RECORDING REQUESTED BY:

RICHARD K. FRAMPTON

AND WHEN RECORDED MAIL TO:

TRIEBSCH & FRAMPTON, APC P.O. Box 709 Turlock, CA 95381-0709

DOUGLAS COUNTY, NV

Rec:\$16.00

2014-851354

Total:\$16.00

10/20/2014 11:55 AM

TRIEBSCH & FRAMPTON

Pgs=3



KAREN ELLISON, RECORDER

APN: 1220-17-613-013

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA

) SS.

COUNTY OF DOUGLAS

RICK W. PICKETT of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- CAROLYN ANN PICKETT is the person referenced in the attached certified copy of the Certificate of Death who died on at Gardnerville, Douglas County, Nevada.
- Decedent is the same person named as the trustee named in that certain Declaration of 2. Trust known as the PICKETT 1999 TRUST dated August 25, 1999 executed by RICK W. PICKETT and CAROLYN A. PICKET as trustors (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain GRANT, BARGAIN AND SALE DEED dated June 27, 2000, which was recorded as Instrument No. 0503679 in Book 1100, Page 4029, of Official Records of Douglas County, Nevada, as legally described as follows:

Lots 152, Block C, of PLEASANTVIEW, PHASE 8 MAP No. 1009-8, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on June 30, 1999, in Book 699, Page 6647, as Document No. 471554.

APN: 1220-17-613-013

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: October 8, 2014

DECLARANT:

STATE OF CALIFORNIA COUNTY OF STANISLAUS

Subscribed and sworn to (or affirmed) before me on this 8th day of October, 2014, by RICK W. PICKETT, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public

My Commission Expires:_

January 20, 2017

ROSIE A. FRAMPTON
Connmissión # 2001988
Notary Public - California
Stanislaus County
My Comm. Expires Jan 20, 2017

(SEAL)

Notary Name ROSIE A. FRAMPTON Notary Registration Number: <u>2001988</u>

Notary Phone: (209) 667-2300 County of Principal Place of Business Stanislaus, California







CERTIFICATE OF DEATH

| TYPE OR | | STATE FILE NUMBER |
|-----------------------------|---|--|
| PRINT IN | 1a, DECEASED NAME: (FIRST MIDDLE; LAST, SUFFIX) | 2. DATE OF DEATH (Mo/Day/Year) 3a, COUNTY OF DEATH |
| PERMANENT BLACK INK | Carolyn Arin PICKETT | September 09, 2014 Douglas |
| POLYON INC. | 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION | N -Name(If not either, give street : 3e.ff Hosp. or Inst. indicate DOA; OP/Emer.:Rm |
| - | Gardnerville and number) 926 Sweets | Inpatient(Specify): Watter Dr Female |
| DECEDENT | 5: RACE White 6. Hispanic Origin? Specify | 7a. AGE-Last 7b. UNDER 1 YEAR 7c. UNDER 1 DAY 8: DATE OF BIRTH (MO/Day/Yr) |
| | (Specify) No - Non-Hispanic | birthday (Years) MOS DAYS HOURS MINS June 04 1944 |
| **** | 98. STATE OF BIRTH (If not U.S.A 9b. CITIZEN OF WHAT COUNTRY) 10. EDUC | ATION 11. MARRIED, NEVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if wife, give |
| IF DEATH. | name country) Pennsylvania United States 18 | DIVORCED (Specify) Married maiden pame). Rickey W PICKETT |
| INSTITUTION SEE HANDBOOK | 13. SOCIAL SECURITY NUMBER: 14a: USUAL OCCUPATION (Give Kind of Wo | |
| REGARDING | | ng / R N Nursing / E R Forces? No. |
| COMPLETION OF RESIDENCE | 15a. RESIDENCE: STATE 15b. COUNTY 15c. CITY, TOWN OR | |
| ITEMS | Nevada Douglas Gardne | LIMITS (Specify:Yes |
| | 16. FATHER/PARENT NAME (First Middle Last Suffix) | erville 926 Sweetwater Dr or No Yes (First Middle Last Suffix) |
| PARENTS | Vincent RAGNI | Mary Mary |
| | 1 | DDRESS (Street or R.F.D. No, City or Town, State, Zip) |
| | Rickey W PICKETT | 926 Sweetwater Dr. Gardnerville, Nevada 89460 |
| i. #e | 198, BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b, CEMETERY OR CREM | |
| SPOSITION | | toide Momeriel Body |
| | 20a. EUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) 20b. FUNER | Minden Nevada 89423 |
| | JAMES SMOLENSKI DIRECTOR | |
| | | 1380 Highway 395 N Gardnerville NV 89410 |
| RADE CALL | TRADE CALL - NAME AND ADDRESS | |
| | 3 21a. To the best of my knowledge, death occurred at the time, date and place an | |
| | due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICA | the time, date and place and due to the cause(s) stated. (Signature & Title) |
| OFFICIE | JOHN PAUL KELLY M.D. | |
| CERTIFIER | E 호 21b DATE SIGNED (Mo/Day/Yr) 21c HOUR OF DEATH 2014 20:07 | E 9 22b DATE SIGNED (Mo/Day/Yr) 22c HOUR OF DEATH |
| | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER | 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e PRONOUNCED DEAD AT (Hour) |
| . "Yw | 은 뜻 (Type or Print) | o o zeu Pronobited Dead (Morbaliti) |
| | 23a, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, M | IEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER |
| | John Paul Kelly M.D. 1535 Medical Parkwa | ay Carson City, NV 89706 6376 |
| REGISTRAR | 24a. REGISTRAR (Signature). NICOLE SHORE | 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE |
| TEOIO II WALL | SIGNATURE AUTHENTICATED | (Mo/Day/Yr) September 18, 2014 YES NO X |
| CAUSE OF | 25. IMMEDIATE CAUSE (ENTER ONLY/ONE CAUSE PER LINE FOR (a) (b) | AND (c).) Interval between onset and death |
| DEATH | PART I (a) Sarcoma | |
| | DUE TO, OR AS A CONSEQUENCE OF: | Interval between onset and death |
| CONDITIONS IF | | |
| ANY WHICH | DUE TO, OR AS A CONSEQUENCE OF | Interval between onset and death |
| IMMEDIATE S | | |
| STATING THE | - CUE TO, OR AS A CONSEQUENCE OF: | Interval between onset and death |
| UNDERLYING | (d) (v. 14) | |
| | PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not | resulting in the underlying cause given in Part 1. 26. AUTOPSY 27. WAS CASE REFERRED |
| | | (Specify Yes or No) TO CORONER (Specify Yes |
| | 28a, ACC., SUICIDE, HOM., UNDET. 28b, DATE, OF, INJURY (Mo/Day/Yr) [28c, HOUR OF II | |
| | OR PENDING INVEST. (Specify) | Service Control of the Control of th |
| | 28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY-At home, farm, street, factor | ry; office 28g. LOCATION STREET: OR R:F.D. No.: CITY OR TOWN STATE |
| | Yes or No): building, etc. (Specify) | A Control of the |
| (a) | | |
| | | |

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:

09/18/2014

This copy is not valid unless prepared on engraved border displaying date; seal and signature of Registrars

SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE