

DOC # 764559
 05/28/2010 01:48PM Deputy: SG
OFFICIAL RECORD
 Requested By:
 STEWART TITLE - CARSON
 Douglas County - NV
 Karen Ellison - Recorder
 Page: 1 of 4 Fee: 17.00
 BK-510 PG-6387 RPTT: 0.00



A.P.N. #	1220-23-000-012
Escrow No.	1029179DR
Recording Requested By:	
Stewart Title	
When Recorded Mail To:	
Gloria M. Pratt	
654 Stone's Throw Road	
Gardnerville, NV 89410	
(for recorders use only)	

Certificate of Incumbency

 (Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS Chapter 440-380
 (State specific law)

Kris Thorson
 Signature

Escrow Assistant
 Title

Kris Thorson
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



CERTIFICATE OF INCUMBENCY

Whereas, Augustus P. Pratt was the Trustee under that certain Trust entitled Augustus and Gloria Pratt Revocable Family Trust dated July 6, 2000, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded 8-3-2009 in Book 800, as Document No. 497039, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

AND Whereas, Augustus P. Pratt is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Gloria M. Pratt, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

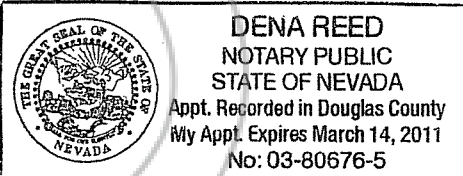
SUCCESSOR TRUSTEE:

By: Gloria M. Pratt

State of NV }
County of Douglas } ss

This instrument was acknowledged before me on 5-24-10
by: Gloria M. Pratt

Signature: Dena Reed
Notary Public



CERTIFICATION OF VITAL RECORD

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

2010002466
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) Agustus Peter PRATT		2. DATE OF DEATH (Mo/Day/Year) February 14, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY PARTNER	
8. DATE OF BIRTH (Mo/Day/Yr) January 08, 1929		9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Gloria M FOSTER	
13. SOCIAL SECURITY NUMBER 7554		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Trucking	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 654 Stonestrow Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Agustus H PRATT	
17. MOTHER - NAME (First Middle Last Suffix) Margaret MEIER		18a. INFORMANT- NAME (Type or Print) Gloria M PRATT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 654 Stonestrow Road Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BABAR SAEED SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) February 19, 2010		21c. HOUR OF DEATH 02:40	
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. LICENSE NUMBER 13124		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) BABAR SAEED Renown Hospital Reno, NV		23b. LICENSE NUMBER 13124		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
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).) PART I (a) Acute Renal Failure and Retension DUE TO, OR AS A CONSEQUENCE OF: (b) Stroke DUE TO, OR AS A CONSEQUENCE OF: (c) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d)	
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



BK-510
PG-6389

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AKA: Augustus P PRATT

VRS-Rev-20090602

316787

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

PNBCO (Rev) 11/06

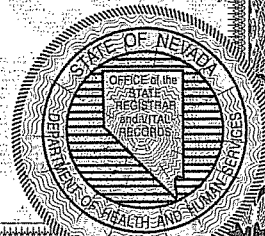




Exhibit A
LEGAL DESCRIPTION

File Number: 1029179DR

Being a portion of Sections 23 and 24, T. 12 N., R. 20 E., M.D.B.&M., more particularly described as follows:

Parcel 1-B-2, as shown on that certain Parcel Map for Lilly M. Stone, filed for record in the Office of the County Recorder of Douglas County, Nevada on June 4, 1984, as File No. 101630.

Said parcel being a resubdivision on Parcel 1-B, as shown on the Parcel Map for S.M.S. Enterprises, filed in the Office of the County Recorder of Douglas County, Nevada, on January 10, 1978, as File No. 16584.

APN 1220-23-000-012

