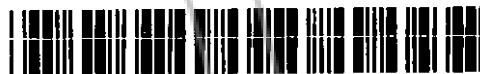


Recorded at the request of:
When recorded, mail to:
Mail tax statements to:
Valerie A. Frega
✓ 1139 Wisteria Drive
Minden, Nevada 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0810 PG- 6225 RPTT: 0.00



AFFIDAVIT OF DEATH OF TRU

Trustee

APN: 1420-18-113-045

STATE OF NEVADA)
 : ss
CARSON CITY)

Valerie A. Frega and James P. Frega, being first duly sworn, deposes and says:

1. Betty F. Stellway, died on the 21st day of June, 2010, in the State of Nevada, and that a certified copy of her Death Certificate is attached hereto.

2. That at the date of her death, the said Betty F. Stellway was Trustee of the Betty F. Stellway 1986 Family Trust, which is an owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

See Exhibit "A" attached hereto and incorporated herein by said reference

3. That said ownership was created by a Deed dated July 29, 1986, and recorded on August 12, 1986, as Document Number 138949 in the Douglas County Recorder's Office.

4. That upon the death of the said Betty F. Stellway, Valerie A. Frega and James P. Frega are now the acting Trustees of the Betty F. Stellway 1986 Family Trust.

Valerie A. Frega

Valerie A. Frega

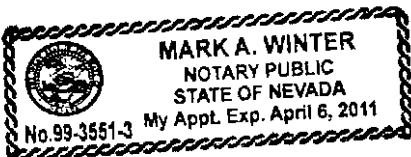
James P. Frega

James P. Frega

SUBSCRIBED and SWORN to before me this 27th day of August, 2010.

Mark A. Winter

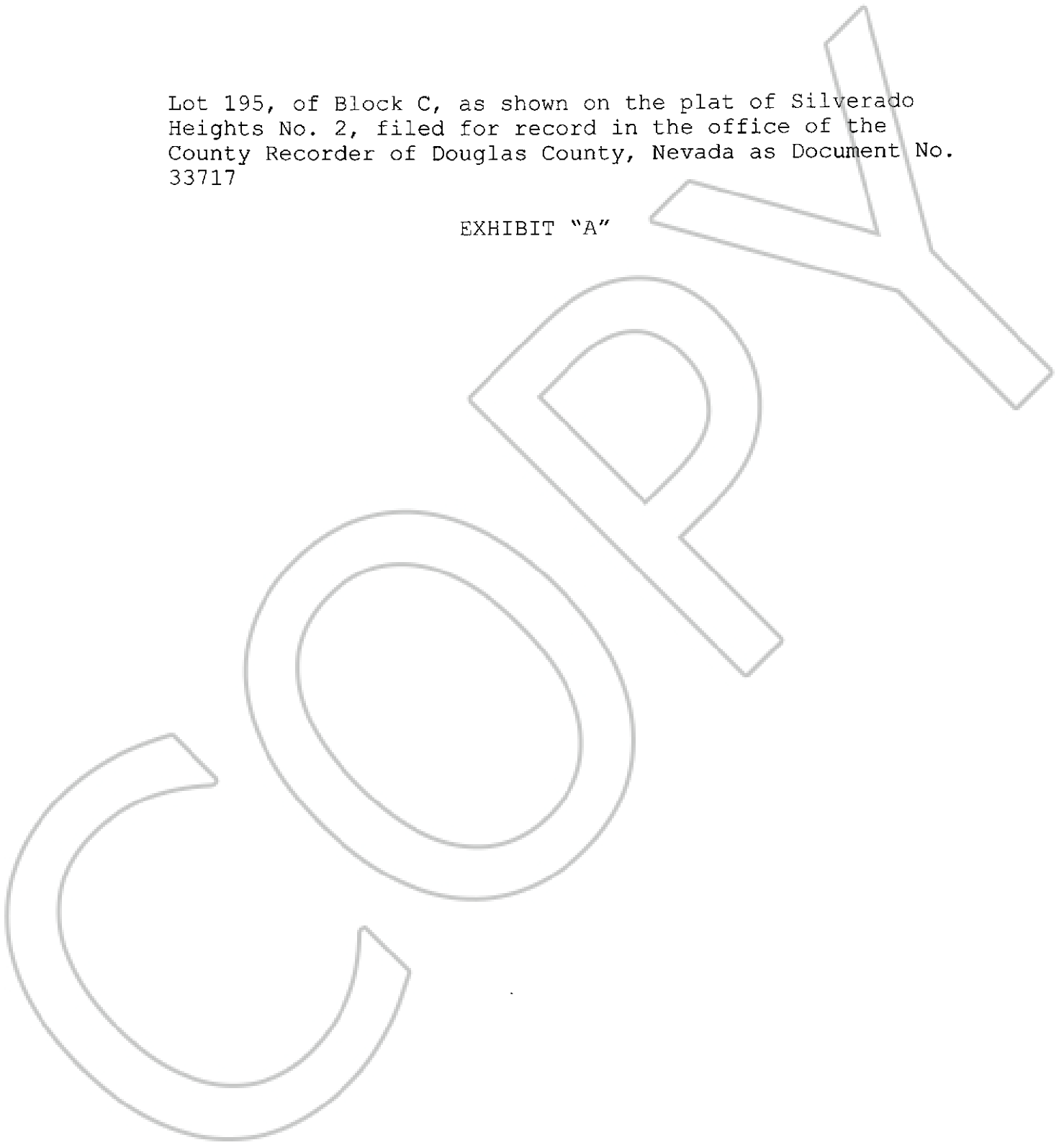
Notary Public





Lot 195, of Block C, as shown on the plat of Silverado Heights No. 2, filed for record in the office of the County Recorder of Douglas County, Nevada as Document No. 33717

EXHIBIT "A"



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010009708
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) Betty Fay STELLWAY		2. DATE OF DEATH (Mo/Day/Year) June 21, 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) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) January 28, 1930		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) Divorced		12. SURVIVING SPOUSE OR DOMESTIC PARTNER	
13. SOCIAL SECURITY NUMBER 0423		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1139 Wisteria Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Lee H WALTON			17. MOTHER - NAME (First Middle Last Suffix) DeEtta BARTON		
18a. INFORMANT- NAME (Type or Print) Valerie FREGA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1139 Wisteria Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home	
20d. SIGNATURE AUTHENTICATED		20e. ADDRESS OF FACILITY 1360 Highway 395 N Gardnerville NV 89410			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KAREN SUE McDERMOTT M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) June 28, 2010		21c. HOUR OF DEATH 00:45		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) McDermott, Karen Sue		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) Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434				23b. LICENSE NUMBER 6450	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 06, 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).) PART I (a) Lung Cancer		Interval between onset and death.			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death.			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death.			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death.			
(d) DUE TO, OR AS A CONSEQUENCE OF:		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



BK- 0810
PG- 6227
0769362 Page: 3 Of 3 08/27/2010

VRS-Rev-20090802

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: **07/06/2010**

R. D. Walton
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

