

RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Wayne Woods
P.O. Box 1333
Minden NV 89423

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-32-111-080

File No.: 141-2501200 (NMP)

Affidavit - Death of Trustee

State of Nevada)

)ss.

County of Douglas)

Wayne M. Woods ("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. **Suzanne W. Woods** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on December 18, 2014 at Gardnerville NV 89410 (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **January 18, 2011** executed by **Wayne M. Woods and Suzanne W, Woods** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Siae Deed** dated **January 18, 2011** which was recorded as Instrument No. **0778034** in Book **0211**, Page **0555**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOTS ELEVEN (11), TWELVE (12), THIRTEEN (13), FOURTEEN (14), FIFTEEN (15), SIXTEEN (16), AND SEVENTEEN (17), IN BLOCK "P" ORIGINAL TOWNSITE OF THE TOWN OF MINDEN ON FILE IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA.

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: June 9, 2016

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DECLARANT:

Wayne M. Woods
Wayne M. Woods, Trustee

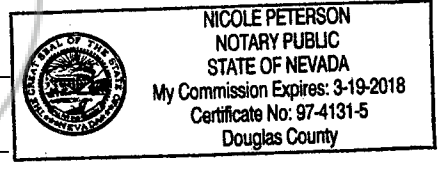
State of Nevada)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada this 9th day of June, 2016 by Wayne M. Woods, personally know 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 [Handwritten Signature]



My Commission Expires: 3/19/18

Notary Name: Nicole Peterson Notary Phone: 775-782-5411

Notary Registration Number: 97-4131-5 County of Principal Place of Business Douglas

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CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2014021496

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) Suzanne W WOODS		2. DATE OF DEATH (Mo/Day/Year) December 18, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 1428 Orchard Rd.		3e. If Hosp. or inst. indicate DOA,OP,Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 01, 1933		9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Marvin Wayne WOODS	
13. SOCIAL SECURITY NUMBER 6437		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Lumber Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1428 Orchard Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Cecil WALLACE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alethea BINGHAM		
18a. INFORMANT-NAME (Type or Print) Janet BLAKE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 11559 Wildrose Dr. Minden, Nevada 89423			
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) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ M.D.			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)		
21b. DATE SIGNED (Mo/Day/Yr) December 24, 2014		21c. HOUR OF DEATH 21:39		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz M.D. 4710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) RHONDA PENA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 02, 2015		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).)					
PART I (a) Cerebral Atherosclerosis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) OR NEW COUNTRY				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) NEVADA				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

571734

CERTIFIED COPY OF VITAL RECORDS

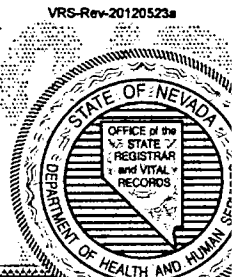
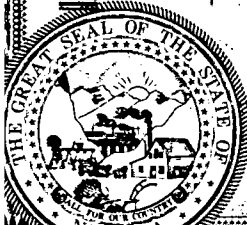
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAR 19 2015

STATE REGISTRAR

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



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