

APN# 1220-16-810-0910

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2469976 Pt



Affidavit-Death of Trustee
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440330

(State specific law)

R Thompson ESGROD
Signature Title

R Thompson
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Susan E.D. Bryant
420 Hindy Avenue, Suite E
Inglewood, Ca 90301

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-16-810-096

File No.: 143-2469976 (Rt)

Affidavit - Death of Trustee

State of **CA**)
County of **Los Angeles**)ss.
)

Susan E.D. Bryant ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Ruth M. Bryant** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **11/30/2010** at **Gardnerville, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **October 15, 1998** executed by **Ruth M. Bryant** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **October 15, 1998** which was recorded as Instrument No. **0451860** in Book **1098**, Page **3081**, of Official Records of **Douglas** County, Nevada as legally described as follows:

GARDNERVILLE RANCHOS #4 9 H .500

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.



Dated: August 28, 2014

DECLARANT:

Susan E.D. Bryant
Susan E.D. Bryant

State of CA)
)ss
County of Los Angeles)

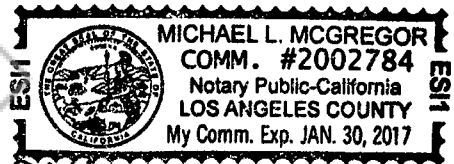
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Los Angeles and State CALIFORNIA, this 28th day of August, 2014 by SUSAN E.D. BRYANT, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Michael L. McGregor (Notary Public)

My Commission Expires: Jan 30, 2017



Notary Name: Michael L. McGregor Notary Phone: 310-774-9011

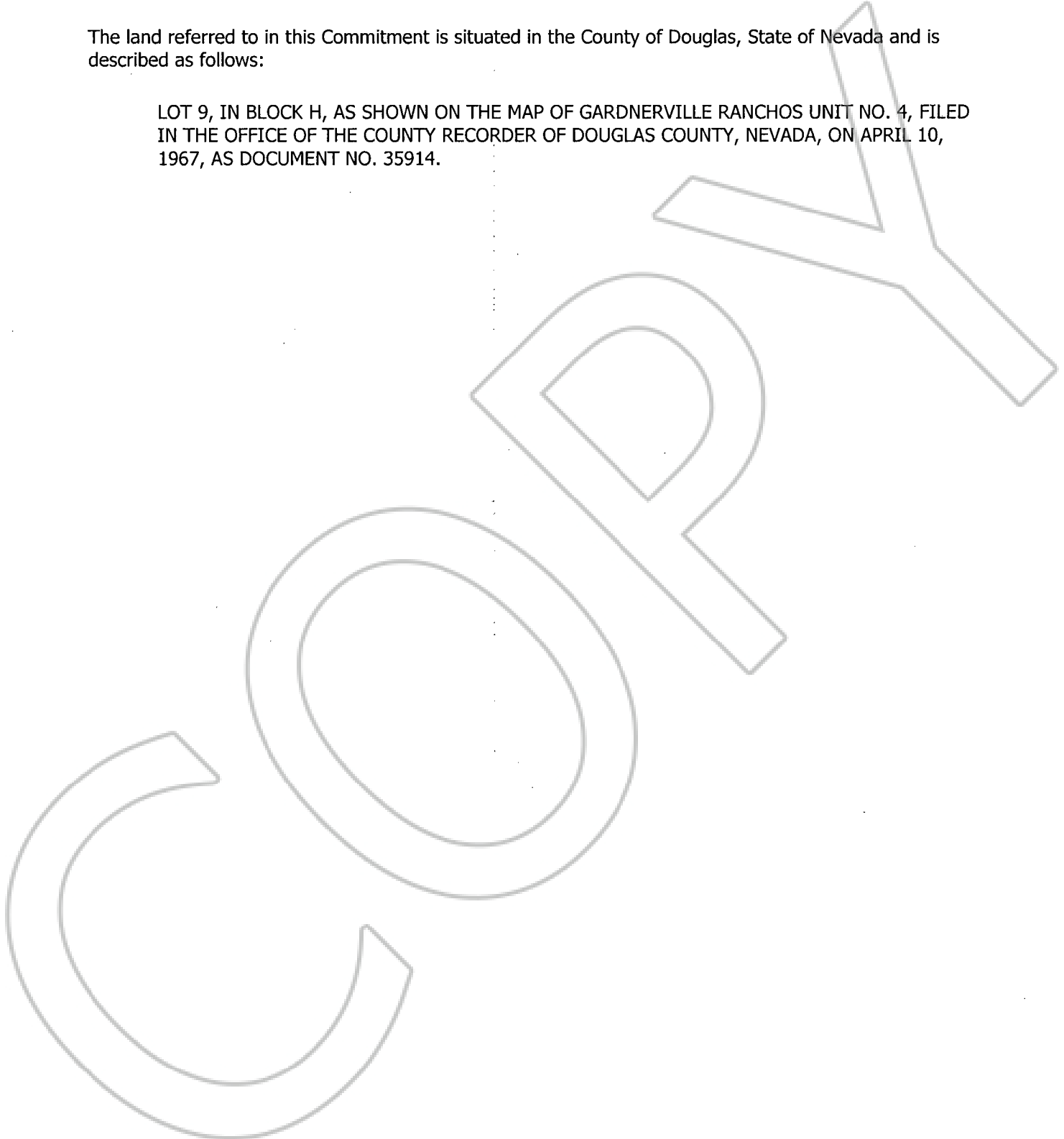
Notary Registration Number: 2002784 County of Principal Place of Business: Los Angeles



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 9, IN BLOCK H, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL 10, 1967, AS DOCUMENT NO. 35914.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2010018174
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) Ruth Margaret BRYANT			2. DATE OF DEATH (Mo/Day/Year) November 30, 2010		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) 1340 Wheeler Way		3a. If Hosp. or Inst. Indicate DOA GP/Emer/Rm Inpatient (Specify): Home		4. SEX: Female
5. RACE: White (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 84	7b. UNDER 1 YEAR MOS: _____ DAYS: _____	7c. UNDER 1 DAY HOURS: _____ MINS: _____	8. DATE OF BIRTH (Mo/Day/Yr) December 12, 1925	
9a. STATE OF BIRTH (If not U.S.A. name country): Minnesota		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 3597		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary		14b. KIND OF BUSINESS OR INDUSTRY: Aerospace		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada		15b. COUNTY: Douglas	15c. CITY, TOWN OR LOCATION: Gardnerville		15d. STREET AND NUMBER: 1340 Wheeler Way	15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER - NAME (First, Middle, Last, Suffix) Hans C. BERGERUD			17. MOTHER - NAME (First, Middle, Last, Suffix) Hilda P. ONGSTAD			
18a. INFORMANT - NAME (Type or Print) Susan BRYANT			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 5026 West 119th St. Hawthorne, California 90250			
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		20b. FUNERAL DIRECTOR LICENSE 820	20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KELLE BROGAN M.D.						
21b. DATE SIGNED (Mo/Day/Yr) December 06, 2010		21c. HOUR OF DEATH 08:18		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		
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) Kelle Brogan M.D., 429 Elm Street Reno, NV 89503					23b. LICENSE NUMBER 6000	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 06, 2010		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)						
(a) Congestive Heart Failure Interval between onset and death						
(b) Cardiovascular Disease Interval between onset and death						
(c) Interval between onset and death						
(d) Interval between onset and death						
PART II						
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

363041 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: 12/07/2010

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

[Signature]
SIGNATURE AUTHENTICATED

