



This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).

Brandi Ballingham, Paralegal
ANDERSON, DORN & RADER, LTD.

APN: 1419-01-801-003

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

ALMA JEAN MAGILL
3638 Cindys Trail
Carson City, NV 89705

MAIL TAX STATEMENT TO:

ALMA JEAN MAGILL
3638 Cindys Trail
Carson City, NV 89705

AFFIDAVIT OF DEATH OF TRUSTEE

I, Alma Jean Magill, 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 8, 2006, Gerald T. Magill and I executed the Magill Living Trust ("Trust").

(2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of Gerald T. Magill.

(3) Gerald T. Magill died on November 11, 2009, at Reno, Nevada, a resident of Washoe County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Gerald T. Magill.

(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.

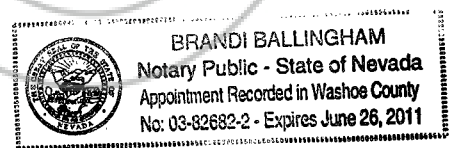
Executed on July 14, 2010, at Reno, Nevada.

Alma Jean Magill
Alma Jean Magill, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

SUBSCRIBED AND SWORN TO before me this 14th day of July, 2010, by Alma Jean Magill.

Brandi Ballingham
Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2009016491

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gerald Thomas MAGILL		2. DATE OF DEATH (Mo/Day/Year) November 11, 2009		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Northern Nevada Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 22, 1933	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 10	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Alma Jean WILEY			
PARENTS	13. SOCIAL SECURITY NUMBER ██████-5421		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner/operator		14b. KIND OF BUSINESS OR INDUSTRY Machine Shop	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 3638 Cindys Trail		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16. FATHER - NAME (First Middle Last Suffix) Norman O MAGILL			17. MOTHER - NAME (First Middle Last Suffix) Myrtle B GRANTHAM		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Alma MAGILL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3638 Cindys Trail Carson City, Nevada 89705			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CAROLL DAVID HIGGINS		20b. FUNERAL DIRECTOR LICENSE 20		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) WARREN THAI MD		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) November 13, 2009		21c. HOUR OF DEATH 17:40		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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) WARREN THAI MD 2375 E Prater Way Sparks, NV 89434			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 13174		24a. REGISTRAR (Signature) BRIDGES SANDI			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 16, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) No			
	PART I		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
3508748	(a) Cardiopulmonary arrest		Interval between onset and death 6 Days			
	(b) Pneumonia		Interval between onset and death 2 Weeks			
3508748	(c) Hypernatremia		Interval between onset and death			
	(d) Altered mentation		Interval between onset and death			
3508748	PART II		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-710
PG-2474

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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

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

DATE ISSUED: **11/17/2009**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

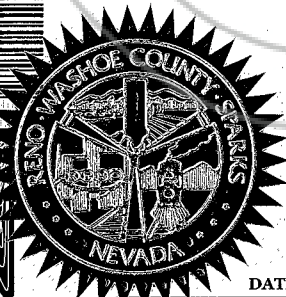




EXHIBIT "B"

Legal Description:

Being a portion of the Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 1, Township 14 North, Range 19 East, M.D.B. & M., more particularly described as follows:

Parcel 3, Parcel Map No. 1 for Ruth S. Bell, filed for record November 20, 1990 in Book 1190 of Official Records, Page 3104, Douglas County, Nevada, as Document No. 239399.

TOGETHER WITH a right of way for roadway purposes over all that land within the roadway areas shown on the Record of Survey recorded August 15, 1968, as File No. 41877.

TOGETHER WITH a right of way for roadway purposes over all that land within the roadway areas shown on the Record of Survey recorded August 22, 1968, as File No. 41941.

APN: 1419-01-801-003

Property Address: 3638 Cindy's Trail, Carson City, Nevada 89705