



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).

Kristin M. Kaminski
Kristin M. Kaminski
ANDERSON, DORN & RADER, LTD.

APN: 1318-24-701-006

RECORDING REQUESTED BY:
Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:
J. BLAINE WINES
P.O. Box 2217
Stateline, NV 89449

MAIL TAX STATEMENT TO:
J. BLAINE WINES
P.O. Box 2217
Stateline, NV 89449

AFFIDAVIT OF DEATH OF TRUSTEE

I, J. BLAINE WINES, 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 December 14, 2010, JONI WINES and I executed the WINES LIVING TRUST ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of JONI WINES.
- (3) JONI WINES deceased on January 25, 2012, at Reno, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said JONI WINES.



(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.

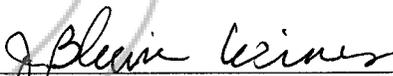
(5) The following described real property is part of the Trust estate: See Exhibit "B" attached.

(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.

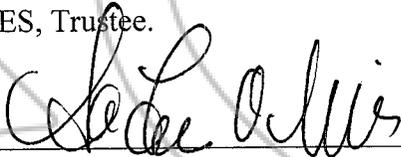
Executed on March 2, 2012, at Reno, Nevada.



J. BLAINE WINES, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

SUBSCRIBED AND SWORN TO before me this 2nd day of March, 2012, by J. BLAINE WINES, Trustee.



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2012001564

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) Marcia Joni WINES		2. DATE OF DEATH (Mo/Day/Year) January 25, 2012		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. of Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 85	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 10, 1926	
9a. STATE OF BIRTH (If not U.S.A., name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) James Blaine WINES		13. SOCIAL SECURITY NUMBER ████████ 4403	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Child Care Worker (in Own Home)		14b. KIND OF BUSINESS OR INDUSTRY Child Day Care (in Own Home)		15. Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline	
15d. STREET AND NUMBER 245 Logging Road Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Lloyd D MCKEE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pauline SCOTT		18a. INFORMANT - NAME (Type or Print) James Blaine WINES III		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 25 Martell Place Sparks, Nevada 89441	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town - State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 1745 Sullivan Lane Sparks NV 89431	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) DAVID RITCHIE MD 1155 Mill St Reno, NV					
23b. LICENSE NUMBER 13897					
24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 06, 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) Intracranial hemorrhage - nontraumatic Interval between onset and death					
(b) Unknown etiology Interval between onset and death					
(c) Unknown etiology Interval between onset and death					
(d) Unknown etiology Interval between onset and death					
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) No		28a. ACC. SUICIDE, HOMICIDE, 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 512
PG-3948

802562 Page: 3 of 4 05/18/2012

VRS-Rev-20110104

000074254

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.

02/07/2012

DEPUTY REGISTRAR

Joseph P. Iser M.D., D.P.H., M.S.
SIGNATURE AUTHENTICATED

DATE ISSUED:

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

PBNC0 (Rev) 12/09





EXHIBIT "B"

Legal Description:

The Northwest ¼ of the Northeast ¼ of the Southeast ¼ of Section 24, Township 13 North, Range 18 East, M.D.B. & M.

EXCEPTING THEREFROM that portion lying within Kingsbury Grade.

FURTHER EXCEPTING THEREFROM:

Commencing at the Northeast corner of Lot 6 of Ansaldo Acres as recorded October 26, 1959 as Document No. 15143 of the Official Records of Douglas County, Nevada;

Thence North 07°53'55" West, a distance of 436.38 feet to the TRUE POINT OF BEGINNING;

Thence North 37°39'11" West, a distance of 19.00 feet to a point;

Thence along a Tangent curve to the right having a radius of 110 feet through a central angle of 175°56'10" a distance of 78.67 feet to a point;

Thence South 00°00'49" West, a distance of 16.00 feet to a point;

Thence North 87°49'11" West, a distance of 18.00 feet to a point;

Thence South 74°00'49" West, a distance of 16.50 feet to a point;

Thence South 66°30'49" West, a distance of 14.00 feet to a point;

Thence South 59°30'49" West, a distance of 18.50 feet to the TRUE POINT OF BEGINNING.

AND FURTHER EXCEPTING THEREFROM that portion of said land as described in Deed to the State of Nevada in document recorded March 1, 1989 in Book 389, Page 020, as Document No. 197305.

PER NRS 111.312, THIS LEGAL DESCRIPTION WAS PREVIOUSLY RECORDED ON 1/10/11 AS DOCUMENT NO. 776685, OFFICIAL RECORDS, DOUGLAS COUNTY, STATE OF NEVADA.

APN: 1318-24-701-006