



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: 1420-33-410-021

RECORDING REQUESTED BY:

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

AFTER RECORDING MAIL TO:

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

MAIL TAX STATEMENT TO:

ANDREA LYNN HUNTER, Trustee
2644 Sweet Clover Court
Minden, Nevada 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, ANDREA LYNN HUNTER, 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 June 26, 2002, DONALD C. HUNTER and I executed the HUNTER LIVING TRUST ("Trust").

(2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of DONALD C. HUNTER.

(3) DONALD C. HUNTER deceased on November 23, 2012, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said DONALD C. HUNTER.



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

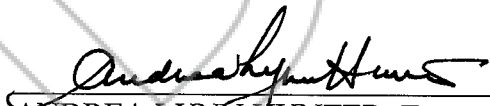
(5) The following described real property is part of the Trust estate: See Exhibit "B" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole 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 sole Trustee.

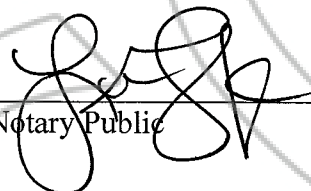
Executed on this 9th day of January, 2013, at Reno, Nevada.



ANDREA LYNN HUNTER, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF Washoe)

SUBSCRIBED AND SWORN TO before me this 9th day of January, 2013, by ANDREA LYNN HUNTER, Trustee.



Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2012018988

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Donald Clay HUNTER		2. DATE OF DEATH (Mo/Day/Year) November 23, 2012		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 2644 Sweet Clover Court		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
	7b. UNDER 1 YEAR MOS: DAYS		7c. UNDER 1 DAY HOURS: MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 23, 1936	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Andrea Lynn OFFIN		13. SOCIAL SECURITY NUMBER 3567	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Chevron Corp		15. Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2644 Sweet Clover Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Alexander C HUNTER	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Clarice Fern CARMICHAEL		18a. INFORMANT- NAME (Type or Print) Andrea Lynn HUNTER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2644 Sweet Clover Court Minden, Nevada 89423	
TRADE CALL	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) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CHRISTOPHER FORMAN M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) November 27, 2012		21c. HOUR OF DEATH 11:05	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		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) Dr. Christopher Forman M.D. 2874 N. Carson Street, Suite 2 Carson City, NV 89706		23b. LICENSE NUMBER 5528		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 03, 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	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Renal Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Multiple Myeloma DUE TO, OR AS A CONSEQUENCE OF: (c) Pancytopenia DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death 4 Weeks Interval between onset and death 6 Years Interval between onset and death Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR



BK 113
PG-7935

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VRs-Rev-20120523a

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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.

DATE ISSUED: 12/03/2012

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

[Signature]
SIGNATURE AUTHENTICATED

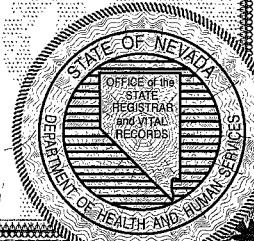




EXHIBIT "B"

Legal Description:

Lot 31 as set forth upon that Final Map entitled Wildhorse Annex Unit No. 2, a planned unit development, recorded October 10, 1994 in Book 1094 at Page 1490, Official Records of Douglas County, State of Nevada, as Document No. 348105.

Excepting therefrom all minerals, oil, gas and other hydrocarbons as deeded to Stock Petroleum Co., Inc., in document recorded March 13, 1980 in Book 380, Page 1315, as Document No. 42677, Official Records of Douglas County, Nevada.

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