

APN: 1220-04-513-009

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- 0887 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 ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007, (the "Trust") under a revocable trust agreement executed by CHARLES FRANK ROBERTSON and ESTHER ROBERTSON as 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 ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007.
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, Grantor of the ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007.
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 ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007.

6. CHARLES FRANK ROBERTSON is the named Trustee in that certain Grant Deed, granting to CHARLES FRANK ROBERTSON, Trustee, and subsequent Trustees of the ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007, all right, title and interest in the following identified real property:

APN:1220-04-513-009
Commonly Known As:1393 Waterloo Lane, Gardnerville, NV 89410
Recorded On:03/12/2007
As Document Number:0696872
In Book:0307
On Page:.....3506
Official Records of:Douglas County, Nevada

Legal Description:.....Lot 108, CARSON VALLEY ESTATES SUBDIVISION, UNIT NO. 5, filed for record in the office of the County Recorder of Douglas County, Nevada on August 11, 1972 as Document No. 61096.
APN 1220-04-513-009

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
ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007

8. The ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007 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 ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007, 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

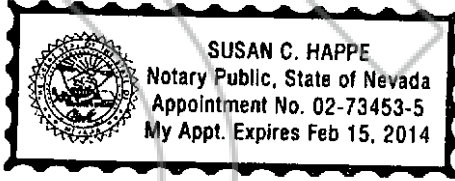
Cindi Sue Maple
 CINDI SUE MAPLE,
 Successor and Current Trustee
 ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007

JURAT

State of Nevada)
 County of Douglas)

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

Susan C. Happe
 Notary Public



**Resignation of
CHARLES FRANK ROBERTSON as Trustee of the
ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007**

On the date set forth below, I, CHARLES FRANK ROBERTSON, resign as Trustee of the ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007 ("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 ROBERTSON FAMILY EXEMPTION TRUST U/D/T 3/1/2007, 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:

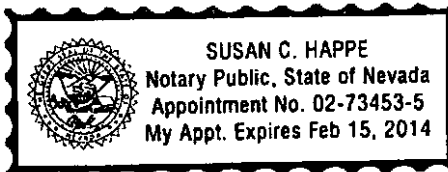
Charles Frank Robertson
CHARLES FRANK ROBERTSON

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



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BK- 0411
PG- 891

52455

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CERTIFIED COPY OF VITAL RECORDS

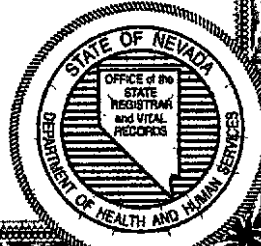
Rid White

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.



VRS-Rev. 8/02