

OFFICIAL RECORD

Requested By:
RICHARD P SCHULZE

APN: ~~27-754-12~~ 1220-16-113-006

RECORDING REQUESTED BY:
Law Offices of Richard P. Schulze, P.C.
9590 Prototype Court, Suite 400
Reno, NV 89521

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 6 Fee: 19.00
BK-0610 PG- 1536 RPTT: 0.00



WHEN RECORDED MAIL TO:
Law Offices of Richard P. Schulze
9590 Prototype Court, Suite 400
Reno, NV 89521

MAIL TAX STATEMENTS TO:
Bertha Bowman
c/o Daniel W. Bowman, Jr.
27000 Paseo de Los Robles
Salinas, CA 93908

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, BERTHA BOWMAN, 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 March 10, 1995, DANIEL WILLIAM BOWMAN and BERTHA DOROTHY BOWMAN executed the BOWMAN FAMILY TRUST, as amended ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of DANIEL WILLIAM BOWMAN.
- (3) DANIEL WILLIAM BOWMAN died on February 18, 2010 at Monterey, California, a resident of Monterey County, California. Attached hereto as **Exhibit "A"** is a certified copy of the death certificate.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
- (5) The following described real property is part of the trust estate: See **Exhibit "B"** attached.

- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee 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 me as Successor Trustee.

Executed on 5 May 2010, at Del Rey Oaks, ^{California} Nevada.

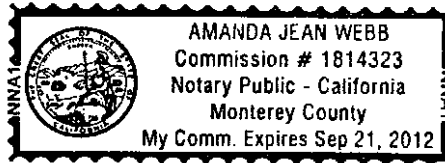
Bertha Dorothy Bowman
BERTHA DOROTHY BOWMAN,
Successor Trustee

STATE OF NEVADA)
 ss:
COUNTY OF)

On _____, 2010, before me, _____ personally appeared BERTHA DOROTHY BOWMAN, 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 he executed the same in her authorized capacity, and that by his 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.

See Attachment
Signature of Notary



**California All-Purpose
Certificate of Acknowledgement**

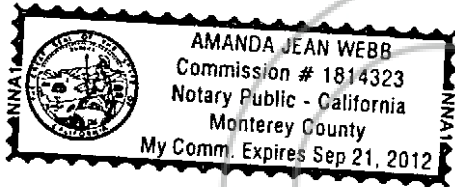
State of California
County of Monterey

On May 5, 2010 before me, Amanda Jean Webb, Notary Public,
personally appeared Bertha Dorothy Bowman,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS me hand and official seal.



(Notary Seal)

Amanda Jean Webb
Signature of Notary Public

Additional Optional Information

Title of Document Affidavit of Successor Trustee

EXHIBIT "A"
DEATH CERTIFICATE

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY
 Salinas, California

CERTIFIED COPY OF VITAL RECORDS

CERTIFICATE OF DEATH

3201027000308

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DANIEL		2. MIDDLE WILLIAM	
3. LAST (Family) BOWMAN		4. DATE OF BIRTH mm/dd/yyyy 07/07/1921	
5. AGE Yrs. 88		6. UNDER ONE YEAR Months: Days: Hours: Minutes: 88	
7. SEX M.		8. BIRTH STATE/FOREIGN COUNTRY PA	
9. BIRTH STATE/FOREIGN COUNTRY PA		10. SOCIAL SECURITY NUMBER 2454	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SIDOP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Origin (See worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED U.S. MARINE	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MILITARY GOVERNMENT		19. YEARS IN OCCUPATION 29	
20. DECEDENT'S RESIDENCE (Street and number, or location) 964 WINTERGREEN DRIVE			
21. CITY GARDNERVILLE		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 89460		24. YEARS IN COUNTY 16	
25. STATE/FOREIGN COUNTRY NV.		26. INFORMANT'S NAME, RELATIONSHIP DAN BOWMAN, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 27000 PASEO DE LOS ROBLES, SALINAS, CA 93908		28. NAME OF SURVIVING SPOUSE/SIDOP - FIRST BERTHA	
29. MIDDLE CRIDGE		30. LAST (BIRTH NAME) CRIDGE	
31. NAME OF FATHER/PARENT - FIRST BARNEY		32. MIDDLE ARTHUR	
33. LAST BOWMAN		34. BIRTH STATE PA	
35. NAME OF MOTHER/PARENT - FIRST BERTHA		36. MIDDLE FLEMING	
37. LAST (BIRTH NAME) FLEMING		38. BIRTH STATE CANADA	
39. DISPOSITION DATE mm/dd/yyyy 02/25/2010		40. PLACE OF FINAL DISPOSITION EASTSIDE MEMORIAL PARK 1600 BUCKEYE ROAD, MINDEN, NV 89423	
41. TYPE OF DISPOSITIONS TR/BU		42. SIGNATURE OF EMBALMER EUGENE D. LOCKHART	
43. LICENSE NUMBER 8421		44. NAME OF FUNERAL ESTABLISHMENT HEALEY MORTUARY	
45. LICENSE NUMBER FD973		46. SIGNATURE OF LOCAL REGISTRAR HUGH STALLWORTH, MD, MPH	
47. DATE mm/dd/yyyy 02/22/2010		48. PLACE OF DEATH SUNRISE ADULT LIVING	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		100. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY MONTEREY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1110 CASS STREET	
106. CITY MONTEREY		107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. ISCHEMIC CARDIOMYOPATHY ATHEROSCLEROTIC HEART DISEASE	
108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. TIME INTERVAL BETWEEN ONSET AND DEATH (B) YRS 20100147	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CONGESTIVE HEART FAILURE, CHRONIC RENAL DISEASE, ELEVATED LIPIDS, ANEMIA			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 09/01/2009 Decedent Last Seen Alive: 01/09/2010		115. SIGNATURE AND TITLE OF CERTIFIER NICOLAS JOHN NUTTALL M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NICOLAS JOHN NUTTALL M.D. 2 UPPER RAGSDALE DR STE B220, MONTEREY, CA 93940		117. LICENSE NUMBER G69767	
118. DATE mm/dd/yyyy 02/22/2010		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		CENSUS TRACT	

BK- 0610
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MONTEREY CO. DEPT. OF HEALTH
 STATE OF CALIFORNIA
 COUNTY OF MONTEREY

DATE ISSUED **FEB 24 2010**



000246326

By *Hugh Stallworth MD* Local Registrar.

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records.

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



EXHIBIT "B"
LEGAL DESCRIPTION

Lot 42, in Block A, as shown on the final map of PLEASANTVIEW PHASE 3, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 4, 1992, in Book 1292, Page 815, as Document No. 294729.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversion, remainders, rents, issues or profits thereof.

Property Address:
964 Winter Green
Gardnerville, NV 89410

APN: 27-754-12

