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Doc Number: **0833699**

11/12/2013 11:22 AM

OFFICIAL RECORDS

Requested By:  
**GRANT E MYERS**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00  
Bk: 1113 Pg: 2385



Deputy: ar

APN: 1220-09-415-011

After Recording Mail to:

✓ Grant Myers, Trustee  
3460 Foothill Rd.  
Markleeville, CA 96120

Mail Tax Statements  
Grant Myers, Trustee  
3460 Foothill Rd.  
Markleeville, CA 96120

The undersigned affirms that this document **does** contain the social security number of a person or persons, as required by NRS 440.380. (NRS 239B.030).

**AFFIDAVIT OF DEATH OF TRUSTEES  
SUCCESSION OF SUCCESSOR TRUSTEE  
AND CERTIFICATE OF TRUST**

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

GRANT E. MYERS, of Markleeville, California, being first duly sworn, does hereby swear under penalties of perjury under the laws of the State of Nevada that the following statements are true:

(1) By instrument dated December 3, 1998, Henry C. Myers and Patricia Myers executed The Henry C. and Patricia Myers Trust ("Trust"). The Trust was amended by the First Amendment dated January 7, 2000, further amended by Second Amendment dated August 19, 2003, and further amended by a General Technical Amendment dated October 6, 2003.

(2) The Trust, as amended, appointed Grant E. Myers to serve as the Successor Trustee upon the death or incapacity of Henry C. Myers and Patricia Myers.

(3) Henry C. Myers died on July 14, 2010 in Douglas County, Nevada, of which he was a resident. Patricia Myers died on August 4, 2013 in Calaveras County, California, a resident of Calaveras County, California. Attached hereto as Exhibit "A" are certified copies of the death certificates of Henry C. Myers and Patricia Myers.

(4) Pursuant to the terms of the Trust, Grant E. Myers has assumed the duties of Successor Trustee.

(5) Grant E. Myers is authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in any property.

(6) Grant E. Myers is authorized to act on behalf of the Trust, and is vested with the following powers concerning the management of the Trust property, in addition to the powers now

or hereafter conferred under the laws of the State of California:

(a) To invest the trust estate in any common or preferred stocks, mutual funds, investment trusts, bonds, deeds of trust, notes, real estate, or other property the Trustee in the Trustee's discretion selects. The Trustee shall have the full power to invest the Trust funds without being restricted to forms of investments that the Trustee may otherwise be permitted to make by law.

(b) To manage, control, grant options on, purchase, sell (for cash or deferred payments), convey, exchange, partition, divide, improve and repair real and personal Trust property.

(c) To operate any business that the Trustee receives or acquires under the Trust for as long as the Trustee considers advisable.

(d) To retain, purchase, or otherwise acquire unproductive real or personal property.

(e) To hold securities or other property in the Trustee's own name or in a nominee's name, or to hold securities unregistered in such condition that ownership will pass by delivery.

(f) To lease Trust property for terms within or beyond the term of the Trust for any purpose.

(g) To lend money to any person, including the probate estate of either Trustor.

(h) To purchase property at its fair market value, as determined by the Trustee in the Trustee's discretion, from the probate estate of either Trustor.

(i) To carry insurance of the kinds and in the amounts the Trustee considers advisable, at the expense of the Trust, to protect the trust estate and the Trustee personally against any hazard.

(7) No other person has a right to the interest of the Trust in the described property.

(8) For the purpose of inducing all persons, organizations, corporations and entities including but not limited to any bank, broker, custodian, insurer, lender, title company, transfer agent, taxing authority, governmental agency, or party to act in reliance upon this Certificate of Trust, Trustee hereby represents, warrants and agrees that:

(a) If the Trust is revoked or amended under any circumstances, Trustee, his estate, heirs, successors and assigns will hold any person, organization, corporation or entity (hereinafter referred to collectively as "Person") harmless from any loss suffered, or liability incurred by such Person in acting in accordance with the instructions of the Trustee acting under the Trust Agreement or this Certificate of Trust prior to the receipt by such Person of actual notice of any such revocation or amendment.

