APN: 1220-10-710-024

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Loydene Wilcoxson WERTZ & COMPANY, LLP 5450 Trabuco Road Irvine, CA 92620

OFFICIAL RECORD Requested By: COLLEEN F MCCUE

> Douglas County - NV Karen Ellison - Recorder

Of Fee: Page: 1 4

PG- 4658 RPTT: 0.00 BK-0710

17.00



AFFIDAVIT-DEATH OF SETTLORS AND TRUSTEES

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

COLLEEN F. MCCUE, being of legal age, first duly sworn, deposes and says:

- 1. That WILLIAM KEITH GRIMES, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM K. GRIMES named as one of the parties in that certain Trust Transfer Deed, dated January 14, 1992, executed by WILLIAM K. GRIMES and AUDREY T. GRIMES, wherein the decedent was a Settlor and Trustee of the WILLIAM K. GRIMES & AUDREY T. GRIMES 1992 LIVING REVOCABLE TRUST, dated January 14, 1992; said Trust Transfer Deed being recorded as Document No. 270678 in Book 292, Page 1076, on February 10, 1992, in Official Records of Douglas County, Nevada.
- 2. That AUDREY T. GRIMES, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as AUDREY T. GRIMES named as one of the parties in that certain Trust Transfer Deed, dated January 14, 1992, executed by WILLIAM K. GRIMES and AUDREY T. GRIMES, wherein the decedent was a Settlor and Trustee of the WILLIAM K. GRIMES & AUDREY T. GRIMES 1992 LIVING REVOCABLE TRUST, dated January 14, 1992; said Trust Transfer Deed being recorded as Document No. 270678 in Book 292, Page 1076, on February 10, 1992, in Official Records of Douglas County, Nevada.

The aforementioned Deed covers the following described property situated in the County of Douglas, State of Nevada:

Lot 3, COUNTRY CLUB ESTATES, as shown on the official map recorded in the office of the County Recorder of Douglas County, Nevada, on July 17, 1967, in Book 1 of Maps and Document No. 37147.

Commonly known as: 1527 Lou Court, Gardnerville, Nevada

BK- 0710 PG- 4659 D767563 Page: 2 Of 4 07/26/2010

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 3, 2010.

Colleen F. MCCUE, Trustee

STATE OF NEVADA

ss.

COUNTY OF DOUGLAS

SUSAN GREENBURG

Signed and sworn to (or affirmed) before me on July 3__, 2010, by COLLEEN F. McCUE.

(Notary Stamp)

