



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: 1419-01-801-003

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

AFTER RECORDING MAIL TO:
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:
Western National Trust Company
PO Box 40430
Reno, NV 89504

AFFIDAVIT OF DEATH OF TRUSTEE

Western National Trust Company, the undersigned, affirms under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated March 8, 2006, Alma Jean Magill executed the Magill Living Trust ("Trust").
- (2) Said trust appointed us to serve as Successor Trustee upon the death or incapacity of Alma Jean Magill.
- (3) Alma Jean Magill died on March 14, 2013, at Reno, Nevada, a resident of Washoe County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Alma Jean Magill.



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

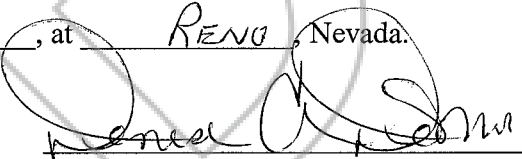
(5) The following described real property is part of the trust estate: See Exhibit "B" attached.

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

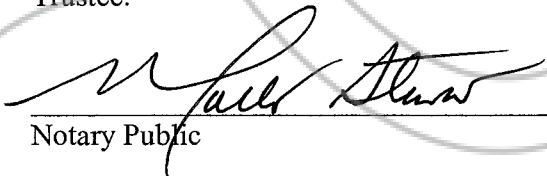
(8) The described property shall be transferred to us as Successor Trustee.

Executed on April 2, 2013, at RENO, Nevada.


Denise A. DeMarco, authorized representative of Western National Trust Company, Trustee.

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

SUBSCRIBED AND SWORN TO before me this 2nd day of April, 2013, by Denise A. DeMarco, authorized representative of Western National Trust Company, Trustee.


Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013004637

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) Alma J MAGILL		2. DATE OF DEATH (Mo/Day/Year) March 14, 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		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) 76	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
7e. UNDER 1 MIN MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 02, 1936		9. SEX Female	
9a. STATE OF BIRTH (If not U.S.A., name country) California		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 6291	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Office Manager		14b. KIND OF BUSINESS OR INDUSTRY Fabrication		15. Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3638 Cindys Trail		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT- NAME (First Middle Last Suffix) James Edward WILEY	
17. MOTHER/PARENT- NAME (First Middle Last Suffix) Marguerite Christine SCOTT		18a. INFORMANT- NAME (Type or Print) Cindy J MONAGHAN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 6965 El Camino Real 105-280 Carlsbad, California 92009	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) KAMERON FERDOWALI 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) March 22, 2013		21c. HOUR OF DEATH 18:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) KAMERON FERDOWALI MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 12745	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 25, 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). Interval between onset and death.					
PART I					
(a) Acute Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Pneumonia					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) _____					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) _____					
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 413
PG-6137

822184 Page: 3 of 4 04/22/2013

VRS-Rev-20120523a

477858

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:

03/29/2013

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

STATE REGISTRAR
Rod Whitt
SIGNATURE AUTHENTICATED

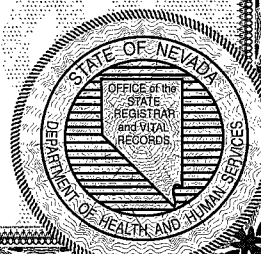




EXHIBIT "B"

Legal Description:

Being a portion of the Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 1, Township 14 North, Range 19 East, M.D.B.& M., more particularly described as follows:

Parcel 3, Parcel Map No. 1 for Ruth S. Bell, filed for record November 20, 1990 in Book 1190 of Official Records, Page 3104, Douglas County, Nevada, as Document No. 239399.

TOGETHER WITH a right of way for roadway purposes over all that land within the roadway areas shown on the Record of Survey recorded August 15, 1968, as File No. 41877.

TOGETHER WITH a right of way for roadway purposes over all that land within the roadway areas shown on the Record of Survey recorded August 22, 1968, as File No. 41941.

APN: 1419-01-801-003

Property Address: 3638 Cindy's Trail, Carson City, Nevada 89705