(b) The powers conferred on the Trustee by the Trust Agreement as set out in this Certificate of Trust may be exercised by the Trustee alone and the Trustee's signature or act under the authority granted in the Trust Agreement may be accepted by Persons as fully authorized by the undersigned Trustee and with the same force and effect as if each was personally present, competent and acting on his own behalf.

(c) No Person who acts in reliance upon this Certificate of Trust or any representations the Trustee may make as to the fact that the Trustee's powers are then in effect, the scope of the Trustee's authority granted under the Trust Agreement, the Trustors' competency at the time the Trust Agreement was executed, the fact that the Trust Agreement has not been revoked, or the fact that the Trustee continues to serve as Trustee, shall incur any liability to the undersigned, our heirs or assigns for permitting the Trustee to exercise any such authority.

(9) The following described property located in Douglas County, Nevada is transferred to Grant E. Myers as Successor Trustee:

The real property situated in the State of Nevada, County of Douglas, unincorporated area is described as follows:

Lot 11, in Block 2, on the Final Map, 97-008-6, of SILVERANCH PHASE 6, filed in the Office of the County Recorder of Douglas County, State of Nevada, on August 23, 2001, in Book 0801, Page 6153, as Document No. 521220. Assessor's Parcel No. 1220-09-415-011.

Per NRS 111.312, this legal description was previously recorded as Document No. 0718482 in Book 0208 at Page 5407 on February 25, 2008.

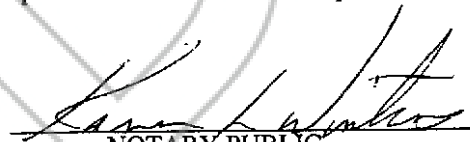
Dated this 12<sup>th</sup> day of November, 2013.

  
GRANT E. MYERS

STATE OF NEVADA )  
 )  
 ) : ss.  
 )  
COUNTY OF DOUGLAS )

On November 12, 2013, before me, Karen L. Winters, Notary Public, personally appeared GRANT E. MYERS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

