

APN: 1022-13-002-003

RECORDING REQUESTED BY:

Rachelle J. Nicolle
✓ Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 6 Fee: 19.00
BK-0610 PG- 6157 RPTT: 0.00



**AFTER RECORDING MAIL THIS DEED
& TAX STATEMENTS TO:**

Richard A. Newman, II, Trustee
4294 Kyle Drive
Wellington, NV 89444

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

**AFFIDAVIT OF DEATH of Both Original Co-Trustees and
Continued Service of Successor Trustee**

RICHARD A. NEWMAN, II, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the NEWMAN FAMILY TRUST U/D/T 7/2/1992, (the "Trust") under a revocable trust agreement executed by RICHARD ARTHUR NEWMAN and CLAIRE JUNE NEWMAN as the Original Grantors and Trustees.
2. I declare and affirm that CLAIRE JUNE NEWMAN died on August 11, 2001. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, CLAIRE JUNE NEWMAN, is the same person as CLAIRE JUNE NEWMAN, original Co-Trustee of the NEWMAN FAMILY TRUST U/D/T 7/2/1992. After the death of CLAIRE JUNE NEWMAN, RICHARD ARTHUR NEWMAN became the sole remaining original trustee.
3. I declare and affirm that RICHARD ARTHUR NEWMAN died on May 7, 2010. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, RICHARD NEWMAN, is the same person as RICHARD ARTHUR NEWMAN, the sole remaining original trustee of the NEWMAN FAMILY TRUST U/D/T 7/2/1992.
4. In accordance with the terms of the Trust, I, RICHARD A. NEWMAN, II, am empowered to act as Successor Trustee for the Trust after the deaths of both original Trustees CLAIRE JUNE NEWMAN and RICHARD ARTHUR NEWMAN. I hereby affirm my incumbency as Successor Trustee, and declare my intention to act as the current Trustee of the NEWMAN FAMILY TRUST U/D/T 7/2/1992.

5. RICHARD ARTHUR NEWMAN and CLAIRE NEWMAN are the named Grantors in that certain Grant Deed, granting to RICHARD ARTHUR NEWMAN and CLAIRE JUNE NEWMAN, Trustees, and subsequent Trustees of the NEWMAN FAMILY TRUST U/D/T 7/2/1992, all right, title and interest in the following identified real property:

APN:1022-13-002-003

Commonly Known As:4295 Kyle Drive, Wellington, NV 89444.

Recorded On:July 6, 1992

As Document Number:282727

In Book:792

On Page:588 through 592

Official Records of:Douglas County, Nevada

Legal Description:All that certain lot, piece, or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Being all that portion of Section 13 Township 10 North, Range 22 East, M.D.B.& M., described as follows:

Commencing at North quarter corner of said Section 14, T. 10 N., R. 22 E., South 89°51' East along the North line of said Section 14 a distance of 792.53 feet to a point; thence South 13°00' East 465.12 feet to a point; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 22°30' for an arc distance of 196.35 feet; thence South 35°30' East a distance of 2287.85 feet; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 29°15' for an arc distance of 255.25 feet; thence South 64°45' East 1559.09 feet; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 49°29'15" for an arc distance of 431.86 feet; thence North 65°45'45" East a distance of 24.56 feet to the true point of beginning; thence North 06°32'23" West 974.48 feet; thence North 84°19'15" East 370.00 feet; thence South 24°05'46" East 810.60 feet; thence South 65°45'45" West a distance of 645.00 feet to the true point of beginning.

Reference is made to Record of Survey filed in the Office of the County Recorder of Douglas County, Nevada on October 10, 1969, under File No. 45991, and the above described parcel shown as Parcel 17.

PARCEL 2:

Being all that portion of Section 13 and the East half of Section 14, Township 10 North, Range 22 East, M.D.B.& M., described as follows:

Non—exclusive easements for roadway and utility purposes and to provide access to State Route No. 3, for the benefit of and appurtenant to the property conveyed hereinabove and shall inure to the benefit of and be used by all persons who may become owners of said land or any parts or portions thereof said easement being 60 feet in width the centerline of which is described as follows:

Commencing at North quarter corner of said Section 14; thence South 89°51' East along the North line of said Section 14, a distance of 792.53 feet to a point; thence South 13°00' East 104.32 feet to a point on the Southerly right of way line of State Route No. 3, the true point of beginning; thence along said line South 13°00' East 360.80 feet; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 22°30'00" for an arc distance of 186 feet; thence South 35°30' East 2287.85 feet; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 29°15' for an arc distance of 255.25 feet; thence a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 49°29'15" for an arc distance of 431.86 feet; thence North 65°45'45" East 1075.22 feet; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 16°40'22" for an arc distance of 145.50 feet; thence North 49°05'23" East a distance of 1161.73 feet to the true point of ending.

ALSO: Commencing at North quarter corner of said Section 14; thence South 89°51' East along the North line of said Section 14 a distance of 792.53 feet to a point; thence South 13°00' East 104.32 feet to a point on the Southerly right of way line of State Route No. 3; thence South 13°00' East 360.80 feet; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 07°04'13" for an arc distance of 61.70 feet to the True Point of Beginning; thence North 76°34' East 1706.97 feet; thence on a curve to the right the tangent of which bears the last described course having a radius of 500 feet; through a central angle of 28°59'00" for an arc distance of 129.23 feet; thence South 74°27' East a distance of 3465.80 feet to the true point of ending.

