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Doc Number: **0813463**

11/28/2012 10:21 AM

OFFICIAL RECORDS

Requested By
LES BORGES RANCHES

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00

Bk: 1112 Pg: 7033



Deputy: ar

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

STEVEN D. CRABTREE
HERUM\CRABTREE
A California Professional Corporation
5757 Pacific Ave., Suite 222
Stockton, California 95207

MAIL TAX STATEMENTS TO:

Darlene M. Borges
255 Jersey Lane
Fernley, NV 89408

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT -- DEATH OF TRUSTEE

STATE OF NEVADA)
)
COUNTY OF LYON)

The undersigned, **DARLENE M. BORGES**, of legal age, being first duly sworn, deposes and says under penalty of perjury:

1. **LESLIE G. BORGES** and **DARLENE M. BORGES** were the initial Co-Trustees of the **LESLIE G. BORGES AND DARLENE M. BORGES FAMILY TRUST** dated July 14, 1994 ("Trust").
2. **LESLIE G. BORGES** also known as **LESLIE GERALD BORGES, JR.** died on September 19, 2011, and a certified copy of his death certificate is attached hereto and made a part hereof by this reference.
3. Article III, Section 1 of the Trust provides that **DARLENE M. BORGES**, as the surviving Trustee, shall be the sole Trustee upon the death of **LESLIE G. BORGES**.
4. The decedent named in the attached certified copy of Certificate of Death is the same person as **LESLIE G. BORGES** named as one of the initial Trustees of the Trust, which is the grantee in the deed described below, and is the same person as one of the Trustees named in that certain Grant Deed dated December 6, 2005, executed by **RAMSDEN PROPERTIES, LTD.**, a limited liability company, recorded as Doc No. 0663927, BK-1205, PG 9535, on

December 21, 2005, in the Official Records of Douglas County, Nevada, covering the real property more particularly described in Exhibit "A" attached hereto and made a part hereof

5. This Affidavit - Death of Trustee is recorded to establish that the sole Trustee of the Trust is DARLENE M. BORGES.

Dated: November 13th, 2012

Darlene M Borges
DARLENE M. BORGES, Trustee

STATE OF NEVADA)
)
COUNTY OF LYON)

Subscribed and sworn to (or affirmed) before me on this 13th of November, 2012, by DARLENE M. BORGES, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature *[Handwritten Signature]* (Seal)

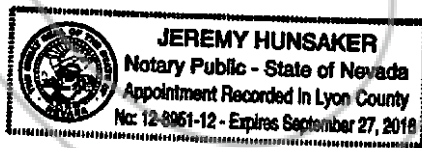


EXHIBIT "A"

The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

Being a portion of Block K as shown on the Final Map #1015-02 for the Carson Valley Business Park Phase 2, recorded in the office of the Douglas County Recorder, State of Nevada, on September 3, 1998, in Book 998, at Page 562, as File No. 448664, Official Records further described as follows:

Parcel 40H as shown on Record of Survey for Carson Valley Business Park (A Commercial Subdivision) filed for record in the office of the County Recorder of Douglas County, State of Nevada on April 25, 2005 in book 0405, Page 9611, as Document No. 642544.

APN: 1320-04-001-073

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2011014893

STATE FILE NUMBER

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Leslie Gerald BORGES JR		2. DATE OF DEATH (Mo/Day/Year) September 19, 2011		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 or Inst. indicate DOA,OP, Emer Rm. Inpatient(Specify) Inpatient	
5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 70	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) February 13, 1941	
9a STATE OF BIRTH (If not U.S.A. name country) California		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) Darlene Marie SIRSI			
13 SOCIAL SECURITY NUMBER 8300		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Dairyman/farmer		14b. KIND OF BUSINESS OR INDUSTRY Agriculture	
15a RESIDENCE - STATE Nevada		15b. COUNTY Churchill		15c. CITY, TOWN OR LOCATION Fallon	
15d. STREET AND NUMBER 255 Jersey Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Leslie BORGES SR			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Norma BETTENCOURT		
18a. INFORMANT- NAME (Type or Print) Darlene Marie BORGES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 255 Jersey Lane Fernley, Nevada 89408			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Churchill County Public Cemetery		19c. LOCATION City or Town State Fallon Nevada 89406	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LORRETTA GUAZZINI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 600		20c. NAME AND ADDRESS OF FACILITY The Gardens 2949 Austin Hwy Fallon NV 89406	
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) HILLARY BARNES MD <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) September 22, 2011		21c. HOUR OF DEATH 22:10		22b DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) HILLARY BARNES MD, 1155 Mill St Reno, NV, 89502					23b. LICENSE NUMBER LL1951
24a REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 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). Interval between onset and death					
PART I					
(a) Cerebrovascular accident Interval between onset and death					
(b) Cardiopulmonary arrest Interval between onset and death					
(c) Unknown etiology Interval between onset and death					
(d) 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, 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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BK : 1112
PG : 7036

11/28/2012 10 21 AM

VRS-Rev-20110104

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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.

09/28/2011

DEPUTY REGISTRAR

Joseph P. Iser M.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.

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

3615850

