



This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).

Brandingham

Brandi Ballingham, Paralegal
ANDERSON, DORN & RADER, LTD.

APN: 1220-17-612-005

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Ste, 860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

Arthur Bermudez
1212 Figuero Way
Carson City, NV 89701

MAIL TAX STATEMENTS TO:

Arthur Bermudez
1212 Figuero Way
Carson City, NV 89701

AFFIDAVIT OF DEATH OF TRUSTEE

We, Arthur J. Bermudez and Jerry M. Bermudez, 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 April 22, 2009, Virginia L. Bermudez executed the Virginia L. Bermudez Trust ("Trust").
- (2) Said trust appointed Arthur J. Bermudez and Jerry M. Bermudez to serve as Co-Successor Trustees upon the death or incapacity of Virginia L. Bermudez.
- (3) Virginia L. Bermudez died on December 15, 2010 at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Virginia L. Bermudez.



- (4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Co-Successor Trustees.
- (5) The following described real property is part of the trust estate: See Exhibit "B" attached.
- (6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Co-Successor Trustees 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 us as Co-Successor Trustees.

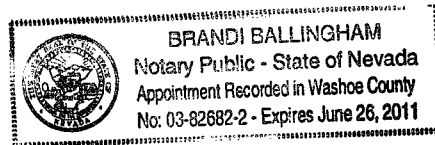
Executed on this 3rd of February, 2011, at Reno, Nevada.

Arthur J. Bermudez
Arthur J. Bermudez, Successor Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

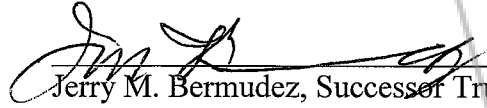
SUBSCRIBED AND SWORN TO before me this 3rd day of February, 2011,
by Arthur J. Bermudez.

Brandi Ballingham
Notary Public





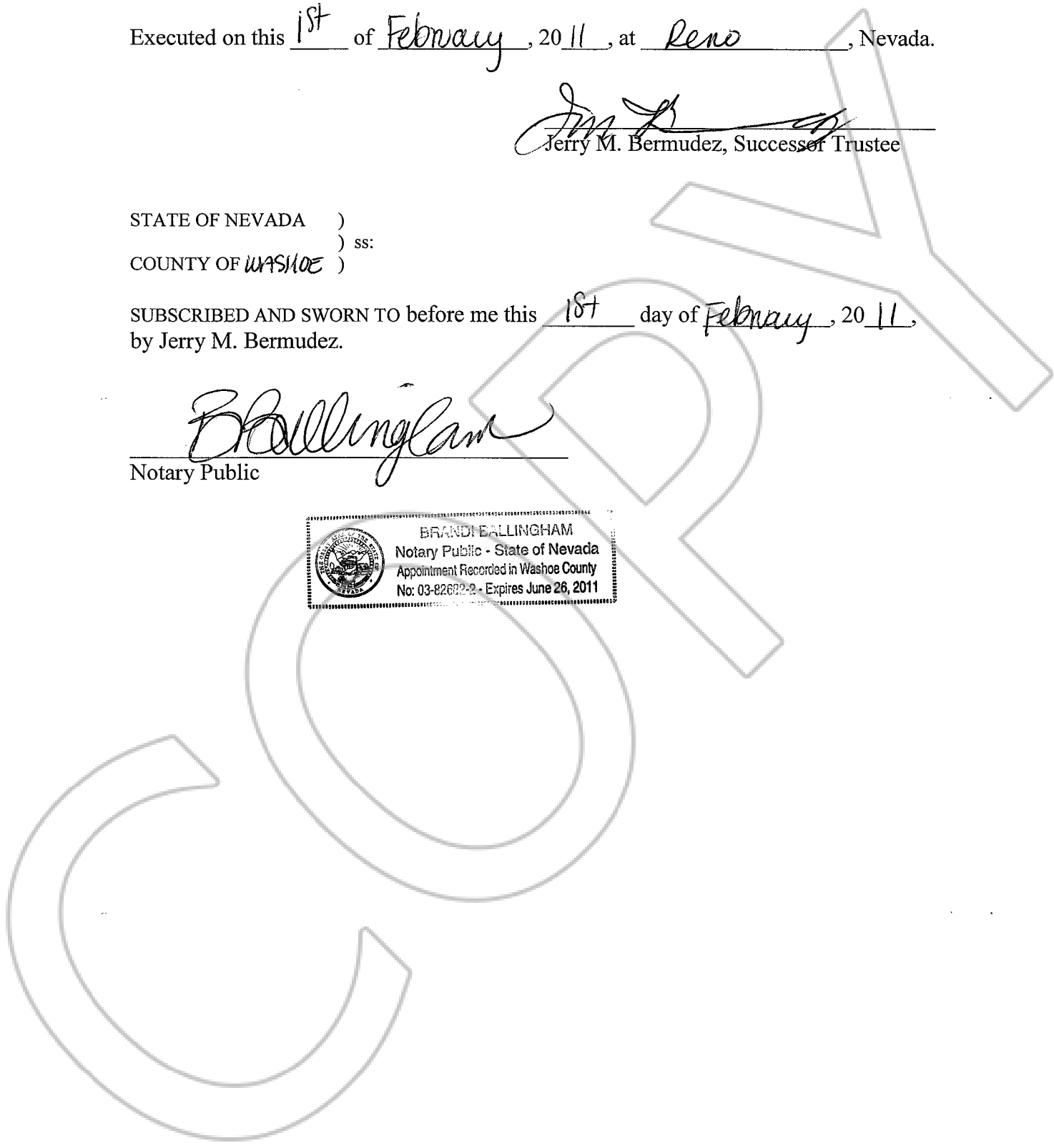
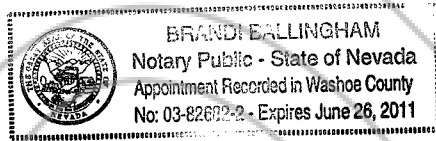
Executed on this 1st of February, 2011, at Reno, Nevada.


