

AFFIDAVIT-DEATH OF SETTLORS AND TRUSTEES
APN: 1220-10-710-024

It is hereby acknowledged that COLLEEN F. MCCUE is now the Trustee of the WILLIAM K. GRIMES & AUDREY T. GRIMES 1992 LIVING REVOCABLE TRUST, dated January 14, 1992, and the above property is now vested in title as follows:

COLLEEN F. MCCUE, Trustee of the WILLIAM K. GRIMES and AUDREY T. GRIMES 1992 LIVING REVOCABLE TRUST, dated January 14, 1992.

DATED: July 8, 2010.

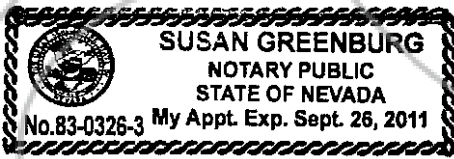
Colleen F. McCue Trustee
COLLEEN F. MCCUE, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on July 8, 2010, by COLLEEN F. McCUE.

Susan Greenburg
Notary Public

(Notary Stamp)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009009037

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) William Keith GRIMES		2. DATE OF DEATH (Mo/Day/Year) June 17, 2009		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) 1527 Lou Court		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 83		8. DATE OF BIRTH (Mo/Day/Yr) February 25, 1926	
5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS 7c. UNDER 1 DAY DAYS HOURS MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 15	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Audrey TRACY		13. SOCIAL SECURITY NUMBER 9850	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Aerospace Manager		14b. KIND OF BUSINESS OR INDUSTRY Aerospace		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1527 Lou Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) William GRIMES	
16. MOTHER - NAME (First Middle Last Suffix) Mae NORTON		17. INFORMANT - NAME (Type or Print) Colleen MCCUE		18b. MAILING ADDRESS (Street or R.F.D.No, City or Town, State, Zip) 994 Rubio Way 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) TERESA HALL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 812		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) EVAN WAYNE EASLEY M.D. 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) June 22, 2009		21c. HOUR OF DEATH 07:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
21e. PRONOUNCED DEAD (Mo/Day/Yr)				22d. PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Evan Wayne Easley M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410					23b. LICENSE NUMBER 7446
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 24, 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).)					Interval between onset and death
PART I					
(a) Respiratory Failure					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Lung Metastasis					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Bladder Cancer					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					Interval between onset and death
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.		28h. CITY OR TOWN		28i. STATE	

STATE REGISTRAR



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BK- 0710
PG- 4660

VRS-Rev-20090802

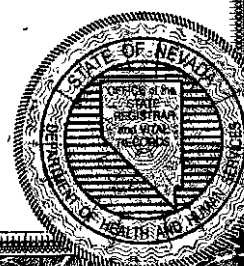
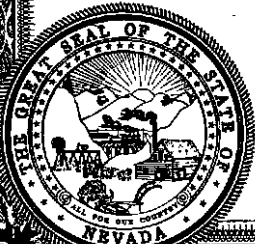
287818 CERTIFIED COPY OF VITAL RECORDS

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: 08/18/2009

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

Rand White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010002403
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) Audrey T GRIMES		2. DATE OF DEATH (Mo/Day/Year) February 11, 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) Riverview Manor		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) 83		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 24, 1926		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) Widowed		12 SURVIVING SPOUSE OR DOMESTIC PARTNER	
13. SOCIAL SECURITY NUMBER ██████-2107		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Accounts Payable		14b. KIND OF BUSINESS OR INDUSTRY Food Industry	
15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1527 Lou Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Harry. TRACY	
17. MOTHER - NAME (First Middle Last Suffix) Catherine LOCKHART		18a. INFORMANT - NAME (Type or Print) Colleen MCCUE		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 994 Rubio Way 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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE .620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) EVAN WAYNE EASLEY M.D. SIGNATURE AUTHENTICATED		21b DATE SIGNED (Mo/Day/Yr) February 17, 2010		21c. HOUR OF DEATH 16:30	
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. 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) Evan Wayne Easley M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410		23b LICENSE NUMBER 7446		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).) Respiratory Failure	
25. IMMEDIATE CAUSE (a) Respiratory Failure		Interval between onset and death		26 AUTOPSY (Specify Yes or No) No	
25. IMMEDIATE CAUSE (b) Coronary Artery Disease		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
25. IMMEDIATE CAUSE (c) Dementia		Interval between onset and death		28a ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
25. IMMEDIATE CAUSE (d) Dementia		Interval between onset and death		28b DATE OF INJURY (Mo/Day/Yr)	
PART II		28c. HOUR OF INJURY		28d DESCRIBE HOW INJURY OCCURRED	
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

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VRS Rev 20090802

316882 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

Rod Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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FBNCO (Rev) 11/05

