

DOC # 777826
01/31/2011 10:18AM Deputy: PK
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 6 Fee: 19.00
BK-111 PG-6673 RPTT: 0.00

APN: 1121-05-510-003
1320-30-710-008
ORDER NO.: 1095621-TA



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF TRUSTEE- SUCCESSION OF
SUCCESSOR 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 'Tamara Waller', written over a horizontal line.

Print Name/Title: Tamara Waller/Title Officer

WHEN RECORDED MAIL TO:

Paula Siever
1405 Wild Mustang
Reno, NV 89521



APN: 1121-05-510-003 & 1320-30-710-008

RECORDING REQUESTED BY

Northern Nevada Title Company
1483 US Highway 395 N # B
Gardnerville, NV 89410

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

Raymond D. May, as Trustee of the Raymond May
Trust dated October 27, 2003
1405 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 27, 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 # 0595313 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

2. That I am Paula Siever, named within the aforementioned trust as successor 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.

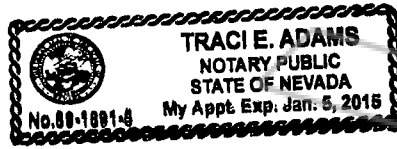
Dated: January 24, 2011

Paula Siever



SUBSCRIBED AND SWORN to before me, the undersigned Notary Public
in and for said County and State this 20th day of January, 2011

Traci Adams



COPY



EXHIBIT "A"

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 27, 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.

