



Recording requested by:

Title Source  
662 Woodward Ave  
Detroit MI 48226

AND WHEN RECORDED MAIL TO:

Title Source  
662 Woodward Ave  
Detroit MI 48226

568571g-1353144

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF TRUSTEE**



STATE OF NEVADA ) *CK OHIO*  
COUNTY OF DOUGLAS ) *HAMILTON*

Gerald M. Marks of legal age, being first duly sworn, deposes and says:

1. Sylvia C. Marks is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated 7/16/2007, executed by Gerald M. Marks and Sylvia C. Marks, as Trustees
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on 9/13/2007, as Liber/Book 0907, Page/Folio 2667, in Official Records of Douglas County, Nevada, describing the following real property:

Tax Id Number(s): 1420-35-410-003  
Land Situated in the County of Douglas in the State of NV

LOT 27 IN BLOCK C AS SET FORTH ON THE FINAL SUBDIVISION MAP FSM #94-04-01 FOR SKYLINE RANCH PHASE 1, FILED FOR RECORD WITH DOUGLAS COUNTY RECORDER ON MAY 11, 2001, IN BOOK 501, OF OFFICIAL RECORDS, PAGE 3298, AS DOCUMENT NO. 514006.  
Commonly known as: 1609 Shirley Street, Minden, NV 89423

I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated: 10/27/12

*Gerald M. Marks*  
Gerald M. Marks

Subscribed and sworn to (or affirmed) before me on this 27 day of OCTOBER, 2012 by GERALD MARKS

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Carol Kunstman

(This area for notary stamp)

*Expired 7/15/2012*



CERTIFICATION OF VITAL RECORD

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

2010009224
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

Main form containing fields for deceased name (Sylvia Catherine MARKS), date of death (June 11, 2010), county (Douglas), city (Minden), parents (Joe O ARECHAVALETA, Mary BEDIA), certifier (STEVEN MICHAEL BROWN M.D.), registrar (JENELLE ENGLISH), and cause of death (Pancreatobiliary Carcinoma).

STATE REGISTRAR



BK 1112
PG-6182

813328 Page: 2 of 3 11/26/2012

VRS-Rev-20080602

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: 06/28/2010

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

Signature of Registrar: R. D. White, STATE REGISTRAR, SIGNATURE AUTHENTICATED

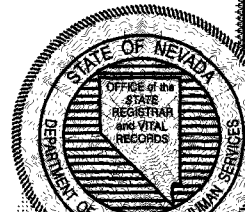




EXHIBIT A - LEGAL DESCRIPTION

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