

**RECORDING REQUESTED BY
AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Sherrie S. Young
1046 W Zuni Ln
Lakeside, AZ 85929

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-07-811-002

File No.: 8752177

Affidavit - Death of Trustee

State of *Arizona*)
County of *Navajo*)ss.
)

Sherrie S. Young ("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. Richard L. Sowers ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on January 23, 2007 at Carson City, Nevada (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated November 18, 1997 executed by Richard L. Sowers and Audrey L. Sowers as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Quit Claim Deed dated July 15, 2004 which was recorded on July 30, 2004 as Instrument No. 0620278 in Book 0704, Page 13984, of Official Records of Douglas County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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

DECLARANT:

Sherrie S. Young
Sherrie S. Young

State of Arizona)
)ss
County of Navajo)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Navajo and State Arizona, this 18 day of April, 20 19 by Sherrie S. Young, 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.

Signature Pennil L. Totnerow

My Commission Expires: 4-30-19

Notary Name: Pennil L. Totnerow Notary Phone: 928-367-6320
Notary Registration Number: _____ County of Principal Place of Business Navajo

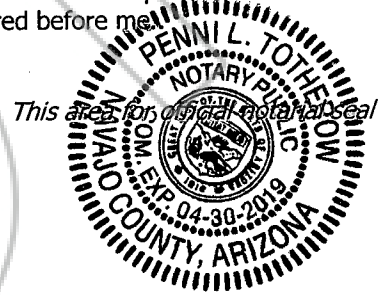


EXHIBIT "A"

LOT 24, IN BLOCK R, AS SET FORTH ON THE FINAL MAP OF SUNRIDGE HEIGHTS, PHASE 6A & 8A, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MAY 1, 1995, BOOK 595, PAGE 1, AS DOCUMENT NO. 361213 AND BY CERTIFICATE OF AMENDMENT RECORDED MAY 17, 1995, BOOK 595, PAGE 2588, AS DOCUMENT NO. 362268, AND ALSO BY CERTIFICATE OF AMENDMENT RECORDED AUGUST 7, 1995, IN BOOK 895, AT PAGE 816, AS DOCUMENT NO. 367680.

CERTIFICATION OF VITAL RECORD

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH**

2007000502
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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 RICHARD			1b. MIDDLE L		1c. LAST SOWERS		2. DATE OF DEATH (Mo/Day/Year) January 23, 2007		3a. COUNTY OF DEATH Carson City		
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City			3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Carson Tahoe Regional Medical Center			3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Male			
5. RACE-(e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 09, 1930	
9a. STATE OF BIRTH (If not U.S.A., name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16+		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) AUDREY L SOEHNER			
13. SOCIAL SECURITY NUMBER [REDACTED] 9076			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) United States Army				14b. KIND OF BUSINESS OR INDUSTRY United States Military				
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 985 Sunview Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Ralph P SOWERS						17. MOTHER - NAME (First Middle Last Suffix) Kittie Maude LONERGAN					
18a. INFORMANT- NAME (Type or Print) Audrey L SOWERS				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 985 Sunview Drive Carson City, Nevada 89705							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Sierra Crematory				19c. LOCATION City or Town State Reno Nevada 89501				
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Northern Nevada Cremation and Burial 10101 S Virginia Reno NV 89511					
TRADE CALL - NAME AND ADDRESS											
To Be Completed by CERTIFYING PHYSICIAN						To Be Completed by CORONER'S OFFICE					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED PAUL D. MANOUKAIN MD						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) January 30, 2007			21c. HOUR OF DEATH 20:40			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH		
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) PAUL D. MANOUKAIN MD 623 W. Washington St. Carson City, NV 89703									23b. LICENSE NUMBER		
24a. REGISTRAR (Signature) JAIMIE EVINS SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 31, 2007		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				
PART I (a) hypovolemia							48 Hours				
DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death				
(b) Respiratory Arrest							48 Hours				
DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death				
(c) Squamous Cell Carcinoma, Lower Neck							6 Months				
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) No		
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



QSRB1004-Rev-02

T1025 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.

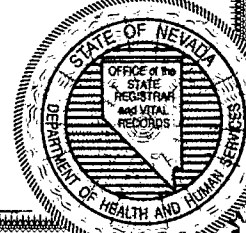
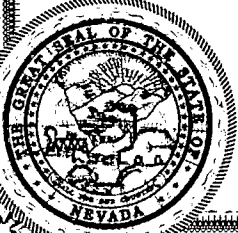
DATE ISSUED:

03/02/2007

[Signature]
SIGNATURE AUTHENTICATED

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

PBNC0 (Rev.) 1/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE