

OFFICIAL RECORD
Requested By:
RACHELLE J NICOLLE

APN: 1220-12-210-025

**RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DEED to:**

Rachelle J. Nicolle Ltd.
Attorney at Law
1662 Hwy. 395, Suite 214
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0910 PG- 4949 RPTT: 0.00



MAIL TAX STATEMENTS TO GRANTEE:

Michael A. Bertlow and
Timothy A. Bertlow, Trustees
1814 Crockett Lane
Gardnerville, NV 89410

We the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

**AFFIDAVIT of Death of Original Trustee and
Assumption by Successor Trustees**

MICHAEL A. BERTLOW and TIMOTHY A. BERTLOW, being of legal age, being first duly sworn, depose and say:

1. This Affidavit of Death refers to the D.M. BAUMAN TRUST U/D/T 2/19/2009, (the "Trust") under a revocable trust agreement executed by DIANE MARIE BAUMAN as Grantor.
2. In accordance with the terms of the D.M. BAUMAN TRUST U/D/T 2/19/2009, RICHARD A. BERTLOW, MICHAEL A. BERTLOW and TIMOTHY A. BERTLOW, or the remaining willing and able of them, are empowered to act as Co-Successor Trustees for the Trust in the event of the death of DIANE MARIE BAUMAN. We hereby affirm our incumbency as Co-Successor Trustees, and declare our intention to act as the Co-Trustees of the D.M. BAUMAN TRUST U/D/T 2/19/2009.
3. We declare and affirm that DIANE MARIE BAUMAN died on June 19, 2010 and RICHARD A. BERTLOW died on July 5, 2010. We also hereby declare and affirm that the decedents cited in the attached certified copy of Certificates of Death, are the same person as DIANE MARIE BAUMAN, Original Grantor and Trustee of the D.M. BAUMAN TRUST U/D/T 2/19/2009 and RICHARD A. BERTLOW, a successor co-Trustee.

- 4. DIANE MARIE BAUMAN is the named Trustee and Grantee in that certain Grant Deed, granting to DIANE MARIE BAUMAN, Trustee, and subsequent Trustees of the D.M. BAUMAN TRUST U/D/T 2/19/2009, all right, title and interest in the following identified real property:

APN:1220-12-210-025

Commonly Known As:1814 Crockett Lane, Gardnerville, NV 89410

Recorded On:03/10/2009

As Document Number:0739299

In Book:0309

On Page:2039

Official Records of:Douglas County, Nevada

Legal Description: All that real property situate in the County of Douglas, State of Nevada, described as follows:

Being a portion of Section 12 Township 12 North Range 20 East M.D.B.& M. further described as follows

Parcel 2-D as set forth on Parcel Map No. 1021 for ALTON A. & SUSAN L. ANKER and HARRY TEDSEN, filed for record in the office of the County Recorder of Douglas County, State of Nevada on September 3, 1996 Book 996 Page 102 as Document No. 395680.

A.P.N. 1220-12-210-025 (Old APN 0000-23-200-180)

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

- 5. The assets held under this Trust are to be held under the following title:

MICHAEL A. BERTLOW and TIMOTHY A. BERTLOW, Trustees, of the D.M. BAUMAN TRUST U/D/T 2/19/2009.

- 6. The D.M. BAUMAN TRUST U/D/T 2/19/2009 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.

- 7. We hereby declare, as Co-Trustees, that we have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the D.M. BAUMAN TRUST U/D/T 2/19/2009, including, but not limited to, the above-described real property, including any portion thereof.

8. We make this affirmation under penalty of perjury on September 7, 2010.

[Signature]
Michael A. Bertlow, Trustee
of the D.M. BAUMAN TRUST U/D/T 2/19/2009

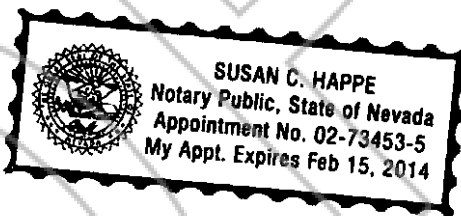
[Signature]
Timothy A. Bertlow, Trustee
of the D.M. BAUMAN TRUST U/D/T 2/19/2009

JURAT

State of Nevada)
County of Douglas)

Signed and sworn to (or affirmed) before me on 9/7/2010, by Michael A. Bertlow and Timothy A. Bertlow.

