

Assessor's Parcel Number: 1220-16-810-096

Recording Requested By:

Name: Lifeline Estate Services, Inc.

Address: 3708 Lakeside Dr #202

City/State/Zip Reno, NV 89509

Real Property Transfer Tax:

DOC # 812822
11/14/2012 09:45AM Deputy: SG
OFFICIAL RECORD
Requested By:
Lifeline Estate Services
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-1112 PG-3672 RPTT: 0.00



\$ 0

Aff. Death of Trustee

(Title of Document)

Legal Description:

APN#: 1220-16-810-096

**LOT 9, BLOCK H, AS SHOWN ON THE MAP OF GARDNERVILLE EANCHOS
UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF
DOUGLAS COUNTY, NEVADA, ON APRIL 10, 1967, AS DOCUMENT NO.
35914.**

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.



**AFFIDAVIT REGARDING DEATH OF TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE**

The undersigned, Susan E.D Bryant, hereby declares that, RUTH M. BRYANT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RUTH M. BRYANT, named as one of the initial Trustee's in that certain Declaration of Trust titled the RUTH BRYANT TRUST DATED OCTOBER 15, 1998

Declarant further declares that she is the successor Trustee named in the Declaration of and that she hereby assumes the position as sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 14 day of December, 2010, in the city of Reno, County of Washoe, Nevada.

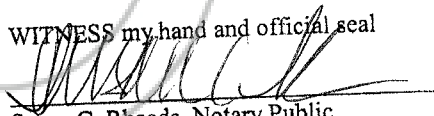

Susan E.D Bryant, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On December 14, 2010, before me, Susan C. Rhoads, a Notary Public in and for said County and State, personally appeared Susan E.D Bryant, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to 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




Susan C. Rhoads, Notary Public
Washoe County, Nevada
My commission expires 07/23/2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES



BK 1112 PG-3674

DIVISION OF HEALTH RECORDS 812822 Page: 3 of 3 11/14/2012

VITAL STATISTICS

CERTIFICATE OF DEATH

2010018174

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) Ruth Margaret BRYANT		2. DATE OF DEATH (Mo/Day/Year) November 30, 2010		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) 1340 Wheeler Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 12, 1925		9a. STATE OF BIRTH (if not U.S.A., name country) Minnesota		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 3597		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1340 Wheeler Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Hans C BERGERUD	
17. MOTHER - NAME (First Middle Last Suffix) Hilda P ONGSTAD		18a. INFORMANT - NAME (Type or Print) Susan BRYANT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5026 West 119th St. Hawthorne, California 90250	
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KELLE BROGAN M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) December 06, 2010		21c. HOUR OF DEATH 08:18		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle Brogan M.D. 429 Elm Street Reno, NV 89503		23b. LICENSE NUMBER 6000		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 06, 2010		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 DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death		Interval between onset and death	
PART II		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

3568648

VRS-Rev-20100216

353946

CERTIFIED COPY OF VITAL RECORDS

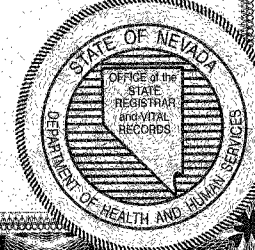
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

12/07/2010

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE