

OFFICIAL RECORD

Requested By:

RACHELLE J NICOLLE

APN: 1320-32-811-019

**RECORDING REQUESTED BY:**

Rachelle J. Nicolle  
Attorney at Law  
1662 Highway 395, Suite 214  
Minden, NV 89423

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 of 5 Fee: 18.00  
BK-0411 PG-0877 RPTT: 0.00



**AFTER RECORDING MAIL THIS  
AFFIDAVIT & TAX STATEMENTS TO:**

✓ CINDI SUE MAPLE, Trustee  
P.O. BOX 2286  
MINDEN, NV 89423

I, the undersigned, hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40 525(5)]

**AFFIDAVIT OF DEATH OF ONE ORIGINAL CO-TRUSTEE, RESIGNATION OF  
OTHER ORIGINAL CO-TRUSTEE, AND SERVICE OF SUCCESSOR TRUSTEE**

CINDI SUE MAPLE, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Resignation refers to the CHARLES FRANK ROBERTSON AND ESTHER ROBERTSON FAMILY TRUST U/D/T 8/25/1989, (the "Trust") under a revocable trust agreement executed by CHARLES FRANK ROBERTSON and ESTHER ROBERTSON as the Grantors and Trustees.
2. The original Grantors and Trustees of the Trust were CHARLES FRANK ROBERTSON and ESTHER ROBERTSON.
3. In accordance with the terms of the Trust, I, CINDI SUE MAPLE, am empowered to act as the sole and current Trustee for the Trust after the incapacity, deaths, or resignations of CHARLES FRANK ROBERTSON and ESTHER ROBERTSON. I hereby affirm my incumbency as the successor Trustee and now current Trustee, and declare my intention to act as the current Trustee of the CHARLES FRANK ROBERTSON AND ESTHER ROBERTSON FAMILY TRUST U/D/T 8/25/1989.
4. I declare and affirm that ESTHER ROBERTSON died on August 8, 2006. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as ESTHER ROBERTSON, Trustee of the CHARLES FRANK ROBERTSON AND ESTHER ROBERTSON FAMILY TRUST U/D/T 8/25/1989.
5. I declare and affirm that CHARLES FRANK ROBERTSON, resigned as Trustee on 03/22/2011. I also hereby declare and affirm that the Grantor and Trustee cited in the attached Resignation of Trustee, is the same person as CHARLES FRANK ROBERTSON, Trustee of the CHARLES FRANK ROBERTSON AND ESTHER ROBERTSON FAMILY TRUST U/D/T 8/25/1989.



6. CHARLES FRANK ROBERTSON and ESTHER ROBERTSON are the named Trustees and Grantees in that certain Grant Deed, granting to CHARLES FRANK ROBERTSON and ESTHER ROBERTSON, Trustees, and subsequent Trustees of the CHARLES FRANK ROBERTSON AND ESTHER ROBERTSON FAMILY TRUST U/D/T 8/25/1989, all right, title and interest in the following identified real property:

APN: .....1320-32-811-019

Commonly Known As: ....1483 & 1485 Hussman Ave., Gardnerville, NV 89410

Recorded On: .....10/18/2001

As Document Number: ....0525591

In Book: .....1001

On Page:.....6131

Official Records of: .....Douglas County, Nevada

Legal Description:.....Lot 1, as shown on the map of SIERRA MEADOWS SUBDIVISION PHASE I, filed in the office of the County Recorder of Douglas County, Nevada, on May 18, 1977, as Document No. 09292.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

7. The assets held under this Trust are to be held under the following title:

CINDI SUE MAPLE, TRUSTEE  
CHARLES FRANK ROBERTSON AND ESTHER ROBERTSON  
FAMILY TRUST U/D/T 8/25/1989

8. The CHARLES FRANK ROBERTSON AND ESTHER ROBERTSON FAMILY TRUST U/D/T 8/25/1989 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.

9. I hereby declare, as Sole Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the CHARLES FRANK ROBERTSON AND ESTHER ROBERTSON FAMILY TRUST U/D/T 8/25/1989, including, but not limited to, the above-described real property, including any portion thereof.



10. I make this affirmation under penalty of perjury on March 22, 2011

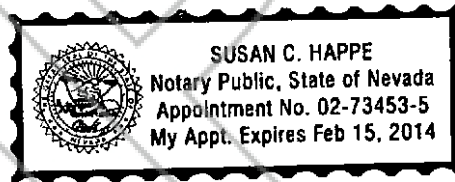
Cindi Sue Maple  
CINDI SUE MAPLE,  
Successor and Current Trustee  
CHARLES FRANK ROBERTSON AND ESTHER  
ROBERTSON FAMILY TRUST U/D/T 8/25/1989

JURAT

State of Nevada )  
County of Douglas )

Subscribed and Sworn to (or affirmed) before me, on 3/22/2011, by CINDI SUE MAPLE.

Susan C. Happe  
Notary Public



**Resignation of  
CHARLES FRANK ROBERTSON as Trustee of the  
CHARLES FRANK ROBERTSON AND ESTHER  
ROBERTSON FAMILY TRUST U/D/T 8/25/1989**

On the date set forth below, I, CHARLES FRANK ROBERTSON, resign as Trustee of the CHARLES FRANK ROBERTSON AND ESTHER ROBERTSON FAMILY TRUST U/D/T 8/25/1989 (the "Trust"). In accordance with the terms of the Trust, upon the death of my wife, ESTHER ROBERTSON, and upon this, my resignation as Trustee of the CHARLES FRANK ROBERTSON AND ESTHER ROBERTSON FAMILY TRUST U/D/T 8/25/1989, my daughter CINDI SUE MAPLE ceases to be a Successor Trustee of the Trust and shall become the current Trustee of the Trust. I hereby affirm that I executed this document and resigned for reasons of my convenience and preference. I execute this document retaining full confidence in the competence of CINDI SUE MAPLE to act as the current Trustee of the Trust.

**IN WITNESS WHEREOF**, this Resignation document shall bind CHARLES FRANK ROBERTSON as the remaining and able Grantor of the Trust.

Dated March 22, 2011.

GRANTOR:

Charles Frank Robertson  
**CHARLES FRANK ROBERTSON**

JURAT

State of Nevada)  
County of Douglas)  
Signed and sworn to (or affirmed) before me on March 22, 2011, by CHARLES FRANK ROBERTSON.

Susan C. Happe  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2006014256  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
REMBEDANCE  
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 <b>Esther</b>			1b. MIDDLE <b>ROBERTSON</b>			1c. LAST <b>ROBERTSON</b>			2. DATE OF DEATH (Mo/Day/Year) <b>August 08, 2006</b>			3a. COUNTY OF DEATH <b>Douglas</b>			
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>				3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street and number) <b>1798 Lantana Drive</b>				3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. (Inpatient) (Specify)				4. SEX <b>Female</b>			
5. RACE-(e.g., White, Black, American Indian) (Specify) <b>White</b>			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>Non-hispanic</b>			7a. AGE-Last birthday (Years) <b>84</b>			7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 23, 1922</b>		
9a. STATE OF BIRTH (If not U.S.A., name country) <b>South Dakota</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>12</b>			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			12. SURVIVING SPOUSE (If wife, give maiden name) <b>Charles ROBERTSON</b>			
13. SOCIAL SECURITY NUMBER <b>8903</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>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>			15d. STREET AND NUMBER <b>1798 Lantana Drive</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>					
18. FATHER - NAME (First Middle Last Suffix) <b>John AHO</b>						17. MOTHER - NAME (First Middle Last Suffix) <b>Elizabeth TUOHIMA</b>									
18a. INFORMANT - NAME (Type or Print) <b>Charles ROBERTSON</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>Po Box 2286 Minden, Nevada 89423</b>									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>				19b. CEMETERY OR CREMATORY - NAME <b>FitzHenry's Crematory</b>				19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>							
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <b>SIGNATURE AUTHENTICATED</b>				20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>									
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>RALPH HERBIG DO</b> <b>SIGNATURE AUTHENTICATED</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>August 09, 2006</b>			21c. HOUR OF DEATH <b>08:30</b>			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) <b>Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV 89410</b>										23b. LICENSE NUMBER <b>984</b>					
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b> <b>SIGNATURE AUTHENTICATED</b>						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 11, 2006</b>			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>Aspiration Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Alzheimers Dementia</b> DUE TO, OR AS A CONSEQUENCE OF: (c)										Interval between onset and death <b>Days</b>					
										Interval between onset and death <b>Years</b>					
										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>No</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



BK- 0411  
PG- 881

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52445

VRS-Rev-63v

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: **MAR 22 2011**

STATE REGISTRAR

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

