

DOC # 774548  
11/29/2010 11:31AM Deputy: GB  
**OFFICIAL RECORD**  
Requested By:  
NORTHERN NEVADA TITLE CC  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-1110 PG-6284 RPTT: 0.00



*A.P.N. 1121-05-510-006*  
**RECORDING REQUESTED BY**  
Northern Nevada Title Company  
1483 US Highway 395 N # B  
Gardnerville, NV 89410

**MAIL TAX STATEMENTS AND WHEN  
RECORDED, MAIL TO**

The Raymond D. May Trust  
1403 Wild Mustang  
Reno, NV 89521

THIS SPACE FOR RECORDER'S USE ONLY

**AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada  
County of Douglas

Paula Siever, of legal age, being duly sworn, deposes and says:

1. That Raymond Doyle May, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Raymond D. May, as Trustee of the Raymond May Trust dated October 27, 2003 named as the/one of the trustee(s) in that certain Assignment of Sublease dated October 30, 2003 executed by Raymond D. May to Raymond D. May, as Trustee of the Raymond May Trust dated October 27, 2003 as Trustee(s), recorded as Document No. 595315 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Leasehold estate as created by that certain lease dated October 8, 1997, made between Leon Mark Kizer, as Lessor, and PTP, Inc., as Lessee, for the term and upon the terms and conditions contained in said lease recorded October 13, 1997, in Book 1097, Page 2349, as Document No. 423882 in the following:


Lot 30, as set forth on Record of Survey for PINEVIEW DEVELOPMENT, UNIT NO. 1, being filed for record in the Office of the Douglas County Recorder on October 13, 1997, as File No. 423881, and amended by Record of Survey filed March 8, 2000, as File No. 487625.

2. That I am Paula Siever, named within the aforementioned trust as successor co-trustee;
3. That I hereby consent to act as successor trustee(s) of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all person hereafter acquiring an interest in or dealing with the Property.




Dated: November 4, 2010

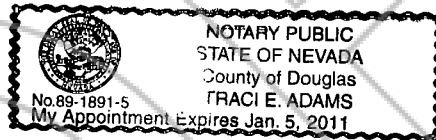
The Raymond D. May Trust

  
\_\_\_\_\_  
Paula Siever, Sussessor Co-Trustee

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public  
in and for said County and State this 10<sup>th</sup> day of November 2010

Paula Siever, made known to me by satisfactory evidence to be the person whose name is subscribed to the  
proceeding document who affirmed to me that she executed it for the purposes therein stated.

  
\_\_\_\_\_  
Notary Public



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

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

**2009005624**  
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) <b>Raymond Doyle MAY</b>		2. DATE OF DEATH (Mo/Day/Yr) <b>April 10, 2009</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>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) <b>August 17, 1940</b>	
7a. AGE-Last birthday (Years) <b>68</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. Hispanic Origin? Specify No - Non-Hispanic		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>4708</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Self-employed</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Convenience Store</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1678 Highway 395 #7</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Roy D MAY</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Opal COCHRAN</b>		18a. INFORMANT- NAME (Type or Print) <b>Velma DICKERSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1509 Carnille Dr Carson City, Nevada 89706</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89708</b>	
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) <b>JORGE SALLABERRY MD</b> 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) <b>April 15, 2009</b>			21c. HOUR OF DEATH <b>08:50</b>		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) <b>JORGE SALLABERRY MD 1600 Medical Parkway Carson City, NV 89703</b>		
23b. LICENSE NUMBER <b>12639</b>			24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 17, 2009</b>			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) <b>Severe Anoxic Brain Injury</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Cardiorespiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Presumed Coronary Artery Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (d)			Interval between onset and death <b>Days</b> Interval between onset and death <b>Days</b> Interval between onset and death <b>Years</b> Interval between onset and death		
PART II			26. AUTOPSY (Specify Yes or No) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			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-1110  
PG-6286

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VRS-Rev-2009T

**268585**

**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:

**04/23/2009**

PHNCO (Rev) 11/06

*Rand White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

