

APN # 1420-34-201-033

RECORDING REQUESTED

AND RETURN TO:

Willard R. Wood, Trustee  
2735 Gordon Avenue  
Minden, Nevada 89423

MAIL TAX STATEMENTS TO:

Willard R. Wood, Trustee  
2735 Gordon Avenue  
Minden, Nevada 89423

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE**  
**AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE**

The following described real estate located in the County of Douglas, State of Nevada:

A portion of the West one-half of the Southeast quarter of the Northwest quarter of Section 34, Township 14 North, Range 20 East, M.D.B.&M.; beginning at the one-quarter corner common to Sections 33 and 34, Township 14 North, Range 20 East, M.D.B.&M., thence North 89°55'20" East, 1,321.70 feet; thence North 0°02'47" East, 876 feet to the True Point of Beginning; thence North 0°02'47" East, 141 feet; thence North 89°55'20" East, 355 feet; thence South 0°02'47" West, 141 feet; thence South 89°55'20" West, 355 feet to the Point of Beginning.

NOTE(NRS 111.312): The above metes and bounds description appeared previously in that certain Grant, Bargain, Sale Deed, recorded in the office of the County Recorder of Douglas County, Nevada on December 20, 1990, as Document No. 1990-241407, of Official Records.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

The undersigned, WILLARD R. WOOD, hereby declares that, DEANNA B. WOOD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DEANNA B. WOOD, named as one of the initial Co-Trustee's in that certain Declaration of Trust titled the WOOD FAMILY TRUST DATED AUGUST 3, 1988.

Declarant further declares that he is the remaining initial Co-Trustee named in the Declaration of and that he hereby assumes the position as sole Trustee.

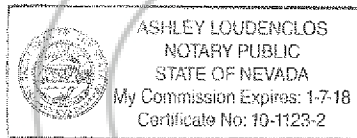
Executed on January 15, 2015, in the City of Reno, County of Washoe, Nevada.

*Willard R. Wood*

WILLARD R. WOOD,  
Trustee

STATE OF NEVADA        )  
  ) ss.  
COUNTY OF WASHOE    )

On January 15, 2015, before me, Ashley Loudenclos, a Notary Public in and for said County and State, personally appeared WILLARD R. WOOD, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to 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

*Ashley Loudenclos*

Ashley Loudenclos, Notary Public  
Washoe County, NV  
My commission Expires 01/07/2018

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2014008066  
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>Deanna Beth WOOD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 17, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>2735 Gordon Avenue</b>		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE - Last birthday (Years) <b>74</b>		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 19, 1940</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>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Willard Raymond WOOD</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-1534</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Teacher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2735 Gordon Avenue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Clinton BOGUE</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary Margaret WINGFIELD</b>		18a. INFORMANT - NAME (Type or Print) <b>Willard Raymond WOOD</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>2735 Gordon Avenue Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE <b>923</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville, NV 89410</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>GERALD LAWRENCE COTTRELL M.D.</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>May 20, 2014</b>		21c. HOUR OF DEATH <b>00:41</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		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) <b>Gerald Lawrence Cottrell M.D. 1702 County Rd Ste. 3 Minden, NV 89423</b>		23b. LICENSE NUMBER <b>6778</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 21, 2014</b>		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).)	
25. IMMEDIATE CAUSE (a) <b>Cardiopulmonary Arrest</b>		Interval between onset and death <b>Seconds</b>		25. IMMEDIATE CAUSE (b) <b>Congestive Heart Failure</b>	
25. IMMEDIATE CAUSE (c) <b>Arteriosclerotic Heart Disease</b>		Interval between onset and death <b>Months</b>		25. IMMEDIATE CAUSE (d) <b>Hypertension, Hyperlipidemia</b>	
Interval between onset and death <b>Years</b>		Interval between onset and death		26. AUTOPSY (Specify Yes or No) <b>No</b>	
Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC., SURGIDE, HOBL, 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

57-1024

VRS-Rev-2012022a



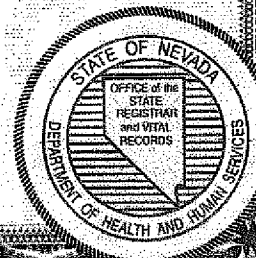
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CERTIFIED COPY OF VITAL RECORDS

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: 06/02/2014

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



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