01/31/2012 01:15PM Deputy: KE OFFICIAL RECORD Requested By: Western Title Company **APN#**: 1319-03-811-018 Douglas County - NV Karen Ellison - Recorder Page: 1 of 5 Fee: \$18.00 Fee: \$18.00 **Recording Requested By:** BK-112 PG-6219 RPTT: 0.00 Western Title Company, Inc. **Escrow No.:** 046353-MHK When Recorded Mail To: Jim Burlison 323 Genoa Spgs Dr Genoa, NV 89411 Mail Tax Statements to: (deeds only) (space above for Recorder's use only) I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030) Signature Escrow Officer Affidavit of Death of Trustee This page added to provide additional information required by NRS 111.312 (additional recording fee applies)

796732

DOC #

BK 112 PG-6220 796732 Page: 2 of 5 01/31/2012

APN: 1319-03-811-018 RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO: Jim Burlison 323 Genoa Springs Dr. Genoa, NV 89411

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada)

) SS.

COUNTY OF Douglas)

Jim Burlison, Surviving Trustee of legal age, being first duly sworn, deposes and says:

- Dees Kathleen Burlison is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated 2003, executed by Jim Burlison and Dees Kathleen Burlison as trustor(s).
- At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on October 9, 2003 as Instrument No. 0592891, in Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit "A" attached hereto and made a part hereof

Commonly known as: 323 Genoa Spring, Genoa NV 89411

THIS DOCUMENT IS RECONDED AS AN ACCOMPDATION ONLY and without liability for the consideration therefor, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated <u>/- </u>
By:
STATE OF
to me on the basis of satisfactory evidence to be the person(s) who appeared before me. (seal) Signature
Notary public MARY KELSH Notary Public - State of Nevada Appointment Recorded in Douglas County No. 98-49567-5 - Expires November 6, 2014

BK 112 PG-6222 796732 Page: 4 of 5 01/31/2012

EXHIBIT "A"

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL I:

Lot 18 Block B as said Lot and Block is set forth on the Final Map of GENOA LAKES PHASE 2, a Planned Unit Development. Recorded June 2, 1994 in the Official Records of Douglas County Nevada as Document Number 338683.

PARCEL II:

that certain Exclusive use and Landscape Easement described as follows:

Commencing at the Southwesterly corner of Unit 18 as shown on the Final Map for Genoa Lakes Phase 2 Planned Unit Development Document No. 338683 of the Douglas County Recorder's Office, said point bears S. 25°45'27" E., 42.32 feet from Tie Point 'B' as shown on the Genoa Lakes Phase 2 Final Map; thence S. 62°16'58" E., along the Southerly line of said Unit 18, 54.33 feet to the TRUE POINT OF BEGINNING; thence S. 62°16'58" E., 34.45 feet to a point of the Easterly boundary line of said Genoa Lakes Phase 2 Final Map; thence N. 24°44'35" E., along said Easterly boundary line, 92.49 feet; thence N. 77°29'34" W., 28.68 feet to the Southeasterly corner of Unit 17 of said Genoa Lakes Phase 2 Final Map; thence N. 77°29'34" W., along the Southerly line of said Unit 17, 51.67 feet; thence S. 10°19'57" W., 16.89 feet to a point of the Northerly line of said Unit 18; thence along the Northerly and Easterly boundary lines of said Unit 18 the following 8 courses:

- 1. S. 62°16'58" E., 55.50 feet;
- 2. S. 27°43'02" W., 15.67 feet;
- 3. N. 62°16'58" W., 3.67 feet;
- 4. S. 27°43'02" W., 1.83 feet;
- 5. N. 62°16'58" W., 6.00 feet;
- 6. S. 27°43'02" W., 28.00 feet;
- 7. N. 62°16'58" W., 3.00 feet;
- 8. S. 27°43'02" W., 9.67 feet to the TRUE POINT OF BEGINNING.

