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**RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO**

James K. Burau  
Law Offices of James K. Burau, Ltd.  
916 Southwood Boulevard, Suite 1A  
Incline Village NV 89451



KAREN ELLISON, RECORDER

APN: 1318-24-710-010  
534 Laurel Lane  
Stateline, NV 89449

**Affidavit of Change of Trustee**

STATE OF NEVADA )  
 ) ss.  
COUNTY OF WASHOE )

JAMES K. BURAU, of legal age, being first duly sworn, deposes and says:

1. I have personal knowledge of the facts set forth in this Affidavit, and if called as a witness would competently testify to the following:
2. The name of the Trust to which this affidavit applies is the FRANK JOSEPH MISELIS and THEODORA TRINGALE MISELIS JOINT LIVING TRUST dated January 6, 2010, as amended (the "Trust").
3. The Trust was created on January 6, 2010 by FRANK J. MISELIS and THEODORA T. MISELIS, as Grantors.
4. The former Trustees are FRANK J. MISELIS and THEODORA T. MISELIS.
5. THEODORA T. MISELIS became the sole Trustee following the death of FRANK JOSEPH MISELIS on October 1, 2014. See the attached copy of the Burial Permit for FRANK JOSEPH MISELIS.
6. The currently acting Trustees are ROBERT FRANCIS MISELIS and RICHARD ROBERT MISELIS, having become the successor Cotrustees following the Resignation of THEODORA T. MISELIS and their subsequent appointment. See the attached Resignation of Trustee and Appointment of Cotrustees of the FRANK JOSEPH MISELIS and THEODORA TRINGALE MISELIS JOINT LIVING TRUST dated January 6, 2013, and any amendments thereto.

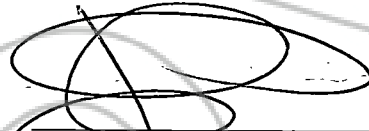
7. The Trust holds an interest in the following real property located and situated in the County of Douglas, State of Nevada, specifically described as follows:

Lot 24, as shown on the map of KINGSBURY HIGHLANDS NO. 2, filed in the Office of the County Recorder of Douglas County, Nevada, on December 26, 1961, as Document No. 19280.

As set forth in that certain Grant, Bargain and Sale Deed recorded on July 13, 2010 as Document #766889.

Property commonly known as 534 Laurel Lane, Stateline, NV 89449; APN 1318-24-710-010.

Date: 12/12/2014

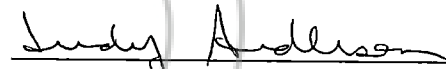
  
\_\_\_\_\_  
JAMES K. BURAU

STATE OF NEVADA

)  
) ss.  
)

COUNTY OF WASHOE

This instrument was acknowledged before me on December 12, 2014, by JAMES K. BURAU.

  
\_\_\_\_\_  
Notary Public  
My commission expires: 10-18-2018







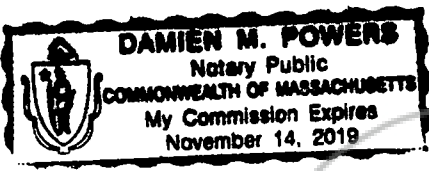
Richard R. Miselis  
RICHARD R. MISELIS, Trustee

Dated: 12/9/14

COMMONWEALTH OF MASSACHUSETTS )  
 ) ss.  
COUNTY OF BARNSTABLE )

On this day, December 9<sup>th</sup>, 2014, before me, the undersigned notary public, personally appeared RICHARD R. MISELIS, as Trustee, proved to me through satisfactory evidence of identification, which were Oregon State I.D, to be the person whose name is signed to the preceding instrument, and acknowledged to me that he signed it voluntarily for its stated purposes.

Witness my signature and official seal.