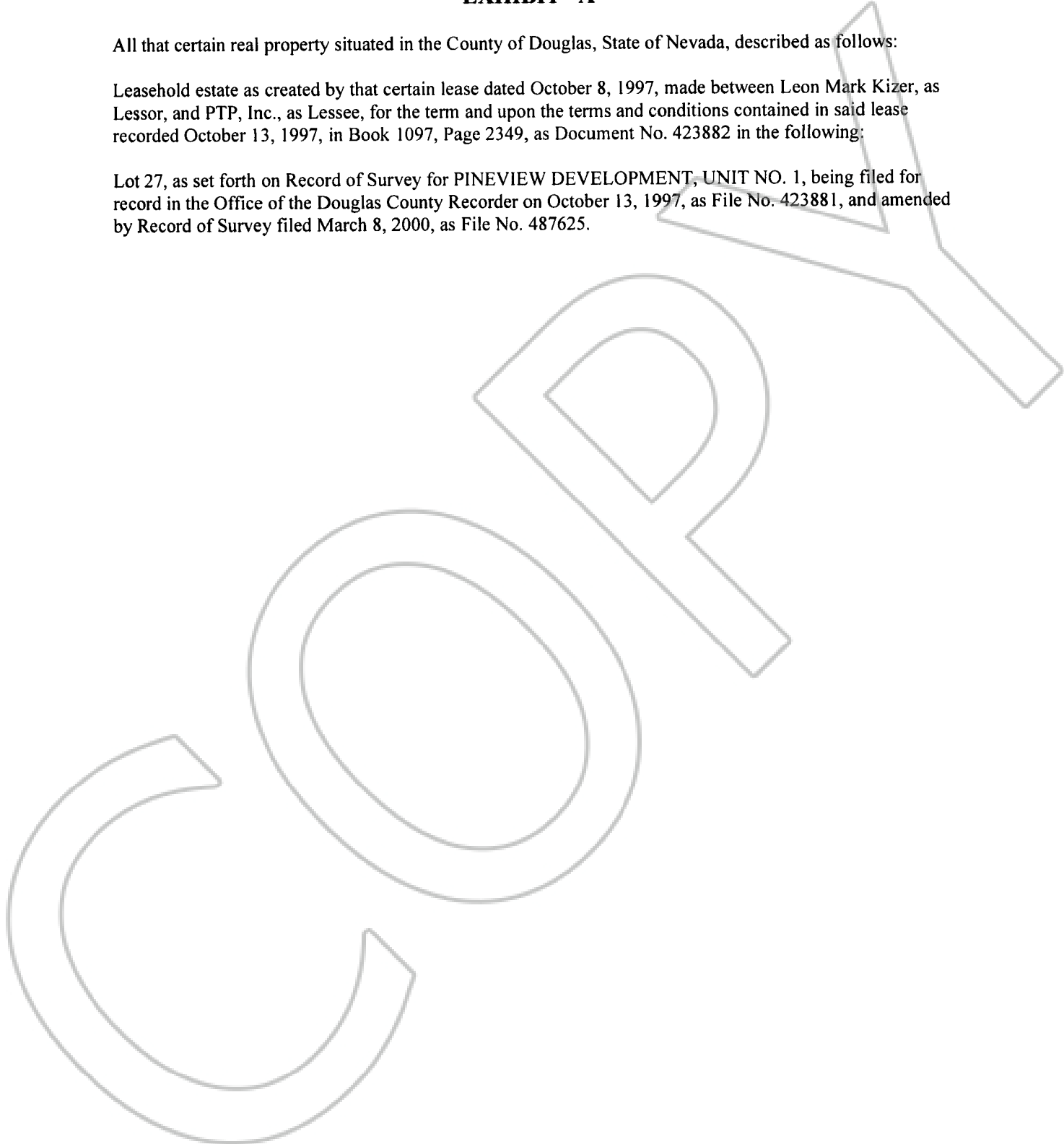




Exhibit A

the real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL ONE:

Unit 7 as shown on the Planned Development Map (PD 03-005) for MINDEN TOWN HOMES, filed in the office of the Douglas County Recorder on February 2, 2004 as File No. 003488

PARCEL TWO:

An undivided 1/31st interest in the common elements shown on the above mention Planned Development Map and as set forth in the Declaration of Covenants, Conditions, and Restrictions for MINDEN TOWNHOMES, recorded November 5, 2003 in Book 1103, Page 2081, Document No. 595951 and in the Amended and Restated Declaration recorded February 6, 2004 in Book 204, Page 2633, Document No. 604005.

PARCEL THREE:

An exclusive easement for the use and enjoyment of the Limited Common Elements appurtenant to Parcel One, described above, as shown on the above mentioned Planned Development Map and as set forth in the above mentioned Declaration and Amended and Restated Declaration.

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	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Raymond Doyle MAY		2. DATE OF DEATH (Mo/Day/Year) April 10, 2009		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) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 68		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) August 17, 1940		9a. STATE OF BIRTH (if not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
PARENTS	13. SOCIAL SECURITY NUMBER 4708		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Self-employed		14b. KIND OF BUSINESS OR INDUSTRY Convenience Store	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1678 Highway 395 #7		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Roy D MAY	
	17. MOTHER - NAME (First Middle Last Suffix) Opal COCHRAN		18a. INFORMANT- NAME (Type or Print) Velma DICKERSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1509 Camille Dr Carson City, Nevada 89706	
TRADE CALL	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) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Rcoop Carson City NV 89706	
CERTIFIER	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 JORGE SALLABERRY MD		21b. DATE SIGNED (Mo/Day/Yr) April 15, 2009		21c. HOUR OF DEATH 08:50	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	22e. PRONOUNCED DEAD (Mo/Day/Yr)		22f. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) JORGE SALLABERRY, MD 1600 Medical Parkway Carson City, NV 89703	
	23b. LICENSE NUMBER 12639		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 17, 2009	
CAUSE OF DEATH	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) Severe Anoxic Brain Injury		Interval between onset and death Days	
	DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiorespiratory Arrest		Interval between onset and death Days		Interval between onset and death Days	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (c) Presumed Coronary Artery Disease		Interval between onset and death Years		Interval between onset and death Years	
	DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death		Interval between onset and death	
STATE REGISTRAR	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-111
PG-6678

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VRS-Rev-2008T

268593 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.

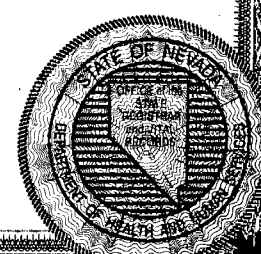
DATE ISSUED:

04/23/2009

PBNC0 (Rev.) 11/06

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE