

OFFICIAL RECORD  
Requested By:  
DAVID ENNIS

APN 1220-21-510-114  
RECORDING REQUESTED BY  
David G. Ennis

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0311 PG- 4906 RPTT: 0.00

MAIL TAX STATEMENTS AND WHEN  
RECORDED, MAIL TO

David G. Ennis  
P.O. Box 10985  
South Lake Tahoe, CA 96158



THIS SPACE FOR RECORDER'S USE ONLY

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

State of Nevada  
County of Douglas

David G. Ennis, of legal age, being duly sworn, deposes and says:

1. That Jean C. Ennis, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jean Carol Ennis named as the/one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated February 3, 2000 executed by Jean Carol Ennis, an unmarried woman to Jean C. Ennis, Trustee of the Jean C. Ennis Revocable Trust dated May 23, 1994 Trustee(s), recorded as Document No. 0559982, book 1202, Page 2752 recorded on December 6, 2002 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

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

Lot 298 of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, State of Nevada on May 29, 1973, in Book 573, Page 1026, as Filed No. 66512.

2. That I am David G. Ennis, 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: March 4, 2011

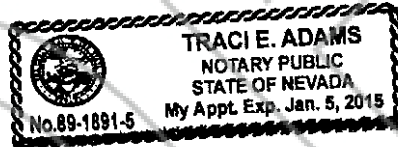
The Jean C. Ennis Revocable Trust dated May 23, 1994

By: David G. Ennis Successor trustee  
David G. Ennis, Successor Trustee

STATE OF NEVADA)  
COUNTY OF DOUGLAS)

On March 4, 2011 personally appeared before me, a Notary Public, David G. Ennis who acknowledge that he executed the above instrument

Signature Traci Adams  
notary public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2011001702

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>Jean C ENNIS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 01, 2011</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>210 Gold Hill Drive</b>		3e. If Hosp. or Inst. indicate DOA, CP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>92</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 14, 1919</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</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>2367</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>210 Gold Hill Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Roy BURSK</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Bessie PERRIN</b>		18a. INFORMANT - NAME (Type or Print) <b>David G ENNIS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 10985 South Lake Tahoe, California 96158</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>RICK NOEL</b>		20b. FUNERAL DIRECTOR LICENSE <b>820</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society 1814 N Curry Street Carson City NV 89703</b>	
20d. SIGNATURE AUTHENTICATED		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>B BOTTENBERG D.O.</b>		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>February 07, 2011</b>		21c. HOUR OF DEATH <b>19:19</b>		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)	
21e. SIGNATURE AUTHENTICATED		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>B Bottenberg D.O. 550 W Washington #1 Carson City, NV. 89701</b>	
23b. LICENSE NUMBER <b>DO674</b>		24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 10, 2011</b>	
24c. SIGNATURE AUTHENTICATED		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
PART I		(a) <b>Cardiopulmonary Arrest</b>		Interval between onset and death <b>Seconds</b>	
(b) <b>Anorexia and Dehydration</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <b>Days</b>	
(c) <b>Advanced Dementia</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <b>Years</b>	
(d)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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

0780413 Page: 3 Of 3

BK- 0311 PG- 4908 03/23/2011

VRS-Rev-20110104

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: 02/15/2011

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

STATE REGISTRAR SIGNATURE AUTHENTICATED

