

OFFICIAL RECORD

Requested By:

LAW OFFICE OF JENNIFER

THAETE

Douglas County - NV

Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00
BK-0212 PG- 2264 RPT: 0.00



RECORDING REQUESTED BY

LAW OFFICE OF JENNIFER THAETE
3090 Independence Drive, Suite 234
Livermore, CA 94551

MAIL TAX STATEMENT TO
AND WHEN RECORDED MAIL TO:

✓ Kevin Dornan
104 Pineplank Lane
Simi Valley, CA 93065

AFFIDAVIT OF DEATH OF TRUSTORS

STATE OF CALIFORNIA)
COUNTY OF ALAMEDA)

I, Kevin Dornan, son of Donald D. Dornan and Shirley A. Dornan, Settlor of the trust described below, and acting Successor Trustee, swear and affirm that the following is true and correct:

1. TRUST. By instrument dated October 25, 2005, Shirley A. Dornan, Settlor, signed a DECLARATION OF TRUST entitled Dornan Family Living Trust dated October 25, 2005. The trust is an existing and valid trust.

2. TRUSTEE, DECEASED. As shown on the attached Certified Certificate of Death, the Settlor and original Trustee died at date and place as follows:

Name: Donald D. Dornan
Date of Death: September 9, 2011
Place: Douglas County, NV

Shirley A. Dornan
November 25, 2011
Colorado Springs, Co.

3. ACCEPTANCE. Pursuant to the Trust dated October 25, 2005, and appointment of Trustee at ARTICLE 3 SECTION 3.03, PARAGRAPH (a), PAGE 6, I, Kevin Dornan, accept the office of Trustee and have assumed the fiduciary duties and responsibilities of Successor Trustee on November 25, 2011.

4. REAL PROPERTY. An asset held in the name of the Trust includes real property transferred to Shirley A. Dornan as Successor Trustee by document, as follows:

Real Property in the City of Gardnerville, County of Douglas, State of Nevada

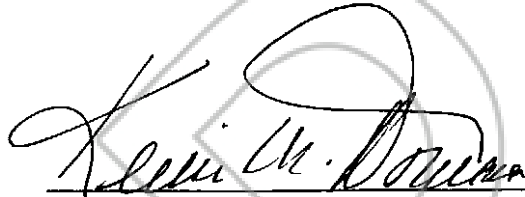
Lot 6, as shown on the Final Map of SILVERANCH UNIT 1-A, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 3, 1994, in Book

194, page 256, as Document No. 326668

Also known as: 1010 Sundown Court, Gardnerville, NV 89460
Parcel No.: 1220-09-410-006

5. RELIANCE. This Affidavit is evidence of the death of Trustor, and the appointment and incumbency of Kevin Dorman, as Successor Trustee, and may be relied upon in dealing with the Successor Trustee.

I hereby certify that the foregoing is true and correct and that this declaration was executed on JAN 31 2012, at BURBANK, California, under the laws of the State of California.



Kevin Dorman, Successor Trustee of the
Dorman Family Living Trust dated October 25, 2005

VERIFICATION

I am the affiant in the above-entitled action; I have read the foregoing Affidavit of Death of Trustor and know the contents thereof; and I certify that the same is true of my own knowledge, except as to those matters which are therein stated upon my information and belief, and as to those matters I believe it to be true.

I, Kevin Dorman, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this document was executed on JAN 31 2012 at BURBANK, California.



Kevin Dorman, Successor Trustee of the
Dorman Family Living Trust dated October 25, 2005

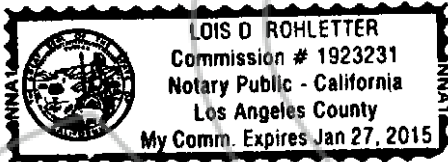
ACKNOWLEDGMENT

STATE OF CALIFORNIA)
COUNTY OF Los Angeles)

On Jan 31, 2012, before me Lois D. Rohletter, a Notary Public, personally appeared Kevin Dornan, who proved to me on the basis of satisfactory evidence to be the person) whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Lois D. Rohletter
Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011014229
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) Donald Douglas DORNAN		2. DATE OF DEATH (Mo/Day/Year) September 09, 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) 1010 Sundown Court		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 10, 1931		9a. STATE OF BIRTH (if not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Shirley Ann ARMSTRONG	
13. SOCIAL SECURITY NUMBER ██████████ 1919		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Director/Political Consultant	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1010 Sundown Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Harry J DORNAN	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gertrude MCFADDEN		18a. INFORMANT- NAME (Type or Print) Shirley DORNAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1010 Sundown Court Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Holy Cross Cemetery		19c. LOCATION City or Town State Cuiver City California	
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	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) EVAN WAYNE EASLEY M.D. <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) September 12, 2011		21c. HOUR OF DEATH 08:30	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Easley, Evan Wayne		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) Evan Wayne Easley M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410		23b. LICENSE NUMBER 7446		24a. REGISTRAR (Signature) NICOLE SHORE <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 14, 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) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Diabetes Mellitus DUE TO, OR AS A CONSEQUENCE OF: (d) Hypertension	
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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

