

Assessor's Parcel No's.: 1220-09-412-013

**RECORDING REQUESTED BY AND
AFTER RECORDING MAIL TO:**

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

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0811 PG- 1023 RPTT: 0.00



MAIL TAX STATEMENTS TO:

R. VERONICA DECKER, Trustee
717 Wimbley Lane
Chesapeake, VA 23322

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 - DEATH OF CO-TRUSTEE & CERTIFICATE OF
CONTINUED SOLE SERVICE OF REMAINING CO-TRUSTEE**

R. VERONICA DECKER, being of legal age and being first duly sworn, deposes and says:

1. That I, R. VERONICA DECKER, am the sole surviving Co-Trustee of the ROSS FAMILY TRUST U/D/T October 7, 2005. I hereby affirm my intention to continue to act as the sole remaining Trustee with all rights and power over the property described herein.
2. The terms of the ROSS FAMILY TRUST empower me to act as the sole Trustee for the Trust after the death of KAY K. ROSS. From this point on this real property is under the following ownership: R. VERONICA DECKER, Trustee, ROSS FAMILY TRUST U/D/T October 7, 2005.
3. KAY K. ROSS died on June 27, 2011. I also hereby declare and affirm that the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KAY K. ROSS, Co-Trustee of the ROSS FAMILY TRUST.
4. I hereby affirm my incumbency as sole Trustee, and declare my intention to act as the sole Trustee of the ROSS FAMILY TRUST.
5. All assets of the ROSS FAMILY TRUST should now be held under the name of:
R. VERONICA DECKER, Trustee,
ROSS FAMILY TRUST U/D/T 10/07/2005

6. All tax reporting for ROSS FAMILY TRUST should be made under Tax ID No. 80-6206721.

7. My address, as Trustee, is: R. VERONICA DECKER, Trustee
717 Wimbley Lane
Chesapeake, VA 23322

8. I hereby declare, as the sole remaining Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the ROSS FAMILY TRUST, including the following real property:

Lot 13, Block C, as shown on the Final Map, 97-008, of SILVERANCH UNIT-1-B, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 14, 1997, in Book 897, Page 2529, as Document No. 419430.

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SUBJECT TO THOSE CERTAIN COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED JANUARY 5, 1994, BOOK 194, PAGE 659, DOCUMENT NO. 326829 AND AMENDED FEBRUARY 5, 1994, BOOK 294, PAGE 4638, DOCUMENT NO. 330984 AND ANNEXATION TO SAID COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED FEBRUARY 11, 2000, BOOK 0200, PAGE 1954, DOCUMENT NO. 486169, ALL DOUGLAS COUNTY, NEVADA RECORDS

RESERVING THEREFROM ANY AND ALL APPURTENANT WATER, WATER RIGHTS, DITCH AND/OR DITCH RIGHTS, INCLUDING BUT NOT LIMITED TO THOSE CERTAIN RIGHTS UNDER CLAIM NOS 254, 277, 278, AND 279 OF THE FINAL DECREE ENTERED ON OCTOBER 28, 1980, IN "UNITED STATES OF AMERICA V. ALPINE LAND AND RESERVOIR COMPANY ET AL," CIVIL NUMBER D-183BRT, IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEVADA.

9. I make this affirmation under penalty of perjury.

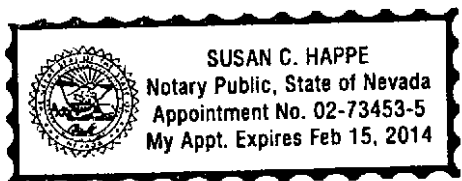
R. Veronica Decker 7/29/2011
R. VERONICA DECKER, Trustee Date

JURAT

State of Nevada)
County of Douglas)

Signed and sworn to (or affirmed) before me on July 29, 2011, by R. VERONICA DECKER.

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

2011010254
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) Kay K ROSS		2. DATE OF DEATH (Mo/Day/Year) June 27, 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) 1027 Ranch Rd		3a. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Home	
4 SEX Female		7a. AGE-Last birthday (Years) 71		8. DATE OF BIRTH (Mo/Day/Yr) April 20, 1940	
5 RACE Japanese		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS	
9a. STATE OF BIRTH (If not U.S.A., name country) Japan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12 SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER 7582	
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		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1027 Ranch Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Matsuo NIIMOTO	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mikie KARIYA		18a. INFORMANT- NAME (Type or Print) Veronica DECKER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 717 Wimbley Ln Chesapeake, Virginia 23322	
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 Funerals 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) SUE LINDA ONKEN SANCHEZ M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) June 29, 2011		21c. HOUR OF DEATH 08:00	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		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) Sue Linda Onken Sanchez M.D. 1107 Hwy 395 Gardnerville, NV 89410				23b. LICENSE NUMBER 9360	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 06, 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) Lung Cancer interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) 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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VRS-Rev-20110104

393476

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: 07/06/2011

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