  
NOTARY PUBLIC

**KAREN L. WINTERS**  
Notary Public  
STATE OF NEVADA  
No.90-1742-5 Exp.1/30/14

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

# COUNTY OF CALAVERAS

SAN ANDREAS, CALIFORNIA

### CERTIFICATE OF DEATH

3201305000232

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES / NO ROUTES OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>PATRICIA</b>		2. MIDDLE		3. LAST (Family) <b>MYERS</b>	
AKA, ALSO KNOWN AS - Include 1st AKA (FIRST, MIDDLE, LAST) <b>PATRICIA M. MYERS</b>		4. DATE OF BIRTH mm/dd/yyyy <b>05/25/1927</b>	5. AGE Yrs. <b>86</b>	6. UNDER ONE YEAR Males: <input type="checkbox"/> Females: <input type="checkbox"/>	7. HOURS IN HOUR Males: <input type="checkbox"/> Females: <input type="checkbox"/>
8. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>	10. SOCIAL SECURITY NUMBER <b>5509</b>	11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at Time of Death) <b>WIDOWED</b>	13. DATE OF DEATH mm/dd/yyyy <b>08/04/2013</b>	14. HOUR (24 Hours) <b>1340</b>
13. EDUCATION - Highest Level/Type (List degrees last worksheet on back) <b>HS GRADUATE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) <b>CAUCASIAN</b>			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION <b>25</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1330 CALAVERITAS RD., SP. 101</b>		21. CITY <b>SAN ANDREAS</b>		22. ZIP CODE <b>95249</b>	23. STATE/FOREIGN COUNTRY <b>CA</b>
26. INFORMANT'S NAME, RELATIONSHIP <b>GRANT MYERS, SON</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or local route number, city or town, state and zip) <b>3460 FOOTHILL RD., MARKLEEVILLE, CA 96120</b>			
28. NAME OF SURVIVING SPOUSE/SPOPE - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST <b>EDWARD</b>		32. MIDDLE		33. LAST <b>KELLY</b>	
34. BIRTH STATE <b>CA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>CLARA</b>		36. MIDDLE	
37. LAST (BIRTH NAME) <b>SMITH</b>		38. BIRTH STATE <b>SD</b>			
39. DEPORTATION DATE mm/dd/yyyy <b>08/13/2013</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF GRANT MYERS</b> <b>3460 FOOTHILL RD., MARKLEEVILLE, CA 96120</b>			
41. TYPE OF FUNERAL SERVICE <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>TRIDENT SOCIETY</b>		45. LICENSE NUMBER <b>FD1833</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>MADALINE KRSKA</b>		47. DATE mm/dd/yyyy <b>08/13/2013</b>
101. PLACE OF DEATH <b>OWN RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY <b>CALAVERAS</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1330 CALAVERITAS RD., SP. 101</b>		106. CITY <b>SAN ANDREAS</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>HYPERTENSION</b> Secondary, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. <b>CORONARY ARTERY DISEASE</b> <b>HYPERLIPIDEMIA</b>		108. DEATH REPORTED TO CORONER (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. SPOUSE PERFORMED (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended (See Decedent Last Seen Alive)		115. SIGNATURE AND TITLE OF CERTIFIER <b>STEVEN MILLER M.D.</b>		116. LICENSE NUMBER <b>C54714</b>	117. DATE mm/dd/yyyy <b>08/12/2013</b>
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>STEVEN MILLER M.D.</b>		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>222 SOUTH MAIN ST., ANGELS CAMP, CA 95222</b>			
120. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Prosecution <input type="checkbox"/> Doubt Not be Determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and other and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE (NAME, TITLE OF CORONER / DEPUTY CORONER)	
STATE REGISTRAR		FAX AUTH. P.		CENSUS TRACT	

BK 1113  
P.D. 2388  
11/12/2013

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\* 000047014 \*

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA; COUNTY OF CALAVERAS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CALAVERAS COUNTY CLERK-RECORDER.

*Madaline Krska*  
Madaline Krska  
COUNTY CLERK-RECORDER

DATE ISSUED **AUG 21 2013** by *Rolow* Deputy

This copy is not valid unless prepared on an original border displaying the seal, date of issuance and the original signature of the Deputy

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS

### CERTIFICATE OF DEATH

2010010717

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) <b>Henry Clayton MYERS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 14, 2010</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>1565 Virginia Ranch Road #309</b>		3e. If Hosp or Inst Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>88</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 28, 1922</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Patricia Mary KELLY</b>	
13. SOCIAL SECURITY NUMBER <b>██████-0062</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Prefabrication</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Asbestos</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1565 Virginia Ranch Road #309</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Floyd Elmer MYERS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dollie PENNINGTON</b>		
18a. INFORMANT- NAME (Type or Print) <b>Grant MYERS</b>			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>3460 Foothill Road Markleeville, California 98120</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION - City or Town - State <b>Reno Nevada 89501</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JUDITH KIMPTON</b>		20b. FUNERAL DIRECTOR LICENSE <b>677</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno NV 89502</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED KAREN SUE McDERMOTT MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>July 20, 2010</b>		21c. HOUR OF DEATH <b>09:50</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Karen Sue McDermott MD 2345 E. Prater Sparks, NV 89434</b>		23b. LICENSE NUMBER <b>6450</b>			
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 22, 2010</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I (a) <b>Failure To Thrive</b>					
(b) <b>NAUSEA AND VOMITING</b>					
(c) <b>DYSPHAGIA</b>					
(d) <b>INGUINAL HERNIA SURGERY</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Hyponatremia, Chronic Obstructive Pulmonary Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC., SUICIDE, HOMICIDE, 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

3547561



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BK 1113  
PG 2389  
11/12/2013

VRS-Rev-20120523a

### 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: **OCT 17 2013**

*[Signature]*  
STATE REGISTRAR

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

