

APN: 1420-07-610-043
ORDER NO.: 1095527-TA

DOC # 776122
12/28/2010 02:28PM Deputy: DW
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 42.00
BK-1210 PG-6361 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT-DEATH OF TRUSTEE

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

A handwritten signature in black ink, appearing to read 'T Waller', written over a horizontal line.

Print Name/Title: Tamara Waller/Title Officer

WHEN RECORDED MAIL TO:

Laurie Dortch
6250 160th Ave. SE
Bellvue, WA 98006



RECORDING REQUESTED BY:
Northern Nevada Title Company
1783 Hwy 395, N #B
Gardnerville NV 89410

When Recorded Mail Document To:

Laurie Dortch, Co-Trustee of the
Hines Family Trust dated August
29, 1991
6250 160th Ave. SE
Bellvue, WA 98006
Escrow No.: 1095527-TA
Title No.: 1095527-TA

APN: 1420-07-610-043

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF WASHINGTON
COUNTY OF - KING

Laurie Dortch, being of legal age, and first duly sworn, deposes and says:

1. That Ralph K. Hines, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as the Trustee in that certain Declaration of Trust dated August 29, 1991, executed by Ralph K. Hines, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 3571 Haystack Drive, Carson City, NV 89705, which property is described in the Deed In Lieu which was signed by Ralph K. Hines as Grantor(s) and recorded as Document No. 0552602 in book 0902 at page 06475, of Official Records on September 20, 2002. The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:

Lot 2, in Block B, of the Final Map of SUNRIDGE HEIGHTS PHASE 1, A PLANNED UNIT DEVELOPMENT, filed for record of Douglas County, State of Nevada, on June 11, 1993, as Document No. 309550.

3. I, Laurie Dortch, am the named Successor Trustee/ Co-Trustee under the above-referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above. I declare under penalty of perjury, under the laws of the State of Nevada that the foregoing is true and correct.



