



Recording requested by:

And when recorded, mail to:

BOOKEY F. PERRY
1401 N SANTA BARBARA DR
MINDEN, NV 89423

APN: 1420-28-510-009

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)
County of Douglas) ss.

BOOKEY F. PERRY, of legal age, being first duly sworn, deposes and says:

1. JAMES ARTHUR PERRY the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES A. PERRY named as Trustee in the Declaration of Trustee dated MAY 8, 1995 and executed by JAMES A. PERRY as Trustor(s).

2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1401 NORTH SANTA BARBARA DRIVE, MINDEN, NV 89423 which property is described in a Deed which was executed by JAMES A. PERRY as Grantor(s) on February 28, 2003 and recorded as Instrument No. 568487, in Book/Reel 0203, Page/Image 12508, of Official Records of DOUGLAS County, Nevada

3. The legal description of said property is as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

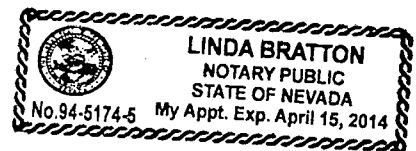
I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Dated 06/6/2013

Bookey F. Perry
SIGNATURE Bookey F. Perry

NOTARY SEAL

State of Nevada
County of Douglas
Subscribed and sworn to (or affirmed) before me on this 19th day of June, 2013, by Bookey F. Perry, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



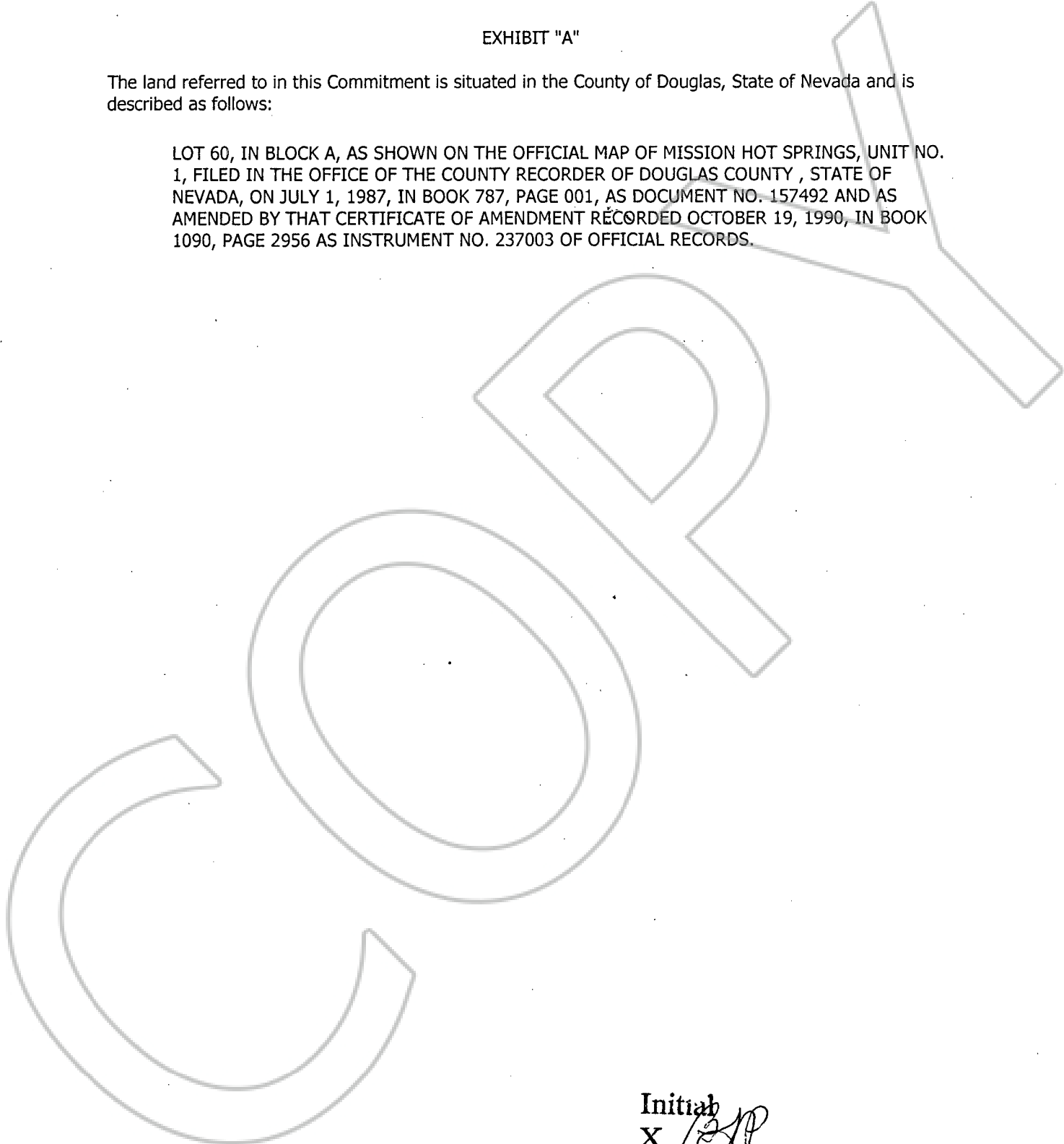
Date: 6/19/13
Linda Bratton
Notary Signature



EXHIBIT "A"

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

LOT 60, IN BLOCK A, AS SHOWN ON THE OFFICIAL MAP OF MISSION HOT SPRINGS, UNIT NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JULY 1, 1987, IN BOOK 787, PAGE 001, AS DOCUMENT NO. 157492 AND AS AMENDED BY THAT CERTIFICATE OF AMENDMENT RECORDED OCTOBER 19, 1990, IN BOOK 1090, PAGE 2956 AS INSTRUMENT NO. 237003 OF OFFICIAL RECORDS.



Initial
X BP
X _____

**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

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

2009017878
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
STARTING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Arthur PERRY		2. DATE OF DEATH (Mo/Day/Year) December 03, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Highway 395		3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Highway	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 30, 1939		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 25		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Bookey F PUSTULKA	
13. SOCIAL SECURITY NUMBER 5668		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Fire Captain-editor		14b. KIND OF BUSINESS OR INDUSTRY Fire Suppression And Rescue	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1401 N. Santa Barbara Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Joseph Bud PERRY	
17. MOTHER - NAME (First Middle Last Suffix) Mary Ann SPEER		18a. INFORMANT- NAME (Type or Print) Bookey F PERRY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1401 N. Santa Barbara Dr Minden, Nevada 89423	
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) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RON VALDESPINO SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) December 07, 2009		21c. HOUR OF DEATH 08:35	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) December 03, 2009		22b. PRONOUNCED DEAD AT (Hour) 08:35	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner RON VALDESPINO PO Box 218 Minden, NV 89423		23b. LICENSE NUMBER		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 10, 2009		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) Blunt Force Trauma DUE TO, OR AS A CONSEQUENCE OF: Automobile Accident. (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____	
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		26. DATE OF INJURY (Mo/Day/Yr) December 03, 2009		26. HOUR OF INJURY 0835	
26. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Street		26. DESCRIBE HOW INJURY OCCURRED Automobile Accident		27. AUTOPSY (Specify Yes or No) Yes	
28a. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Street		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Highway 395 Minden Nevada	

STATE REGISTRAR

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PG-6124
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VRS-Rev-20090602

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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: 12/22/2009

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

PBNC0 (Rev.) 11/06

Rud White
SIGNATURE AUTHENTICATED