Jerry M. Bermudez, Successor Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

SUBSCRIBED AND SWORN TO before me this 1st day of February, 2011,
by Jerry M. Bermudez.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010019228
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Virginia Louise BERMUDEZ		2. DATE OF DEATH (Mo/Day/Year) December 15, 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) 1195 Kingston Way		3e. If Hosp or Inst. indicate DOA OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 08, 1922		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 [REDACTED] 6096		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	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1195 Kingston Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Joseph YAGER			17. MOTHER - NAME (First Middle Last Suffix) Louise PESCHELT		
18a. INFORMANT - NAME (Type or Print) Jerry BERMUDEZ		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1195 Kingston Way, Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME East Side Memorial Park		19c. LOCATION - City or Town - State Minden - Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitz Henry'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) EDWARD RICHARD ROSE 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) December 22, 2010		21c. HOUR OF DEATH 10:06		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Edward Richard Rose, M.D. 4200 N. Mountain St Carson City, NV 89703			
23b. LICENSE NUMBER 5034		24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 23, 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: Arteriosclerotic Heart Disease					
(a) DUE TO, OR AS A CONSEQUENCE OF					
(b) DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
(d) DUE TO, OR AS A CONSEQUENCE OF					
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Kidney Disease, Atrial Fibrillation					
26. ACC., SUICIDE, HDM, UNDET. OR PENDING INVEST. (Specify)		27b. DATE OF INJURY (Mo/Day/Yr)		27c. HOUR OF INJURY	
27a. INJURY AT WORK (Specify Yes or No)		27d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		27e. DESCRIBE HOW INJURY OCCURRED	
27f. LOCATION - STREET OR R.F.D. No.		27g. CITY OR TOWN		27h. STATE	

DECEASED

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR



BK-211
PG-851

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VRS Rev. 20100210

366421

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: 12/30/2010

Rod White
SIGNATURE AUTHENTICATED

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





EXHIBIT "B"

Legal Description:

Lot 113, Block B, as shown on the final Map of Pleasantview, Phase 6, Final Subdivision Map No. 1009-6, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 25, 1997, in Book 497, at Page 4062, as Document No. 411306.

APN: 1220-17-612-005

Property Address: 1195 Kingston Way, Gardnerville, Nevada 89460

