

APN: 1420-28-601-007  
**RECORDING REQUESTED BY:**  
Law Offices of Richard P. Schulze, P.C.  
9590 Prototype Court, Suite 400  
Reno, NV 89521

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-1110 PG- 5881 RPTT: 0.00



**WHEN RECORDED MAIL TO:**  
Law Offices of Richard P. Schulze  
9590 Prototype Court, Suite 400  
Reno, NV 89521

**MAIL TAX STATEMENTS TO:**  
Edward Parks  
2900 Santa Inez Drive  
Minden, NV 89423


## AFFIDAVIT OF SUCCESSOR TRUSTEE

I, EDWARD D. PARKS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated December 30, 1999, EDWARD D. PARKS and GLORIA E. PARKS executed the PARKS FAMILY TRUST, as amended ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of GLORIA E. PARKS.
- (3) GLORIA E. PARKS died on August 25, 2010 at Carson City, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
- (5) The following described real property is part of the trust estate: See **Exhibit "A"** attached.
- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

- (7) No other person has a right to the interest of the Trust in the described property.
- (8) The described property shall be transferred to me as Successor Trustee.


Executed on November 19, 2010 at Reno, Nevada.

  
 EDWARD D. PARKS,  
 Successor Trustee

STATE OF NEVADA            )  
   ss:  
 COUNTY OF WASHOE        )

On November 19, 2010, before me, MELISSA HARTMAN personally appeared EDWARD D. PARKS, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in her authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.

  
 \_\_\_\_\_  
 Signature of Notary



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

A boundary line adjustment between Parcels 3 and 4 as shown on Parcel Map for Lawrence P. and Ilo Nepsund, filed for record in Book 1291 at page 2891 as Document number 267368, Official Records of Douglas County, Nevada and also known as assessors parcel numbers 21-050-47 and 21-050-48 respectively and more particularly described as follows:

All that certain, lot, piece, parcel or portion of land situate, lying and being within the Southwest 1/4 of the Northeast 1/4 of Section 28, Township 14 North, Range 20 East, M.D.M., Douglas County, Nevada and more particularly described as follows:

All that portion of aforesaid Parcels 3 and 4 described as follows:

Commencing at the Northwest corner of Parcel 1 as shown on the aforesaid Parcel Map; thence along the North line of said Parcel 1, 2 and 3 North 89°51'04" East a distance of 353.34 feet; thence leaving said North line South 00°07'37" West a distance of 119.71 feet; thence North 89°46'11" East a distance of 71.33 feet to the TRUE POINT OF BEGINNING; thence continuing North 89°46'11" East a distance of 238.37 feet; to a point on the centerline of Santa Inez Drive as shown on aforesaid Parcel Map; thence along said line South 00°08'51" West a distance of 211.23 feet to the Southwest corner of aforesaid Parcel 4; thence along the South line of said Parcel 4 South 89°48'10" West a distance of 238.37 feet; thence leaving said line North 00°08'51" East a distance of 211.09 feet to the TRUE POINT OF BEGINNING.

APN 1420-28-601-007

Subject to a 25.00 foot wide Public Road right-of-way for Santa Inez Drive as shown on aforesaid parcel map.

And Subject to and Together with a 40 foot Private Road Right-of-way and Public Utility Easement for Denney Lane as shown in Document Recorded September 20, 2000, in Book 900, Page 3593, as Document No. 499786, Official Records of Douglas County, Nevada.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2010013556  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Gloria Ellen PARKS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 25, 2010</b>		3a COUNTY OF DEATH <b>Carson City</b>	
	3b CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3d. If Hosp or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>77</b>	
	7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) <b>September 27, 1932</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not U S A., name country) <b>California</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>14</b>	
	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12 SURVIVING SPOUSE (if wife, give maiden name) <b>Edward Dale PARKS</b>			
PARENTS	13 SOCIAL SECURITY NUMBER <b>7333</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Admin Assistant</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
	15a RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d STREET AND NUMBER <b>2900 Santa Inez Drive</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
	16 FATHER - NAME (First Middle Last Suffix) <b>Raymond D MAYNARD</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Dorothy L PLOWMAN</b>		
TRADE CALL	18a INFORMANT- NAME (Type or Print) <b>Edward D PARKS</b>		18b. MAILING ADDRESS (Street or R F D. No, City or Town, State, Zip) <b>2900 Santa Inez Drive Minden, Nevada 89423</b>			
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c LOCATION City or Town State <b>Reno Nevada 89501</b>	
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JUDITH KIMPTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>677</b>		20c NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>390 E. Moana Ln Suite D1 Reno NV 89502</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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 <b>CRAIG STEVEN RAU M.D.</b>		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) <b>August 03, 2010</b>		21c HOUR OF DEATH <b>10:27</b>		22b DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Craig Steven Rau M.D. 880 Alder Ave., Ste. 200 Incline Village, NV 89451</b>		23b LICENSE NUMBER <b>10991</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 13, 2010</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
STATE REGISTRAR	PART I		26 AUTOPSY (Specify Yes or No) <b>No</b>		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
	(a) <b>Cardiorespiratory Arrest</b>		Interval between onset and death <b>Minutes</b>			
(b) <b>Adult Respiratory Distress Syndrome</b>		Interval between onset and death <b>Days</b>				
(c) <b>Pneumocystis Pneumonia</b>		Interval between onset and death <b>Days</b>				
(d) <b>Acquired Immune Deficiency Syndrome</b>		Interval between onset and death <b>Years</b>				
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

0774472 Page: 4 Of 4 11/24/2010

VRS-Rev-20100218

**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: 09/13/2010

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

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

