

15

OFFICIAL RECORD
Requested By:
AUDREY DITMARS

A.P.N. 1420-33-701-007

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0810 PG-0429 RPTT: 0.00

When Recorded Mail To:
✓ Audrey Ditmars
2649 Vicky Lane
Minden, Nv 89423



AFFIDAVIT - DEATH OF TRUSTEE

The undersigned being first duly sworn, deposes and says:

That Marvin Eugene Ditmars, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marvin E. Ditmars, Trustor and Trustee named as one of the parties in that certain TRUST TRANSFER DEED dated April 24, 1995, executed by Marvin E. Ditmars and his wife Audrey J. Ditmars to Marvin E. Ditmars and Audrey J. Ditmars, Trustors and Trustees of THE DITMARS FAMILY 1995 TRUST, dated April 24, 1995, recorded as Instrument No. 363739 on June 9, 1995 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Parcel A-1 as shown on the PARCEL MAP FOR JIM LIEBHERR filed in the Office of the County Recorder of Douglas County, State of Nevada on September 26, 1986 in Book 986 at Page 3099 as Document No. 141674.

Dated: August 3, 2010

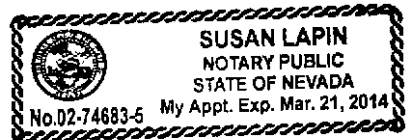
Audrey J. Ditmars
AUDREY J. DITMARS, Surviving Trustor and Trustee

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On August 3, 2010, before me, a notary public, personally appeared Audrey J. Ditmars,
personally known (or proved) to me to be the person whose name is subscribed to the above instrument who
acknowledged that
she executed the instrument.

[Signature]

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009018200
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Marvin Eugene DITMARS		2. DATE OF DEATH (Mo/Day/Year) December 06, 2009		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE White, (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) August 28, 1919		9a. STATE OF BIRTH (if not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Audrey Jean BADGLEY	
PARENTS	13. SOCIAL SECURITY NUMBER -8455		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Unit Operator		14b. KIND OF BUSINESS OR INDUSTRY Petroleum Industry	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2649 Vicky Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Charles Leslie DITMARS	
	17. MOTHER - NAME (First Middle Last Suffix) Margaret M WHITE		18a. INFORMANT- NAME (Type or Print) Audrey J DITMARS			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2649 Vicky Lane Minden, Nevada 89423				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			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roof Carson City NV 89706	
	TRADE CALL - NAME AND ADDRESS					
CAUSE OF DEATH	21a. To the best of my knowledge; death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED VIJAY MAIYA		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) December 11, 2009		21c. HOUR OF DEATH 08:11		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22c. HOUR OF DEATH	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 14, 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).)					
STATE REGISTRAR	PART I				Interval between onset and death	
	(a) Cardiac Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(b) Leukemia				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c)				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d)				Interval between onset and death		
PART II				26. AUTOPSY (Specify Yes or No) NO		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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

0768016 Page: 2 of 2 08/03/2010

BK- 0810
PG- 430

305655

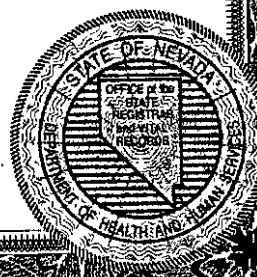
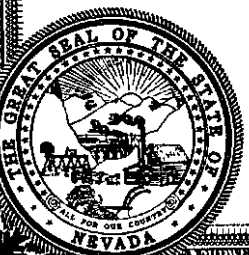
CERTIFIED COPY OF VITAL RECORDS

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: 12/17/2009

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

Rid White
SIGNATURE AUTHENTICATED



VRB-Rev-20090902