

This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).


Lauren Gregorak
ANDERSON, DORN & RADER, LTD.



APN: 1219-03-002-086

RECORDING REQUESTED BY:

Gerald M. Dorn, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Ste, 860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENTS TO:

SHIRLEY L. MELNIKOFF
389 Mottsville Lane
Gardnerville, NV 89460

AFFIDAVIT OF DEATH OF TRUSTEE

I, Shirley L. Melnikoff, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated August 29, 2005, NORMAN L. MELNIKOFF and SHIRLEY L. MELNIKOFF executed the MELNIKOFF LIVING TRUST ("Trust").
- (2) Said trust appointed SHIRLEY L. MELNIKOFF to serve as sole Trustee upon the death or incapacity of NORMAN L. MELNIKOFF.
- (3) NORMAN L. MELNIKOFF died on July 21, 2011 at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said NORMAN L. MELNIKOFF.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.



- (5) The following described real property is part of the trust estate: See Exhibit "B" attached.
- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.
- (7) No other person has a right to the interest of the Trust in the described property.
- (8) The described property shall be transferred to me as Successor Trustee.


Executed on this 30th of January, 2012, at Reno, Nevada.



 SHIRLEY L. MELNIKOFF, Trustee

STATE OF NEVADA)
) ss:
 COUNTY OF WASHOE)

SUBSCRIBED AND SWORN TO before me this 30th day of January, 2011,
by SHIRLEY L. MELNIKOFF.



 Lauren, Gregorek, Notary Public
 My commission expires April 28, 2015



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011013741

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) Norman Lee MELNIKOFF		2. DATE OF DEATH (Mo/Day/Year) July 21, 2011		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 11, 1942		9a. STATE OF BIRTH (If not U.S.A., name country) District Of Columbia		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 24		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Shirley L HIGGINS	
13. SOCIAL SECURITY NUMBER ██████████ 8165		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Physician		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 389 Mottsville		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Irving S MELNIKOFF			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel R GLOBTER		
18a. INFORMANT - NAME (Type or Print) Shirley L MELNIKOFF		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 389 Mottsville Lane Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION City or Town State Gardnerville Nevada 89460	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		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)			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)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		22f. SIGNATURE AUTHENTICATED			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Plotr Kubiczek M.D. 10 Kirman Ave Reno, NV 89520		23b. LICENSE NUMBER 11610			
24a. REGISTRAR (Signature) SANDI BRIDGES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 07, 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) Multiple blunt force injuries of the head					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Ground Level Fall					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) July 21, 2011		28c. HOUR OF INJURY 0919	
28d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall		28e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			
28f. INJURY AT WORK (Specify Yes or No) No		28g. LOCATION STREET OR R.F.D. No. Post Office-Gardnerville, Nevada		28h. CITY OR TOWN STATE Gardnerville Nevada	

STATE REGISTRAR



BK 112
PG-6472

796757 Page: 3 of 4 01/31/2012

VRS-Rev-20110104

401875

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: 09/07/2011

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

Randi Bridges
STATE REGISTRAR
SIGNATURE AUTHENTICATED

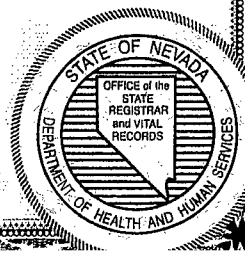




EXHIBIT "B"

Legal Description:

Parcel 1, as shown on that Certain Parcel Map entitled "COLLOM PARCEL" recorded July 11, 1979 in Book 779 of Official Records, at Page 602, as Document No. 34392, Douglas County, Nevada.

APN: 1219-03-002-086

Property Address: 389 Mottsville Lane, Gardnerville, Nevada 89460

