

OFFICIAL RECORD
Requested By:
MARQUIS TITLE & ESCROW

When Recorded Mail to:
Ray A. Greenlee
1111 Oro Way
Gardnerville, NV 89460

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0511 PG- 2439 RPTT: 0.00



APN 1220-17-810-008

AFFIDAVIT BY SURVIVING TRUSTEE

The undersigned, GLORIA SANCHEZ GREENLEE, Trustee, duly sworn, deposes and says:

That GLORIA SANCHEZ GREENLEE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GLORIA SANCHEZ GREENLEE, Trustee, named as one of the parties in that certain document dated February 26, 1999, executed by Ray A. Greenlee and Gloria S. Greenlee, husband and wife as joint tenants to RAY ARNOLD GREENLEE and GLORIA SANCHEZ GREENLEE, Trustees of THE RAY ARNOLD GREENLEE AND GLORIA SANCHEZ GREENLEE FAMILY TRUST dated November 4, 1998, recorded on February 26, 1999, in Book 0299, Page 5215, as Document No. 0461946, Official Records of Douglas County, State of Nevada, described as follows:

Affecting all that certain piece or parcel of land situate in Douglas County, State of Nevada, as follows:

See "EXHIBIT A" attached hereto and made a part of..

APN: 1220-17-810-008

Dated: May 9, 2011

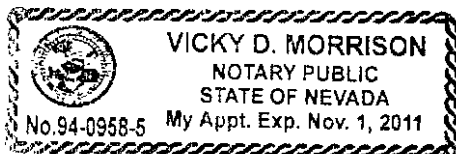
Ray Arnold Greenlee TRUSTEE
RAY ARNOLD GREENLEE, Trustee

STATE OF NEVADA
COUNTY OF DOUGLAS

On 5-9-11, before me, the undersigned, a Notary Public in and for said County, personally appeared RAY ARNOLD GREENLEE, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature *Vicky D Morrison*
NOTARY PUBLIC



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

02193226 NOV 20 2002

TYPE OR PRINT IN PERMANENT BLACK INK
DECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

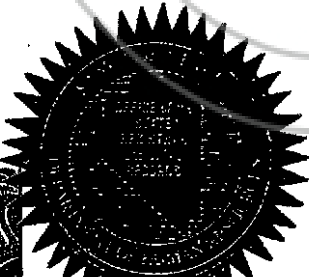
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last Gloria S. GREENLEE			DATE OF DEATH (Month, Day, Year) 2 August 14, 1999		COUNTY OF DEATH 3a. Douglas
CITY, TOWN OR LOCATION OF DEATH Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. 1111 Oro Way		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.	SEX 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 7. American Indian		Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 8. Spanish		AGE—Last Birthday (Years) 7a. 67	DATE OF BIRTH (Mo., Day, Yr.) 8. March 31, 1932
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 13	
SOCIAL SECURITY NUMBER 13. [REDACTED] 2425		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. President		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville		KIND OF BUSINESS OR INDUSTRY 14b. Greenlee Steel Fabricators
FATHER—NAME First Middle Last 16. Emil Sanchez		MOTHER—MAIDEN NAME First Middle Last 17. Eduvigen Martinez		SURVIVING SPOUSE (If wife, give maiden name) 12. Ray A. Greenlee	
INFORMANT—NAME (Type or Print) 18a. Ray A. Greenlee - Husband			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1111 Oro Way, Gardnerville, Nevada 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Carson Sierra Crematory		LOCATION City or Town State 19c. Carson City Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 9		NAME AND ADDRESS OF FACILITY 20c. Society 1614 N. Curry St. Carson City, NV. 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature]		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) and manner stated. (Signature and Title) [Signature]		DATE SIGNED (Mo., Day, Yr.) 21b. 8/16/99	
HOUR OF DEATH 21c. 1015		DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. John P. Kelly M.D. 550 W. Washington St. Carson City, NV. 89703					LICENSE NUMBER 23b. 6376
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. August 16, 1999		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Renal Cell Carcinoma DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: 18 months (b) _____ DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: _____ (c) _____ Interval between onset and death: _____					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 26. No			AUTOPSY (Specify Yes or No) 27. Yes		WAS CASE REFERRED TO CORONER (Specify Yes or No)
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE



STATE REGISTRAR



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BK- 0511
PG- 2440

No. 145948

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

AUG 16 1999

State Registrar

Yvonne Sylva