

APN: 1320-36-002-007

**RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DEED to:**

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

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0711 PG- 4753 RPTT: 0.00



MAIL TAX STATEMENTS TO GRANTEE:

Louise Ladd-Whitson, Trustee
2850 S. Amor Dr.
New Berlin, WI 53146

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 Original Trustee
and
Assumption by Successor Trustee**

LOUISE LADD-WHITSON, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the LYNN L. KONRATH TRUST U/D/T 6/6/2010, (the "Trust") under a revocable trust agreement executed by LYNN L. KONRATH as Grantor.
2. In accordance with the terms of the Trust, I, LOUISE LADD-WHITSON, am empowered to act as Sole Trustee for the Trust after the death of LYNN L. KONRATH. I hereby affirm my incumbency as Successor Trustee, and declare my intention to act as the remaining sole Trustee of the LYNN L. KONRATH TRUST U/D/T 6/6/2010.
3. I declare and affirm that LYNN L. KONRATH died on May 14, 2011. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as LYNN L. KONRATH, Original Grantor and Trustee of the LYNN L. KONRATH TRUST U/D/T 6/6/2010.
4. LYNN L. KONRATH is the named Trustee and Grantee in that certain Grant Deed, granting to LYNN L. KONRATH, Trustee, and subsequent Trustees of the LYNN L. KONRATH TRUST U/D/T 6/6/2010, all right, title and interest in the following identified real property:

APN:..... 1320-36-002-007
Commonly Known As: 1489 Wild Iris Court, Gardnerville, NV 89410
Recorded On: May 30, 2003
As Document Number: 0578475
In Book:..... 0503
On Page:..... 16170
Official Records of:..... Douglas County, Nevada
Legal Description:..... Lot 1, in Block G, as shown on the Final Map of
WILDFLOWER RIDGE UNIT 6, filed for record in the office of
the County Recorder of Douglas County, State of Nevada, on
December 19, 1990, in Book 1290, Page 2544, as Document No.
241311.

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

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

LOUISE LADD-WHITSON, TRUSTEE
LYNN L. KONRATH TRUST U/D/T 6/6/2010

6. The LYNN L. KONRATH TRUST U/D/T 6/6/2010 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.

7. I hereby declare, as Sole Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the LYNN L. KONRATH TRUST U/D/T 6/6/2010, including, but not limited to, the above-described real property, including any portion thereof.

8. I make this affirmation under penalty of perjury on ~~February~~ July 12, 2011.

Louise Ladd-Whitson
Louise Ladd-Whitson, Trustee 7-12-11
Date
of the LYNN L. KONRATH TRUST U/D/T 6/6/2010

JURAT

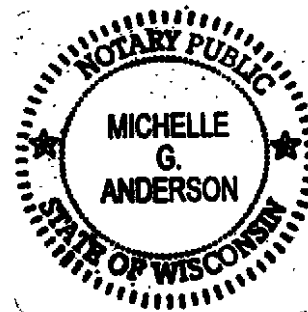
State of Wisconsin)

County of Waushara)

Signed and sworn to (or affirmed) before me on ~~February~~ July 12, 2011, by Louise Ladd-Whitson.

Michelle G. Anderson
Notary Public

my commission expires 11/13/2011



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011007459
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) Lynn L KONRATH		2. DATE OF DEATH (Mo/Day/Year) May 14, 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) 1489 Wild Iris Court		3e. If Hosp. or Inst. Indicate DOA, OP, Emer: Rm. Inpatient (Specify) 1489 Wild Iris Court	
4. SEX Female		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) October 28, 1945	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE Last birthday (Years) 65		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY HOURS MINS		8. 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) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
13. SOCIAL SECURITY NUMBER 9503		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Drilling Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1489 Wild Iris Court		15e. INSIDE CITY LIMITS (Specify Yes or No) : Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ludwig LADD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Arlene WINN		
18a. INFORMANT - NAME (Type or Print) Curtis W LADD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 10647 E. Sparklett Temple City, California 91780			
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 <i>SIGNATURE AUTHENTICATED</i>		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) <i>SIGNATURE AUTHENTICATED</i> KELLE BROGAN M.D.			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) May 17, 2011		21c. HOUR OF DEATH 22:10		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) Kelle Brogan M.D. 429 Elm Street Reno, NV 89503				23b. LICENSE NUMBER 6000	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 17, 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 (a) Metastatic Lung Cancer				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				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 I:				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HONM., 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- 0711
PG- 4755

VRS-Rev-20110104

387904 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: 05/26/2011

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

