

Recording Requested By and
When recorded return to:

JOHN E. BARRUS, ESQ.
1540 Eureka Rd., Suite 102
Roseville, CA 95661

MAIL TAX STATEMENTS TO:
Mrs. Marjorie Brunson
940 Wintergreen Drive
Gardnerville, NV 89460

DOC # 0778866
02/22/2011 02:45 PM Deputy: DW
OFFICIAL RECORD
Requested By:
BARRUS & ROBERTS

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0211 PG- 3995 RPTT: 0.00



AFFIDAVIT OF CHANGE OF TRUSTEE

STATE OF NEVADA)
: ss.
COUNTY OF DOUGLAS)

I, MARJORIE L. BRUNSON, being duly sworn, depose and say:

1. I am now the currently acting Trustee of THE CLYDE M. AND MARJORIE L. BRUNSON TRUST, DATED JUNE 9, 1990.

2. The previous Co-Trustees were CLYDE M. BRUNSON and MARJORIE L. BRUNSON, who acquired title to the real property described below by that certain Grant Deed dated November 15, 2004, executed by DALE TOBLER COULAM and HEIDI COULAM TRUSTEES, and their successors, under the COULAM FAMILY TRUST U/D/T/12-02-03, as grantors, to CLYDE M. BRUNSON AND MARJORIE L. BRUNSON, CO-TRUSTEES OF THE CLYDE M. BRUNSON AND MARJORIE L. BRUNSON TRUST, DATED JUNE 9, 1990, as grantees. The deed was recorded on December 6, 2004, in the Official Records of Douglas County, Nevada, as Document Number 0631192, in Book 1204, Page 02506.

3. I became Trustee on January 30, 2010, as a result of the death of CLYDE M. BRUNSON, as evidenced by the attached certified copy of Death Certificate.

4. This affidavit affects the title to the following real property located in Douglas County, Nevada:

See Exhibit "A" attached hereto

Commonly known as: 940 Wintergreen Dr., Gardnerville, NV 89460

APN: 1220-17-512-013

Dated: 11/24/10

Marjorie L. Brunson
MARJORIE L. BRUNSON

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 24th day of November, 2010,
by MARJORIE L. BRUNSON, proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.



Seal:

Signature:

Susan C. Happe

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Affidavit is executed on 11/24/10, at Douglas County, Nevada.

Marjorie L. Brunson
MARJORIE L. BRUNSON

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010001589
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Clyde M BRUNSON			2. DATE OF DEATH (Mo/Day/Year) January 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) Carson Tahoe Regional Medical Center		3e. If Hosp or Inst, indicate DOA, OP/Emer Rm. Inpatient(Specify) Inpatient		4. SEX Male
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 83	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) February 21, 1926
	9a. STATE OF BIRTH (if not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 20	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Marjorie BARRUS
IF DEATH OCCURRED IN INSTITUTION. SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 4413		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Dentist		14b. KIND OF BUSINESS OR INDUSTRY Dentistry		Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 940 Wintergreen Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Clyde F BRUNSON			17. MOTHER - NAME (First Middle Last Suffix) Rachel MIFFLIN			
	18a. INFORMANT- NAME (Type or Print) Marjorie BRUNSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 940 Wintergreen Drive Gardnerville, Nevada 89460				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Garden Cemetery		19c. LOCATION City or Town State Gardnerville Nevada 89410		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville, NV 89410			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
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) <i>SIGNATURE AUTHENTICATED</i> VIJAY MAIYA			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) February 02, 2010		21c. HOUR OF DEATH 12:50		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
REGISTRAR	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. Vijay Maiya, 1600 Medical Parkway Carson City, NV, 89703					23b. LICENSE NUMBER 11909	
CAUSE OF DEATH	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 08, 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).)						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I						Interval between onset and death
	(a) Cardiac Arrest						Interval between onset and death
(b) Septic Shock						Interval between onset and death	
(c) Necrotic Stomach						Interval between onset and death	
(d) Coronary Artery Disease						Interval between onset and death	
PART II					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



0778866 Page: 3 Of 4 02/22/2011

BK- 0211
PG- 3997

VRS-Rev-20100218

353196

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: 09/24/2010

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

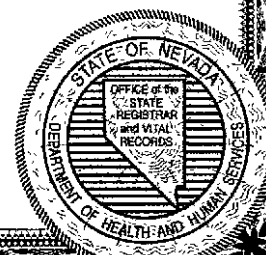
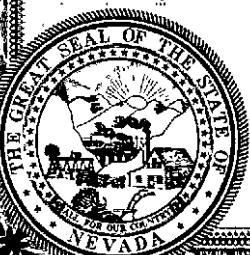


EXHIBIT "A"

LOT 76 IN BLOCK A, AS SHOWN ON THE FINAL MAP OF PLEASANTVIEW PHASE 4, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 7, 1993, IN BOOK 1293, PAGE 1194, AS DOCUMENT NO. 324312.

TOGETHER WITH all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

APN: 1220-17-512-013