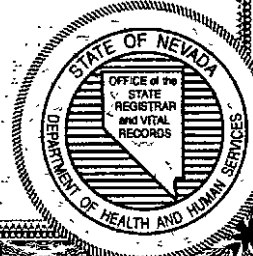
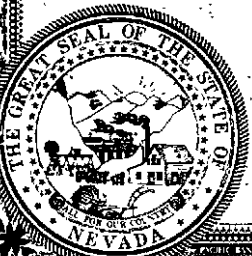
703576 CERTIFIED COPY OF VITAL RECORDS

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: 09/19/2011

Rud White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



CERTIFICATION OF VITAL RECORD

STATE OF COLORADO
 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
 HOLD TO LIGHT TO VIEW WATERMARK

STATE OF COLORADO
 CERTIFICATE OF DEATH

STATE FILE NUMBER

Amended 7362A

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last) Shirley Ann DORNAN 2 SEX F 3 DATE OF DEATH (Month, Day, Year) November 25, 2011

4 SOCIAL SECURITY NUMBER 3445 5a AGE - Last Birthday (Years) 77 5b UNDER 1 YEAR Mos Days Yrs Mins 5c UNDER 1 DAY 6 DATE OF BIRTH (Month, Day, Year) July 21, 1934 7 BIRTHPLACE (City and State of Foreign Country) Oakland, CA

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No 9a PLACE OF DEATH (Check only one) HOSPITAL Infant Other Outpatient DDDA OTHER Nursing Home Residence Other (Specify)

9b FACILITY NAME (if not institution, give street and number) Penrose-St. Francis Health Services 9c CITY, TOWN, OR LOCATION OF DEATH Colorado Springs 9d COUNTY OF DEATH El Paso

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Registered Nurse 10b KIND OF BUSINESS/INDUSTRY Healthcare 11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed 12 SPOUSE (if wife, give maiden name) Donald Dornan

13a RESIDENCE-STATE COLORADO 13b COUNTY El Paso 13c CITY, TOWN, OR LOCATION Colorado Springs 13d STREET AND NUMBER 4866 St. Augustine Court

13e INSIDE CITY LIMITS? Yes No 13f ZIP CODE 80918 14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes Specify 15 RACE: American Indian, Black, White, etc. (Specify) White 16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) 17+

PARENTS

17 FATHER-NAME (First, Middle, Last) Stuart Laughlin Armstrong 18 MOTHER-NAME (First, Middle, Last (Maiden Name)) Albertine Clair Twohey 19 INFORMANT-NAME and relationship to decedent. Donald Dornan, Jr. - Son

DISPOSITION

20a METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify) 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Holy Cross Cemetery 20c LOCATION - City or Town, State Culver City, CA

21a SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH [Signature] 21b NAME AND ADDRESS OF FACILITY: Cappadona Funeral Home, 1020 E Fillmore Street, Colorado Springs, CO ZIP 80907

22a REGISTRAR'S SIGNATURE [Signature] 22b DATE FILED (Month, Day, Year) DEC 09 2011

23 TIME OF DEATH 1239 24 DATE PRONOUNCED DEAD Month November Day 25 Year 2011 Hour 1239 25 WAS CORONER NOTIFIED? (Yes or No) Yes

CERTIFIER

26 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN: Signature [Signature] 27 TO BE COMPLETED BY CORONER: Signature [Signature]

28 DATE SIGNED (Month, Day, Year) 12/02/2011 29 DATE SIGNED (Month, Day, Year) 12/5/2011

30 NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) Samuel A. Piedad Jr., M.D., 2222 North Nevada Avenue Suite 5003, Colorado Springs, CO ZIP 80907

31 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)

CAUSE OF DEATH

32 MANNER OF DEATH Natural Pending Investigation Accident Suicide Undetermined Manner Homicide

33a DATE OF INJURY (Month, Day, Year) 33b TIME OF INJURY M 33c INJURY AT WORK? Yes No 33d DESCRIBE HOW INJURY OCCURRED

33e PLACE OF INJURY: At home, farm, street, factory, office building, etc (Specify) 33f LOCATION (Street and Number or Rural Route Number, City, County, State)

34 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone

(a) CHRONIC RESPIRATORY DISEASE Interval between onset and death: MINUS

(b) ACUTE RESPIRATORY FAILURE Interval between onset and death: MINUS

(c) Interval between onset and death

PART (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g. alcohol abuse, obesity, smoker)

35 AUTOPSY (Yes or No) No 36 IF YES were findings considered in determining cause of death?

December 9, 2011

Ronald S. Hyman
 RONALD S. HYMAN
 STATE REGISTRAR

DATE ISSUED

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.



REV 01/07

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