Reference is made to Record of Survey filed in the office of the County Recorder of Douglas County, Nevada, on October 10, 1969 under File No. 45991 and the above described easements shown as Bosler Way and Kyle Drive.

Excepting therefrom; Any portions of the above described easements lying within the exterior boundaries of Parcel 1.

Per NRS 111.312, this legal description was previously recorded at Document No. 282727, Book No. 792, Page #s 588 - 592, on July 6, 1992.

6. The assets held under this Trust are to be held under the following title:
RICHARD A. NEWMAN, II, TRUSTEE
NEWMAN FAMILY TRUST U/D/T 7/2/1992

- 7. The NEWMAN FAMILY TRUST U/D/T 7/2/1992 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 8. I hereby declare, as the success and current Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the NEWMAN FAMILY TRUST U/D/T 7/2/1992, including, but not limited to, the above-described real property, including any portion thereof.
- 9. I make this affirmation under penalty of perjury on June 25, 2010.

Richard A. Newman II
 Richard A. Newman, II, Date
 Successor and Current Trustee
 NEWMAN FAMILY TRUST U/D/T 7/2/1992

JURAT

State of Nevada)
County of Douglas)

Signed and sworn to (or affirmed) before me on 6/25, 2010, by RICHARD A. NEWMAN, II.

Susan C. Happe
 Notary Public



STATE OF NEVADA

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

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

PARENTS

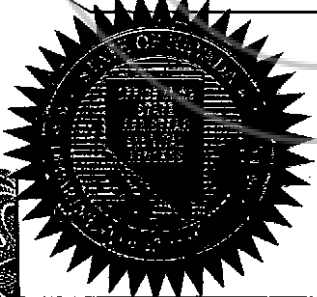
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER											
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH								
1. Claire June Newman			2. August 11, 2001			3a. Douglas								
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)			If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)			SEX					
3b. Wellington			3c. 4295 Kyle Drive			3e.			4. Female					
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)		UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS		DATE OF BIRTH (Mo., Day, Yr.)		
5. White			6.			7a. 80		7b.		7c.		8. June 20, 1921		
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)			SURVIVING SPOUSE (if wife, give maiden name)				
9a. Alabama			9b. U. S. A.		10. 12 years		11. Married			12. Richard A. Newman				
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)			KIND OF BUSINESS OR INDUSTRY								
13. ████████-6742			14a. Homemaker			14b. Own Home								
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)						
15a. Nevada		15b. Douglas		15c. Wellington		15d. 4295 Kyle Drive		15e. Yes						
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last											
16. Issac Elbert Ogletree			17. Hazel Ethel Mitchell											
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)											
18a. Richard A. Newman			18b. 4295 Kyle Drive, Wellington, Nevada 89444											
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State								
19a. Burial			19b. Eastside Memorial Cemetery			19c. Minden, Nevada								
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY									
20a. Jimmy Burns			20b. 9		20c. Walton's Douglas County Mortuary 1478 Fourth Street, Minden, Nevada 89423									
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)			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)											
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH					
21b. 8/14/01			21c. 0630			22b.			22c.					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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)						LICENSE NUMBER								
23a. Dr. Evan Easley, M.D., 1107 Hwy. 395, Gardnerville, Nevada 89423						23b. 7446								
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE								
24a. (Signature) <i>Vera R. Kerkamp</i>			24b. August 16, 2001			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) Respiratory Failure			Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death											
(b) Pneumonia			Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:			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. No			27. Yes											
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				
28e.		28f.		28g.										



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No. 182940

STATE REGISTRAR

Yvonne Sylvia

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: AUG 16 2001

State Registrar

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2010006932

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) Richard NEWMAN		2 DATE OF DEATH (Mo/Day/Year) May 07, 2010		3a. COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Wellington		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either give street and number) 4295 Kyle Drive		3e If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4 SEX Male		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 82		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) March 16, 1928		9a STATE OF BIRTH (If not U S A, name country) California		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 13		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE OR DOMESTIC PARTNER	
13 SOCIAL SECURITY NUMBER 1464		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Aircraft Mechanic		14b KIND OF BUSINESS OR INDUSTRY Lockheed	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Wellington	
15d STREET AND NUMBER 4295 Kyle Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16 FATHER - NAME (First Middle Last Suffix) George NEWMAN			17 MOTHER - NAME (First Middle Last Suffix) Della SCOTT		
18a INFORMANT- NAME (Type or Print) Richard NEWMAN		18b MAILING ADDRESS (Street or R F D, No, City or Town, State, Zip) 4295 Kyle Drive Wellington, Nevada 89444			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's 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 FitzHenry's Carson Valley Funeral Home 1380 Highway 295 N Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) STEPHEN J HEWITT DO SIGNATURE AUTHENTICATED		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)			
21b DATE SIGNED (Mo/Day/Yr) May 12, 2010		21c HOUR OF DEATH 08 40		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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. Stephen J Hewitt DO 1090 3rd Street #1, South Lake Tahoe, CA 96150			
23b. LICENSE NUMBER 1107		24a REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 14, 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))		Interval between onset and death			
PART I (a) Cardiopulmonary Arrest		Minutes			
(b) Renal Cancer		Interval between onset and death			
(c) Renal Cancer		Years			
(d) Renal Cancer		Interval between onset and death			
PART II		26 AUTOPSY (Specify Yes or No) No			
26a ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify)		26b DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d DESCRIBE HOW INJURY OCCURRED		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a 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- 0610
PG- 6162

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VRS-Rev-20090602

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 **05/14/2010**

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