D. Powers  
Notary Public  
My commission expires: 11-14-19

**STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS  
BURIAL TRANSIT PERMIT**

00000000230857

1. DECEASED NAME (PRINT, MIDDLE LAST, NUMBER) <b>Frank J MISSELIS</b>		2. DATE OF DEATH (Month/Day/Year) <b>October 01, 2014</b>		3. COUNTY OF DEATH <b>Douglas</b>	
4. CITY, TOWN, OR LOCATION OF DEATH <b>Stardine</b>		5. HOSPITAL OR OTHER INSTITUTION (Name and number) <b>834 Laurel Ln</b>		6. HOME (Street, P.O. Box, or other address) (Mailing address) <b>Residence</b>	
7. RACE (Specify) <b>White</b>		8. HISPANIC ORIGIN (Specify) <b>No - Non-Hispanic</b>		9. AGE (Last birthday (Year)) <b>82</b>	
10. STATE OF BIRTH (If not U.S.A., name country) <b>Maine</b>		11. CITIZEN OF WHAT COUNTRY <b>United States</b>		12. EDUCATION <b>20</b>	
13. SOCIAL SECURITY NUMBER <b>5252</b>		14. OCCUPATION (Give title or work done during most of life) <b>Physician</b>		15. MARRIED, NEVER MARRIED, OR DIVORCED (Specify) <b>Married</b>	
16. RESIDENCE - STATE <b>Nevada</b>		17. CITY, TOWN OR LOCATION <b>Douglas</b>		18. STREET AND NUMBER <b>834 Laurel Ln</b>	
19. FATHER/PARENT - NAME (Print Middle Last Name) <b>Joseph MISSELIS</b>		20. MOTHER/PARENT - NAME (Print Middle Last Name) <b>Wilhelmina GURSKI</b>			
21. INFORMANT - NAME (Type or Print) <b>Richard R MISSELIS</b>		22. MARRIAGE ADDRESS (Street or P.O. Box, City or Town, State, Zip) <b>4636 N.E. Mason St. Portland, Oregon 97218</b>		23. SURVIVING SPOUSE (If wife, give maiden name) <b>Theodore TRINGALE</b>	
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		25. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		26. LOCATION (City or Town, State) <b>Carson City Nevada 89708</b>	
27. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) <b>CURT KOESTLER</b>		28. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>		29. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley 1201 N Ross Carson City NV 89708</b>	
30. SIGNATURE AUTHENTICATED					
31. TRADE CALL - NAME AND ADDRESS					
32. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE EACH DUE TO THE CAUSE(S) STATED. (Signature & Title) <b>[Signature]</b>		33. ON THE BASIS OF MICROSCOPIC ANALYSIS INVESTIGATED, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. (Signature & Title) <b>[Signature]</b>		34. SIGNATURE AUTHENTICATED <b>[Signature]</b>	
35. DATE SIGNED (Month/Day/Year) <b>10/1/14</b>		36. HOUR OF DEATH <b>18:01</b>		37. HOUR OF DEATH <b>18:01</b>	
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>[Signature]</b>		39. PREVIOUSLY DEAD (Month/Year) <b>10/1/14</b>		40. PREVIOUSLY DEAD BY (Hour) <b>16:01</b>	
41. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER, OTHER IF OTHER) <b>[Signature]</b>		42. LICENSE NUMBER <b>8423</b>		43. DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
44. REGISTRAR (Signature) <b>[Signature]</b>		45. DATE RECEIVED BY REGISTRAR (Month/Year) <b>10/1/14</b>		46. DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
47. IMMEDIATE CAUSE (PART I) (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not appearing in the underlying record given in Part I.					
48. AUTOPSY (Specify Yes or No) <b>Yes</b>		49. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>			

**AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION**  
Having complied with all rules and regulations governing the preparation of dead human bodies and upon receiving the signature of the person who is to certify the cause of death, the funeral director or person acting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-transit permit must be signed below by the cemetery or crematory authority. Where there is no full time person in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must be returned to the local registrar where death occurred or to the funeral director.

**Walton's Sierra Crematory**  
(Name of Cemetery or Crematory)

Signature of person in charge of the cemetery or crematory

*[Signature]* Date **10-11-14**

**BURIAL PERMIT**

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE NUMBER BY READING COMPLETION OF ADOPTED FORM

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH HAVE BEEN A COMEBLY CAUSE STATED THE USUAL AND CAUSE LAST



Print Date: 10/20/14 1:52:52