

APN: 1420-34-201-012

After Recording Mail to:

Terril Morris, Successor Trustee
Laverne Robinson 1998 Trust
2707 Kayne Ave.
Minden, NV 89423

Mail Tax Statements to:
same

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-0412 PG-4838 RPTT: 0.00



The undersigned affirms that this document **does** contain the social security number of a person or persons, as required by NRS 440.380. (NRS 239B.030).

**AFFIDAVIT OF DEATH OF TRUSTEE
SUCCESSION OF SUCCESSOR TRUSTEE**

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Terril Morris of Minden, Nevada, being first duly sworn, does hereby swear under penalties of perjury under the laws of the State of Nevada that the following statements are true:

- (1) By instrument dated June 15, 1998, Laverne D. Robinson executed the Laverne Robinson 1998 Trust ("Trust").
- (2) Said Trust appointed Donna Patino as the first Successor Trustee upon the death, disability or mental incapacity of Laverne Robinson. Terril Morris was appointed to serve as second Successor Trustee in the event Donna Patino ceases to serve for any reason.
- (3) Laverne D. Robinson, a resident of Douglas, County, Nevada, died on February 19, 2012 in Carson City, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificates of Laverne D. Robinson.
- (4) Donna Patino resigned as first Successor Trustee effective March 9, 2012, which resignation was recorded in the official records of the Douglas County Recorder in Book 0312, Page 4604 as Document No. 0799216 on March 21, 2012.
- (5) Pursuant to the terms of the Trust, I have assumed the duties of Successor Trustee.
- (6) The following described real property is part of the trust estate:

All that portion of the Southwest 1/4 of the Northwest 1/4 of Section 34 in Township 14 North, Range 20 East, M.D.B.&M. more particularly described as

Commencing at the 1/4 corner common to Sections 33 and 34 in such

Township; thence North 89° 55'20" East, 661.70 feet; thence North 0°02'47" East 170.80 feet to the true point of beginning; thence North 0°02'47" East 140.80 feet; thence North 89°55'20" East 330 feet; thence South 0°02'47" West 140.80 feet; thence South 89°55'20" West 330 feet to the true point of beginning.

A.P.N. 21-170-44

Per NRS 111.312, this legal description was previously recorded in Book 0598, Pages 2481-82, as Document No. 0439535, on May 13, 1998.

(7) I am authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

Dated this 15 day of March, 2012.

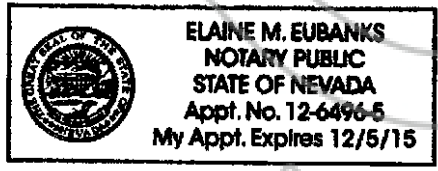
Terril Morris
TERRIL MORRIS

STATE OF NEVADA)
) : ss.
COUNTY OF DOUGLAS)

On 03/15, 2012, before me, Elaine M. Eubanks, Notary Public, personally appeared TERRIL MORRIS, personally known to me (or 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.

WITNESS my hand and official seal.

Elaine M Eubanks
NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2012002680

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) LaVerne D ROBINSON		2. DATE OF DEATH (Mo/Day/Year) February 19, 2012		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name,(if not either, give street and number) Carson Tahoe Regional Medical Center		3d. If Hosp or Inst. indicate DOA,OP,Emer Rm Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		7c. UNDER 1 DAY MOS: _____ DAYS: _____ HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) August 25, 1924		9a. STATE OF BIRTH (If not U.S.A., name country) South Dakota		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 3596		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary		14b. KIND OF BUSINESS OR INDUSTRY State Of Nv Dept. Of Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2707 Kayne Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Albert FIEDLER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Minnie LIPELT		
18a. INFORMANT- NAME (Type or Print) Terry MORRIS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2707 Kayne Ave Minden, Nevada 89423		
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 <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21. 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) DAVID HOWARD JOHNSON M.D. <i>SIGNATURE AUTHENTICATED</i>			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) February 22, 2012		21c. HOUR OF DEATH 06:15		22b. DATE SIGNED (Mo/Day/Yr):	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David Howard Johnson M.D. 1624 Library Lane Minden, NV 89423				23b. LICENSE NUMBER 4143	
24a. REGISTRAR (Signature) NICOLE SHORE <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 23, 2012		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) Congestive Heart Failure and Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
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)			
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



BK- 0412
PG- 4840

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VRS-Rev 20110124

424043

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: **02/24/2012**

R. D. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

