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The undersigned hereby affirms that there is no Social Security number contained in this document.

Douglas County - NV  
 Karen Ellison - Recorder  
 Page: 1 Of 3 Fee: 16.00  
 BK-0611 PG- 3752 RPTT: 0.00



When recorded, mail to:  
 George M. Keele  
 1692 County Road, #A  
 Minden, NV 89423

**AFFIDAVIT AND CERTIFICATE OF ACCEPTANCE  
 OF APPOINTMENT AS SOLE SUCCESSOR TRUSTEE**

STATE OF NEVADA )  
 ) SS.  
 COUNTY OF DOUGLAS )

I, WILLIAM "BILL" PAULSON, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. RUSSELL W. PAULSON and COLLEEN M. PAULSON, as Settlers and Trustees, executed the Russell W. Paulson and Colleen M. Paulson Revocable Trust ("the Trust") on February 22, 1996.
3. Grantor and Settlor RUSSELL W. PAULSON died on November 30, 1998, in Contra Costa County, California. An Affidavit of Death of Co-Trustee was recorded in the official records of Douglas County, Nevada, on March 10, 2009, as Document No. 0739303, Book 0309, Page 2046. From that time, COLLEEN M. PAULSON and WILLIAM "BILL" PAULSON served together as Co-Trustees pursuant to the terms of the Trust.
4. Ostensibly, Grantor and Settlor COLLEEN M. PAULSON died on April 5, 2011, in Douglas County, Nevada. COLLEEN MARIE PAULSON, the decedent

mentioned in the attached certified copy of Certificate of Death, is the same person as COLLEEN M. PAULSON, who was a Settlor and Trustee of the Trust.

5. WILLIAM "BILL" PAULSON, designated as a successor Trustee in The Russell W. Paulson and Colleen M. Paulson Revocable Trust dated February 22, 1996, as amended, hereby certifies that he has reviewed the terms and conditions of the Trust, as well as the duties of a successor Trustee under said Trust, and that he hereby accepts the appointment as sole successor Trustee and agrees to assume and perform all of the fiduciary duties and responsibilities of sole successor Trustee under the Trust.

William Paulson  
WILLIAM "BILL" PAULSON

SIGNED AND SWORN TO (or affirmed)  
before me on June 15, 2011,  
by WILLIAM "BILL" PAULSON.

Mary E. Baldecchi  
Notary Public



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS

### CERTIFICATE OF DEATH

2011005427

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) Colleen Marie PAULSON		2. DATE OF DEATH (Mo/Day/Year) April 05, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
4. SEX Female		7a. AGE-Last birthday (Years) 88		8. DATE OF BIRTH (Mo/Day/Yr) December 10, 1922	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS	
7c. UNDER 1 DAY HOURS MINS		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
9a. STATE OF BIRTH (if not U S A, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER 6325		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Registered Nurse		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1565 A. Virginia Ranch Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles ROBINSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruby BUNCH		
18a. INFORMANT- NAME (Type or Print) William PAULSON			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 663 Bluerock Rd Gardnerville, Nevada 89460		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral and Cremations 1521 Church Street 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) SIGNATURE AUTHENTICATED GARRETT SCHWARTZ			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) April 11, 2011		21c. HOUR OF DEATH 15:30		22b. DATE SIGNED (Mo/Day/Yr)	
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) GARRETT SCHWARTZ 1520 Virginia Ranch Rd. Gardnerville, NV				23b. LICENSE NUMBER 9086	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 12, 2011		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				Interval from onset and death	
(a) Cardiopulmonary Arrest				24 Hours	
(b) DUE TO, OR AS A CONSEQUENCE OF, Aspiration Pneumonia				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF, Dementia				Interval between onset and death	
(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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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- 0611  
PG- 3754

VRS-Rev-20110104

381062

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: 04/12/2011

*R. D. White*  
SIGNATURE AUTHENTICATED

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