Notary Public

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

621 6 9 9

2009009037

	CERTIFICATE OF DEATH						,	2009009037				
TYPE OR	1a DECEASED-NAME (FIRST	MIDDLE LAST SUFFIX	SELAST SUFFIX) 2. DATE						E OF DEATH (Mo/Day/Year) 3a COUNTY OF			
PRINT IN	William Keith GRIMES						June 17, 2009		Douglas			
BLACKINK	3b. CITY, TOWN, OR LOCATIO	IN OF DEATH 36, HOSPIT	AL OR OTHER I	NSTITUTION -	Name(If not either	, give street	3e.if Hosp. or Inst. Inpatient(Specify)	Indicate DO	OP/Emer. Rm.	4 SEX		
DECEDENT	Gardnerville	and number)	1527 Lou C				Home		Male		
	5 RACE White		Hispanic Origini o - Non-Hispar		7a. AGE-Last birthday (Years)		ER 1 YEAR 7c. UN	RS MINS	1.			
蹇 / -	(Specify)	I] [3	DDIED WILLOWED	1 12 216	Februar VIVING SPOUSI	ry 25, 1926 E (if wife, give		
	9e. STATE OF BIRTH (If not U. name country) Californi		wнат countri I States	Y 10 EDUCAT	DIVORCED	D, NEVER MA (Specify) Mar	RRIED, WIDOWED	maiden		Audrey TRACY		
	13. SOCIAL SECURITY NUMBI	ER 14a, USUAL OCC	UPATION (Give		Done During Mos	of 14b.	(IND OF BUSINESS	OR INDUS	TRY Eve	er in US Armed		
REGARDING COMPLETION OF	9850	Working Life, Eve		Aerospace Page 1		C L OTOFFT		space		rces? Yes		
RESIDENCE ITEMS	15a. RESIDENCE - STATE	1.	15c. CITY	, TOWN OR L			AND NUMBER		\ \u	iMITS (Specify Yes _ r No) Yes		
د >	Nevada	Douglas		Gardnerv		1527 Lou (First Middle Last	Suffix)	- 1	- 1 00 :		
PARENTS	16. FATHER - NAME (First Mi	ddie Last Sumx) William GRIME:	S.		77. 30.00	LIC-TANGE (. Mae	NORTON	1	The same of the sa		
.	18a. INFORMANT- NAME (Typ	18a INFORMANT- NAME (Type or Print) (18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)										
	`. Collec	in MCCUE 🔑 🔄				Rubio Way	Gardnerville, I		City or Town	State		
DISPOSITION	19a. BURIAL, CREMATION, RE Crema	EMOVAL, OTHER (Specify)	19b. CEMETER	tY OR CREMA` `>`\N/alton	TORY - NAME 's Sierra Crer	natory	190		n City Nevad	76.		
3982≐	20a. FUNERAL DIRECTOR - S		* * * * *		· · · · · ·	NAME AND	ADDRESS OF FACI	LITY ·		~		
		ESA HALL	· · · · · ·	DIRECTOR LI	CENSE	Capito	City Memoria	Crematic	on and Burial	Society		
		TURE AUTHENTICATE		*81	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Set Carson	City 140 007	1 . (
RADE CALL	TRADE CALL - NAME AND AD	nowledge, death occurred a	at the time, date a	and place and	220	On the basis o	f examination and/o	r investigatio	n, in my opinion	death occurred at		
	ទី due to the cause(s) state	ed. (Signature & Title) SIG	GNATURE AU	THĖNTICAT	ED B G the th	me, date and p	lace and due to the	cause(s) sta	ited. (Signatur a &	≟ Title)		
CERTIFIER	EVAN WAYNE EASLEY M.D. 25 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH											
	건물 June 22, 2009년	_E	07:55	796	- B & -220			5,	DOMOUNCED	DEAD AT (Hour)		
		DING PHYSICIAN IF OTHE	R THAN CERTIF	ER	P 8 220	PRONOUNC	ED DEAD (Mo/Day/	Yr) 226.	PROHOGED	DCVD H1 (Llock)		
懂	23a NAME AND ADDRESS OF	F CERTIFIER (PHYSICIAN	ATTENDING PH	TYSICIAN, ME	DICAL EXAMINER	, OR CORON	ER) (Type or Print)	12	3b. LICENSE NU			
	Eva	n Wayne Easley M.D	. 1520 Virg	inia Ranch	Rd. Gardner	rille; NV 8	941U <u>""</u>	¥.		146 NICABLE DISEASE		
REGISTRAR	24a. REGISTRAR (Signature)	CHRISTINA			24b. DATE REC (Mo/Day/Yr)	Jüne 24	L. Service		S NO	_		
ANIÓE OF	25. IMMEDIATE CAUSE,	SIGNATURE AU			ND(c).)	7 J				en onset and death		
DEATH	PARTI (a) Respirat	lory Failure	V.	T. 3 27		4						
		AS A CONSEQUENCE OF	,	*	, A 1		- 1	-	Interval betwe	en onset and death		
CONDITIONS IF	(U) -	etast <u>à</u> sis " 🕡			A ·				Interval between	en onset and death		
GAVE RISE TO	Bladder	Cancer			1 . 1	. ; /		-	II KELVEL DECHE	. '		
CAUSE ->		AS A CONSEQUENCE OF	· · ·		7 /	- ^	523.	-	Interval betwe	een onset and death		
UNDERLYING CAUSE LAST	(d) ,	7.3.	The state of the s		/ /-	ي. معاند نار		r 1	<u> </u>			
4	PARTH			1.	1	5.		26. AUTO (Specify)	(es or No) TO	WAS CASE REFERRE CORONER (Specify Yo		
7 / /-	1	-		js 42 <u>1</u>		• •		.,,,,,	No or No	No No		
	28a, ACC., SUICIDE, HOM., UNDET OR PENDING INVEST (Specify)	T. 28b. DATE OF INJURY (Mo	VOry/Yr) 2	36. HOUR OF IN.	JURY 28d. DESC	CRIBE HOW INJ	URY OCCURRED		,			
	28e. INJURY AT WORK (Spec	of 28f. PLACE OF INJURY	Y- At home, farm	street factory	, office 28g. LO	CATION	STREET OR R.F.	O. No. CI	TY OR TOWN	, STATE		
	Yes or No)	building, etc (Specify)		, 00,000, 100101)	7							
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CERTIFIED COPY OF VITAL RECORDS 287818

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DATE ISSUED: - 08/18/2009

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STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS /

TYPE OR		, profit .	· ·	HIFICATE	OF DEA	IH /	\sim \int	40.5	002403	.
PRINT IN	1a. DECEASED-NAME (FIRS	,MIDDLE,LAST,SUF	FIX)	2. DATE	OF DEATH (MC		ILE NUMBER 38. COUNTY OF DEATH			
PERMANENT BLACKINK	Audrey T	GRIMES					ebruary 11,	1 1	Doug	
	3b. CITY, TOWN, OR LOCATION	ON OF DEATH 3c, H	OSPITAL OR OT	HER INSTITUTION	-Name(If not eit		3e.if Hosp. or I	Inst. indicate DO		4. SEX
DECEDENT	Gardnerville	e larko r	number).	Riverview M	fanor		Inpatient(Spec	ify) - f Inpatien		Female
	5 RACE White (Specify)	. 1 - 1 - 14	6. Hispanic (No - Non-F	Origin? Specify	7a. AGE-Last birthday (Year		ER 1 YEAR 7c.		8. DATE OF BIRTH	(Mo/Day/Yr)
IF DEATH OCCURRED IN INSTITUTION	9a. STATE OF BIRTH (If not U. name country) Californi	ia 🧸 📗 t	N OF WHAT CO	UNTRY 10 EDUCAT	TON 11. MARR DIVORCE	IED, NEVER MA D (Specify) Wild	RRIED, WIDOW	VED, 12 SUR PARTNÉ	February 2 VIVING SPOUSE OF	24, 1926 R DOMESTIC
SEE HANDBOOK REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER 2107		L OCCUPATION fe, Even if Retire	(Give Kind of Work	Done During Me	ost of 14b, K	IND OF BUSIN		RY Ever in	US Armed
RESIDENCE ITEMS	158 RESIDENCE - STATE	15b. COUNTY	15c	CITY, TOWN OR L	OCATION	15d. STREET		a maasay	15e. IN	ISIDE CITY
ૄ	Nevada	Dougla	s	Gardnery	rille	1527 Lou C	Court	-	LIMITS Or No)	(Specify Yea No
PARENTS	16. FATHER - NAME (First Mic	ddie Last Suffix) Harry, TRA	ov Œ		17. MOT	HER - NAME (F			· ·	
	18a, INFORMANT- NAME (Type	inally, ITA	IUT et	18b. MAILING ADD	75.00	200		ne LOCKH/	JRT	i
	Collee	n MCCUE 😽			994	Rubio Way		_{ate,} Zip) e , Nevada 89 4	160	
DISPOSITION	19a. BURIAL, CREMATION, RE	MOVAL OTHER (Sp	ecify) 19b. CEM		ORY - NAME	4. 1. 1.			'City or Town St	ate
	: Cremat 20a. FUNERAL DIRECTOR - SI		n Aclina as Such	Walton Walton	s Sierra Cre		` "v" \		City Nevada 89	9706
	RIC , RIC	:K-(NOEL : /-	Mar. 1	IDIDEATAA I I		c. NAME AND A	City Memori	∖cı∟ı⊤γ fal Crematior	and Burial Soc	ciety.
TRADE CALL	TRADE CALL - NAME AND ADD	TURE AUTHENTIC	ATED	.620	111	10	314 N Curry S	treet Carson (City NV 89703	
	ਨੇ 3 21a To the best of my kn	lowlerine rephylone	read at the time	or and store and	(I = 100	, a 7	1 1			- 1
· .	[유 C Three in the canse(s) state	q. (Signature'& Title)	SIGNATURE	AUTHENTICATE	o 223 o the 1	On the basis of ime, date and pla	examination and ace and due to t	l/or investigation, he cause(s) state	in my opinion death d. (Signature & Titte	n occurred at
CERTIFIER	E DATE SIGNED (Mo. February 17, 201	AN WAYNE P	ASLEY M.		- 15 iii 9 9 226	DATE SIGNED	(MatDayNe)	1220 14	OUR OF DEATH	
	m L 244 214 24	10.7% 11 24.	16	3:30	_ n 5	<u> </u>	N. A. 1992	1 11	JOH OF DEATH	•
	21d NAME OF ATTEND	Salar in the				. PRONOUNCE			RONOUNCED DEAD	O AT (Hour)
-	23a NAME AND ADDRESS OF Evan	CERTIFIER (PHYSIC Wayne Easley I	IAN, ATTENDING M.D. 1520 V	3 PHYSICIAN, MED Tirginia Ranch F	ical examine Rd. Gardner	R OR CORONE	R) (Type or Print	t) 23t	b LICENSE NUMBER	
REGISTRAR	24a. REGISTRAR (Signature)		INA GRIFE	ITH		CEIVED BY REG	ISTRAR		TO COMMUNICAB	•
CAUSE OF	25. IMMEDIATE CAUSE	' (ENTER ONLY ON	E CAUSE PER I	IED/		February 23	, 2010/	<i>V</i> 5 - YE8	<u> </u>	
DEATH	PARTI (a) Respirato	ry Failure	,	THE FOR (a), (b), AF	(D.(C).)			6	Interval between ons	et and death
CONDITIONS IF	Coronary	Artery Disea	se a		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		A. Oak	· , -	nterval between ons	et and death
GAVE RISE TO	DUE TO, OR A Dementia	S A CONSEQUENCE	OF:			15.97	· **		nterval between ons	et and death
CAUSE ->	(O)	S A CONSEQUENCE	OF:	- 1 2 5 to 1	1 1					
UNDERLYING CAUSE LAST	(d)	<u>~/<*;,</u>					·/ +		Interval between ons	et and death
/ /	•	1			/			26 AUTOPS (Specify Yes		SE REFERRED ER (Specify Yes No
	28a ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b DATE OF INJURY	(Mo/Day/Yr)	28c, HOUR OF INJUR	Y 28d DESC	RIBE HOW INJURY	OCCURRED,			
	28e. INJURY AT WORK (Specify res or No)	28f PLACE OF INJ	URY- At home, fa	m, street, factory, σ	ffice 28g. LOC	ATION ST	REET OR R.F.	D. No. CITY (OR TOWN	STATE
3/ L		building, etc. (Speci	(A)					,	 ,	
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