[Signature]
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2010009707

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) Diane Marie BAUMAN			2. DATE OF DEATH (Mo/Day/Year) June 19, 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) 1814 Crocket Lane			3e. If Hoop or Inst Indicate DOA,OP/Emer. Rm. Inpatient(Specify) 1814 Crocket Lane			4. SEX Female				
5. RACE White (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 72			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) November 02, 1937		
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 2989			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker			14b. KIND OF BUSINESS OR INDUSTRY Own Home			Ever in US Armed Forces? No					
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1814 Crocket Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Fred Jack PETTIJOHN						17. MOTHER - NAME (First Middle Last Suffix) Vivian MICHELOF								
18a. INFORMANT- NAME (Type or Print) Richard BERTLOW						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1411 Jobs Peak Drive Gardnerville, Nevada 89460								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial				19b. CEMETERY OR CREMATORY - NAME Evergreen Memorial Garden				19c. LOCATION City or Town State Vancouver Washington						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410								
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) KAREN SUE MCDERMOTT 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 28, 2010			21c. HOUR OF DEATH 22:55			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Karen Sue Mcdermott M.D.						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 SIGNATURE AUTHENTICATED						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) Respiratory Failure Interval between onset and death														
DUE TO, OR AS A CONSEQUENCE OF:														
(b) Emphysema Interval between onset and death														
DUE TO, OR AS A CONSEQUENCE OF:														
(c) Chronic Bronchitis Interval between onset and death														
DUE TO, OR AS A CONSEQUENCE OF:														
(d) Hypoxia 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. CITY OR TOWN STATE								

STATE REGISTRAR



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PG- 4952

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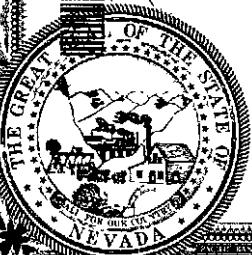
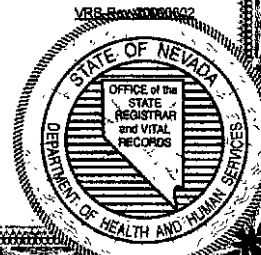
CERTIFIED COPY OF VITAL RECORDS

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: **AUG 12 2010**

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

Rd White
STATE REGISTRAR



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS CERTIFICATE OF DEATH

2010012073

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) Richard Arlen BERTLOW JR		2 DATE OF DEATH (Mo/Day/Year) July 05, 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) Carson Valley Medical Center		3e. If Hosp or Inst indicate DOA, OP/Emer Rm Inpatient (Specify) Inpatient	
5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 56	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 01, 1954	
9a. STATE OF BIRTH (If not U S A, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Pam FARR			
13. SOCIAL SECURITY NUMBER ██████████-2261		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1411 Jobs Peak		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Richard Arlen BERTLOW SR			17. MOTHER - NAME (First Middle Last Suffix) Diane PETTIJOHN		
18a. INFORMANT - NAME (Type or Print) Pam BERTLOW		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1411 Jobs Peak Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) R. GRANT 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) R. GRANT SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) August 06, 2010	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, (Type or Print)		22c. HOUR OF DEATH 00:22		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 05, 2010	
22e. PRONOUNCED DEAD AT (Hour) 00:22		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner R. GRANT PO Box 218 Minden, NV 89423		23b. LICENSE NUMBER 443	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 17, 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				Interval between onset and death	
(a) Sepsis					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Not Otherwise Specified Micro-Organism Infection					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) Distal Ileitis					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)					
PART II					
26. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28a. INJURY AT WORK (Specify Yes or No)		28d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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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PG- 4969



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BK- 0910
PG- 4953

CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED: 08/17/2010

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Rand Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

