Prof. L.L.C.
6480 Spring Mountain Road, Suite 4
Las Vegas, Nevada 89146



When recorded return to:

Thomas A. Hanson
c/o Jeffrey R. Matsen, Esq.
695 Town Center Drive, Suite #700
Costa Mesa, California 92626

CERTIFICATION OF VITAL RECORD

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

2009017859

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) Daphanie A HANSON		2. DATE OF DEATH (Mo/Day/Year) December 04, 2009		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		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) 62		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 10, 1947		9a. STATE OF BIRTH (if not U.S.A., name country) South Carolina		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Thomas A HANSON	
13. SOCIAL SECURITY NUMBER ██████-3814		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 Gardnerville	
15d. STREET AND NUMBER 581 Black Bear Trail		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Steven L SRADER	
17. MOTHER - NAME (First Middle Last Suffix) Mary E DAGG		18a. INFORMANT- NAME (Type or Print) Thomas A HANSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 8170 Gardnerville, Nevada 89460	
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 Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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 STEFAN SCHMIDHUBER MD					
21b. DATE SIGNED (Mo/Day/Yr) December 08, 2009		21c. HOUR OF DEATH 16:10		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Vinh, Quang Bao		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) STEFAN SCHMIDHUBER MD 1155 Mill St. Reno, NV 89502	
23b. LICENSE NUMBER 11763		24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 10, 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		(a) Cardiopulmonary arrest		Interval between onset and death Minutes	
		DUE TO, OR AS A CONSEQUENCE OF: (b) Community acquired pneumonia		Interval between onset and death Days	
		(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II		26a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. INJURY AT WORK (Specify Yes or No)					

STATE REGISTRAR



BK- 0510
PG- 4173

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VRS-Rev-20090602

305638

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: 12/17/2009

Rud Whitt
SIGNATURE AUTHENTICATED

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

PBNC0 (Rev) 11/05