Assessor's Parcel Number(s): 1319-03-811-018

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

	CERTIFICATE OF DEATH STATE OF CAUPORINA USE BLACK INK ONLY MOR BRASHES, WHITEOUTS OR ALTERATIONS				3200733007889	
	STATE FILE NUMBER - 1. NAME OF DECEDENT FIRST (Given)	VS-11 ₆ (REV 2. MIDDLE	3. LAST (Family)	LOCAL REGISTRAT	ION NUMBER	
DECEDENT'S PERSONAL DATA	DEES AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)	KATHLEEN	BURLISC			
	ARA ALSO KNOWN AS — INClude full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 5. AC 09/05/1942 64	Months Days	Hours Minutes F	
	9. BIRTH STATE/FOREIGN COUNTRY CA 10. SOCIAL SECURITY NUI	MBER 11. EVER IN U.S. ARMED FO	UNK MARKED	of Death) 7. DATE OF DEATH mm/	6/ccyy 8. HOUR (24 Hours) FND 0735	
	13. EDUCATION — Hydrest Level/Degree (see worksheet on back) BACHELOR YES	ATINO(A)/SPANISH? (Il yes, see worksheel or		o 3 races may be listed (see workshee)		
	17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RE		ESS OR INDUSTRY (e.g., grocery store, ro	ad construction, employment agency, e	IC.) 19. YEARS IN OCCUPATION	
	EDUCATOR 20. DECEDENT'S RESIDENCE (Street and number or location)	EDUCATI	ON		25	
USUAL RESIDENCE	42309 TURQUERIES	<u> </u>				
	PALM DESERT RIVE	TY/PROVINCE RSIDE	23. ZIP CODE 24. YEAR 92211 7	S IN COUNTY 25. STATE/FOREIC	IN COUNTRY	
MEOR-	22. INFORMANT'S MAILING ADDRESS (Street and number or nural route number, ply or town, state, ZIP) 42309 TURQUERIES, PALM DESERT, CA 92211					
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE FIRST JAMES	29 MIDDLE	30. LAST (Maiden Name)	ş.		
	31. NAME OF FATHER FIRST	32. MIDDLE	BURLISON 33, LAST		34. BIRTH STATE	
	EDWARD 35. NAME OF MOTHER — FIRST	DEES 36. MIDDLE	YOUDALL 37. LAST (Maiden)	} 	CA . 38. BIRTH STATE	
		AMELIA	BARLOW	<u> </u>	CA	
ECTOR/	08/15/2007 JACKS VALLEY	RD, GENOA, NV 894	l11 y	/ /		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/TR/BU	42. SIGNATURE OF EMBAL NOT EMBAL		//	43. LICENSE NUMBER	
	44. NAME OF FUNERAL ESTABLISHMENT FITZHENRY FUNERAL HOME - PDC	1	ERIC K, FRYKMAN.	м.D. Е	47. DATE mm/dd/ccyy	
	101. PLACE OF DEATH	[FD-187] []	102.1F HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL		
PLACE OF DEATH	RESIDENCE 104. COUNTY 105. FACILITY ADDRESS OF	LOCATION WHERE FOUND (Street and	number or location) ER/OP DO.	Hospice Nursing Home/L	C X Decedent's Other	
۲ -	RIVERSIDE 42309 TURQU 107. CAUSE OF DEATH Enter the chain of events disease	A 20 10 10 1	to invest death DO NOT selection	PALM [
TH	IMMEDIATE CAUSE (A) METASTATIC BREAST	st, or ventricular fibrillation without showing CANCER	fy caused death. DO NOT enter terminal even the etiology. DO NOT ABBREVIATE.	(AT)	on 108. DEATH REPORTED TO CORONER? VES NO	
	(Final disease or condition resulting in death) (B)	'w w		YRS (81)	2007-05461 109. BIOPSY PERFORMED?	
	Sequentially, list conditions, if any, feading to cause (C)				YES X NO	
AUSE OF DEATH	UNDERLYING CAUSE (disease or linux that			(ст)	110. AUTOPSY PERFORMED? YES X NO	
CAUSE	resulting in death) LAST			מח	111. USED IN DETERMINING CAUSE? YES NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NONE	NOT RESULTING IN THE UNDERLYING	CAUSE GIVEN IN 107		- Constant Constant	
_	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 NO	OR 1127 (II yes, list type of operation and d	fate.)	יווי	IF FEMALE, PREGNANT IN LAST YEAR?	
S NO	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	SIGNATURE AND TITLE OF CERTIFIER		FCIA 116. LICENSE NUM	YES X NO UNK BER 117. DATE mm/dd/ccyy	
YSICIAN	Decedent Attended Since Decedent Last Seen Alive L (A) mm/dd/ccyy (B) mm/dd/ccyy 118.	UKE DREISBACH M. TYPE ATTENDING PHYSICIAN'S NAME, I	D. MAILING ADDRESS, ZIP CODE LUKE	A70978	08/07/2007	
CEN T	12/05/2002 07/20/2007 39 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND P	1000 BOD HOFE DK 3	STE C, RANCHO MIRA	NGE, CA 92270		
	MANNER OF DEATH Natural Accident Homicide	Suitable Pending	Could not be determined YES NO	UNK 121. IRJUHY DATE	mm/dd/ccyy 122. HOUR (24 Hours)	
EONLY	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
R'S USI	124. DESCRIBE HOW (NJURY OCCURRED (Events which resulted in Injury)					
CORONER'S USE ONLY	125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
۱	126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/ccyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE A B C D E DIMENDIGRAMINISTICIDADE FAX AUTH. # CENSUS TRACT						
REGISTRAR *012007000568028*						
Name of the last	OFD		VITAL DECORDO			

STATE OF CALIFORNIA COUNTY OF RIVERSIDE SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED

Aug 17, 2007 Eric Frykman, M.D., Local Registrar RIVERSIDE COUNTY, CALIFORNIA

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

OF VITAL