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OFFICIAL RECORDS
Requested By
MAUPIN COX & LEGOY

APN: 1319-34-002-026

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

WHEN RECORDED RETURN TO:
The Whittier Trust Company of Nevada, Inc.
Trustee, The Douglas L. Champlin Family Trust
c/o William E. Ramsey, President
100 West Liberty St., Suite 890
Reno, NV 89501

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Bk: 0713 Pg: 263



MAIL TAX STATEMENTS TO:
The Whittier Trust Company of Nevada, Inc.
Trustee, The Douglas L. Champlin Family Trust
c/o William E. Ramsey, President
100 West Liberty St., Suite 890
Reno, NV 89501

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does contain the social security number of a person or persons as required by law: NRS 40.525

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) .ss
COUNTY OF WASHOE)

William E. Ramsey, in my capacity as President for Whittier Trust of Nevada, Inc., as the Successor Trustee of The Douglas L. Champlin Family Trust (As Restated), under Trust Agreement dated November 28, 2011, being first duly sworn, deposes and says:

1. Douglas L. Champlin, the Decedent referenced in the certified Certificate of Death attached hereto, who died on May 20, 2013, was, until his death, and is the same person as Douglas L. Champlin, Trustee of The Douglas L. Champlin Family Trust (As Restated), in that certain Grant, Bargain and Sale Deed, dated November 28, 2011, executed by Douglas L. Champlin, Trustee of The Douglas L. Champlin Family Trust (As Restated), recorded as Document number 0795743 on January 13, 2012, Official Records of Douglas County, Nevada, covering the real property located in Douglas County, State of Nevada, the legal description of which is more particularly described in Exhibit 1 attached hereto.

2. That upon the death of Douglas L. Champlin, Whittier Trust Company of Nevada, Inc., became the Successor Trustee under The Douglas L. Champlin Family Trust (As Restated), dated November 28, 2011.

Dated this 17th day of June, 2013.

The Douglas L. Champlin Family Trust (As Restated)

By: [Signature]
William E. Ramsey, President
Whittier Trust Company of Nevada, Inc.,
Successor Trustee

STATE OF NEVADA)
) .ss
COUNTY OF WASHOE)

This Affidavit - Death of Trustee was acknowledged before me on 6/17, 2013, by William E. Ramsey, as the President of Whittier Trust Company of Nevada, Inc., as Successor Trustee of The Douglas L. Champlin Family Trust (As Restated), under the Trust Agreement dated November 28, 2011.



[Signature]
Notary Public

EXHIBIT 1

Parcel 1:

A parcel of land located within a portion of the South one-half (S1/2) of Section 34, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Parcel 1B of Parcel Map LDA 02-079 for JANICE G. HANSEN filed for record with the Douglas County Recorder on April 2, 2003 in Book 0403, Page 779, as Document No. 572184, Official Records of Douglas County, Nevada.

A portion of Assessors Parcel No. 1319-34-002-018

Parcel 2:

A non-exclusive Private Access Easement traversing the South 50 feet of Parcels 1, 3 and 4, and continuing in an East-West direction to a terminus point in Parcel 7, as shown on Land Map for HELEN M. CLARK TRUST recorded April 20, 1993 in Book 493, Page 3812 as Document No. 305160, Official Records of Douglas County, Nevada.

Parcel 3:

Rights of way as imposed in Cross Deeds of Private Equestrian Easement as recorded May 13, 1996, in Book 596, page 2128, Document No. 387652, Official Records of Douglas County, Nevada.

**"IN COMPLIANCE WITH NEVADA REVISED STATUE 111.312, THE
HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT
RECORDED MAY 27, 1997, BOOK 0597, PAGE 4271, AS FILE NO. 413326,
RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE
OF NEVADA."**

**"TOGETHER WITH ANY AND ALL WATER OR WATER RIGHTS, DITCH
OR DITCH RIGHTS APPURTENANT THERETO."**

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102- 2013-020800

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) DOUGLAS LLOYD CHAMPLIN		2. AKA'S (IF ANY)		3. DATE OF DEATH MAY 20, 2013	
4. SEX MALE	5. SOCIAL SECURITY NUMBER: 7469	6. DATE OF BIRTH 01/09/1941	7. AGE 72	8. UNDER 1 YEAR 8. MONTHS 9. DAYS 10. HOURS 11. MINUTES	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E R /OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input checked="" type="checkbox"/> OTHER OTHER RESIDENCE			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 8259 E. CHINO DR		15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: SCOTTSDALE 85255		16. COUNTY OF DEATH: MARICOPA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) ENID, OKLAHOMA		18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) LAUREL ANN RAETHER	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 240 HANSEN LN		21. CITY AND COUNTY: GARDNERVILLE, DOUGLAS		22. STATE NEVADA	
23. ZIP CODE 89460		24. EVER IN THE ARMED FORCES YES		25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN	
26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:		28. OCCUPATION: VENTURE CAPITALIST	
29. FATHER'S NAME (FIRST, MIDDLE, LAST) JOE NOBLE CHAMPLIN		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) JANE GERTRUDE EDWARDS			
31. INFORMANT'S NAME LAUREL ANN CHAMPLIN		32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS: 240 HANSEN LN, GARDNERVILLE, NEVADA 89460	
34. NAME AND ADDRESS OF FUNERAL FACILITY: NEPTUNE SOCIETY 1729 W. GREENTREE DRIVE #103, TEMPE, AZ		35. FUNERAL DIRECTOR: JEFF MARSHALL, FUNERAL DIRECTOR		36. LICENSE NUMBER: F1031	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: LIFEPLAN CREMATORY, PHOENIX, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY:	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART 1					
IMMEDIATE CAUSE OF DEATH	40. A LUNG CANCER - ADENOCARCINOMA		41. APPROXIMATE INTERVAL: MONTHS		
DUE TO OR AS A CONSEQUENCE OF:	42. B		43. APPROXIMATE INTERVAL:		
DUE TO OR AS A CONSEQUENCE OF:	44. C		45. APPROXIMATE INTERVAL:		
DUE TO OR AS A CONSEQUENCE OF:	46. D		47. APPROXIMATE INTERVAL:		
CAUSE OF DEATH PART II					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:		49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 0905
		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION					
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: HELEN JANE ROSS, M.D.		56. DATE CERTIFIED: 05/21/2013	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated		57. CERTIFIER'S ADDRESS: 13400 E SHEA BLVD SCOTTSDALE, AZ 85259-5404		58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ	
				59. DATE REGISTERED 05/23/2013	

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DATE ISSUED: 05/31/2013

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010.

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

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