DATED: 12/27/2010

Laurie Dortch
Laurie Dortch

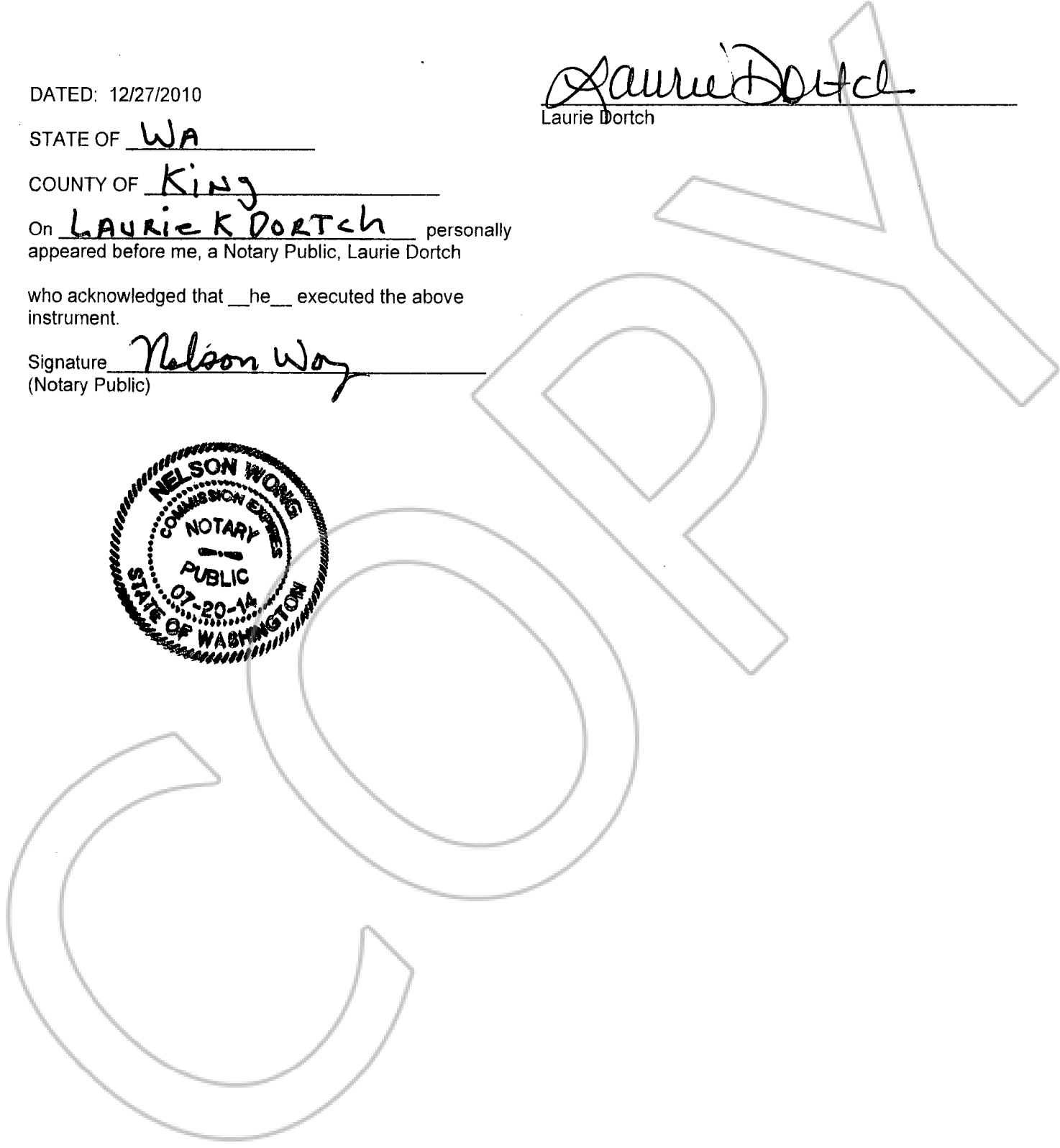
STATE OF WA

COUNTY OF King

On LAURIE K DORTCH personally
appeared before me, a Notary Public, Laurie Dortch

who acknowledged that he executed the above
instrument.

Signature Nelson Wong
(Notary Public)



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2010016558
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) Ralph Kendall HINES | | | 2. DATE OF DEATH (Mo/Day/Year) October 30, 2010 | | 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) Continuicare Hospital of Carson Tahoe, Inc. | | 3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient(Specify) Inpatient | | |
| 4. SEX Male | | 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 81 | |
| 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) October 23, 1929 | | | |
| 9a. STATE OF BIRTH (If not U.S.A., name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 14 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 12. SURVIVING SPOUSE (If wife, give maiden name) | | 13. SOCIAL SECURITY NUMBER ██████-8038 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Regional Vice President | | 14b. KIND OF BUSINESS OR INDUSTRY Retail Store | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Indian Hills | | 15d. STREET AND NUMBER 3571 Haystack Drive | |
| 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 16. FATHER - NAME (First Middle Last Suffix) Albert HINES | | | 17. MOTHER - NAME (First Middle Last Suffix) Bessie MCCULLOUGH | | |
| 18a. INFORMANT - NAME (Type or Print) Kathleen R HINES-WINKLER | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1280 Road M Redwood Valley, California 95470 | | | | |
| 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 | | | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 620 | | 20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703 | | | |
| 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) JORGE SALLABERRY MD 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) November 03, 2010 | | 21c. HOUR OF DEATH 20:35 | | 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | 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) Dr. Jorge Sallaberry MD 1600 Medical Parkway Carson City, NV 89703 | | | | | 23b. LICENSE NUMBER 13619 | | |
| 24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED | | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 04, 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) Hypoxemia Interval between onset and death: Weeks | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| (b) Chronic obstructive pulmonary disease Interval between onset and death: Years | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| (c) Pulmonary hypertension Interval between onset and death: Years | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| (d) Diastolic congestive heart failure Interval between onset and death: Years | | | | | | | |
| PART II | | | | | 26. AUTOPSY (Specify Yes or No) No | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | |
| 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-1210
PG-6364

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VRS-Rev-20100218

359630

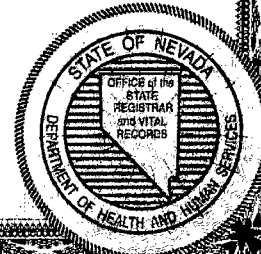
CERTIFIED COPY OF VITAL RECORDS

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: **11/08/2010**

R. D. 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