

DOC # 819332
03/05/2013 09:35AM Deputy: PK

OFFICIAL RECORD

Requested By:

Anderson, Dorn, & Rader, L
Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 4 Fee: \$17.00

BK-313 PG-772 RPTT: 0.00



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: 1320-30-311-002

RECORDING REQUESTED BY:

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

WHEN RECORDED MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Ste, 860
Reno, Nevada 89521

MAIL TAX STATEMENTS TO:

E. MARION EAKLE, Trustee
P.O. Box 638
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

We, E. MARION EAKLE and MACK FINCHUM, 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 November 2, 2007, WILLIAM E. EAKLE and E. MARION EAKLE executed the EAKLE LIVING TRUST ("Trust").

(2) Said trust was amended to appoint us to serve as Successor Co-Trustees upon the death or incapacity of WILLIAM E. EAKLE.

(3) WILLIAM E. EAKLE deceased on January 10, 2013 at Carson City, Nevada, a resident of Douglas County, Nevada. A certified copy of the death certificate of WILLIAM E. EAKLE is attached hereto.



(4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Successor Co-Trustees.

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

(6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Co-Trustees 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 us as Successor Co-Trustees.

Executed on this 12th day of February, 2013, in the City of Reno, State of Nevada.

Trustors and Trustees:

E. Marion Eakle
E. MARION EAKLE, Trustee

Mack Finchum
MACK FINCHUM, Trustee

STATE OF NEVADA)
 SS
COUNTY OF WASHOE)

This instrument was signed and sworn (or affirmed) before me on February 12, 2013 by E. MARION EAKLE and MACK FINCHUM.

Lauren Gregorek
Notary



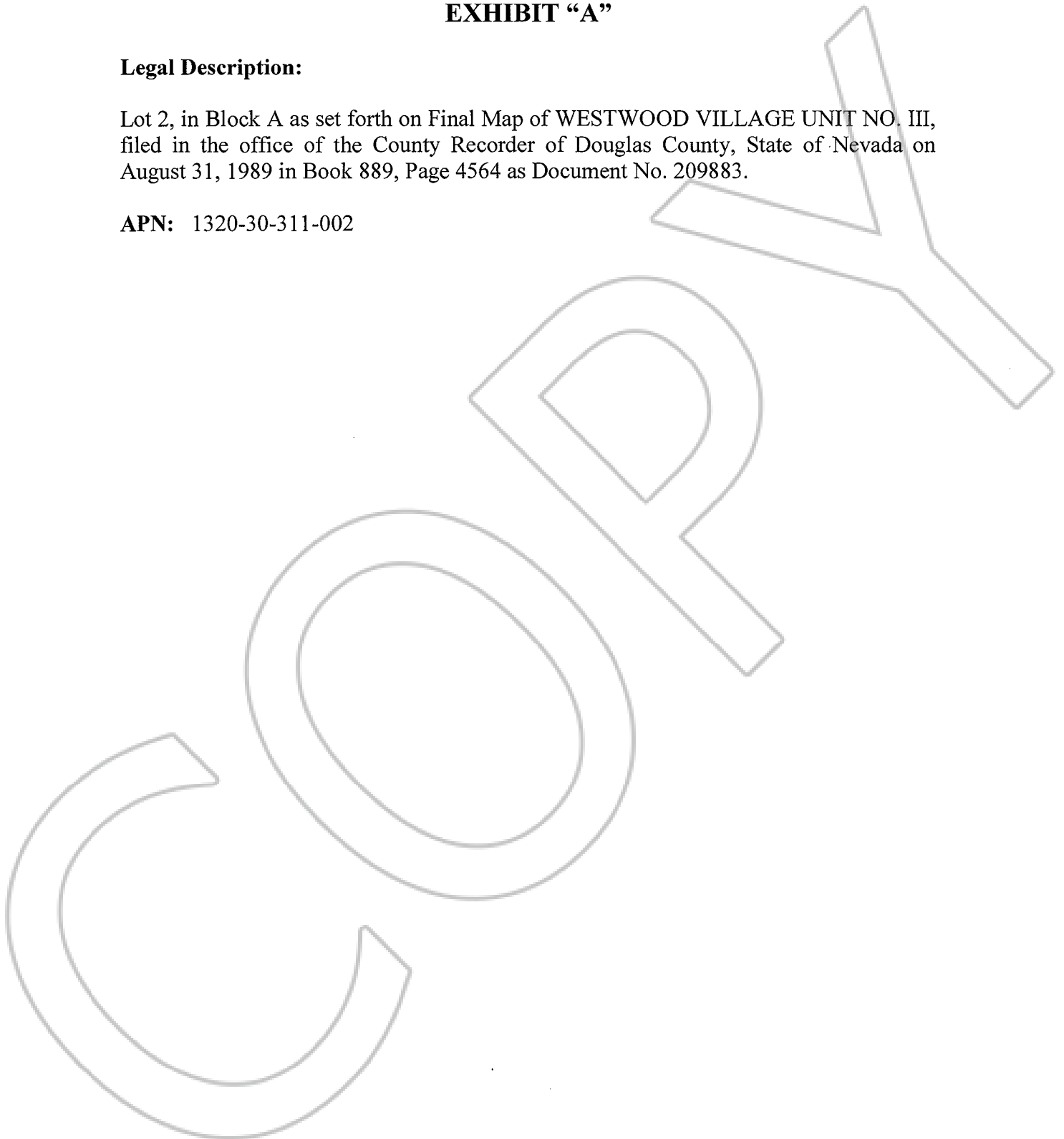


EXHIBIT "A"

Legal Description:

Lot 2, in Block A as set forth on Final Map of WESTWOOD VILLAGE UNIT NO. III, filed in the office of the County Recorder of Douglas County, State of Nevada on August 31, 1989 in Book 889, Page 4564 as Document No. 209883.

APN: 1320-30-311-002



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2013000631
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) William E EAKLE		2. DATE OF DEATH (Mo/Day/Year) January 10, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Carson Tahoe Regional Medical Center		3d. 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) 88	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Marion NEAL		8. DATE OF BIRTH (Mo/Day/Yr) April 04, 1924	
13. SOCIAL SECURITY NUMBER 1637		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Cpa		14b. KIND OF BUSINESS OR INDUSTRY Own Business	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1729 Westwood Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Harrison EAKLE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dolly PRATT		
18a. INFORMANT- NAME (Type or Print) Mack FINCHUM		18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State, Zip) 855 Maplewood Dr. Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) JORGE SALLABERRY MD SIGNATURE AUTHENTICATED		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) January 16, 2013		21c. HOUR OF DEATH 04:20		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) Dr. Jorge Sallaberry MD 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 12639
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 18, 2013		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) Cardiopulmonary Failure				Interval between onset and death	
(b) Hypoxemia				Interval between onset and death	
(c) Aspiratory Pneumonia				Interval between onset and death	
(d) Cerebrovascular Accident				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					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



BK 313
PG-775

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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:

01/18/2013

R. J. White
SIGNATURE AUTHENTICATED

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

