

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: AE
Book- 239 Page- 0439



Recording Requested By
First American Title Insurance
Company of Nevada

When Recorded Return to
And Mail Tax Statements to:
Dalene Humphries
845 N. LaCadena Drive
Colton, CA 92324

Space Above This Line for
Recorder's Use Only

A.P.N. 012-060-18

File No.: 152-2341984 (MJ)

Affidavit - Death of Trustee

State of California)
)ss.
County of San Bernardino)

Dalene K. Humphries ("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. Dale Lewis Burgess ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **Septemeber 5, 2007** at **San Bernardino, California** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **August 17, 2004** executed by **Dale L. Burgess** 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 and Sale Deed** dated **August 18, 2004** which was recorded as Instrument No. **122867** in Book **190**, Page **54**, of Official Records of **Lincoln 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: January 31, 2008



DECLARANT:

Dalene K. Humphries
Dalene K. Humphries, successor trustee

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 20____ by _____, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

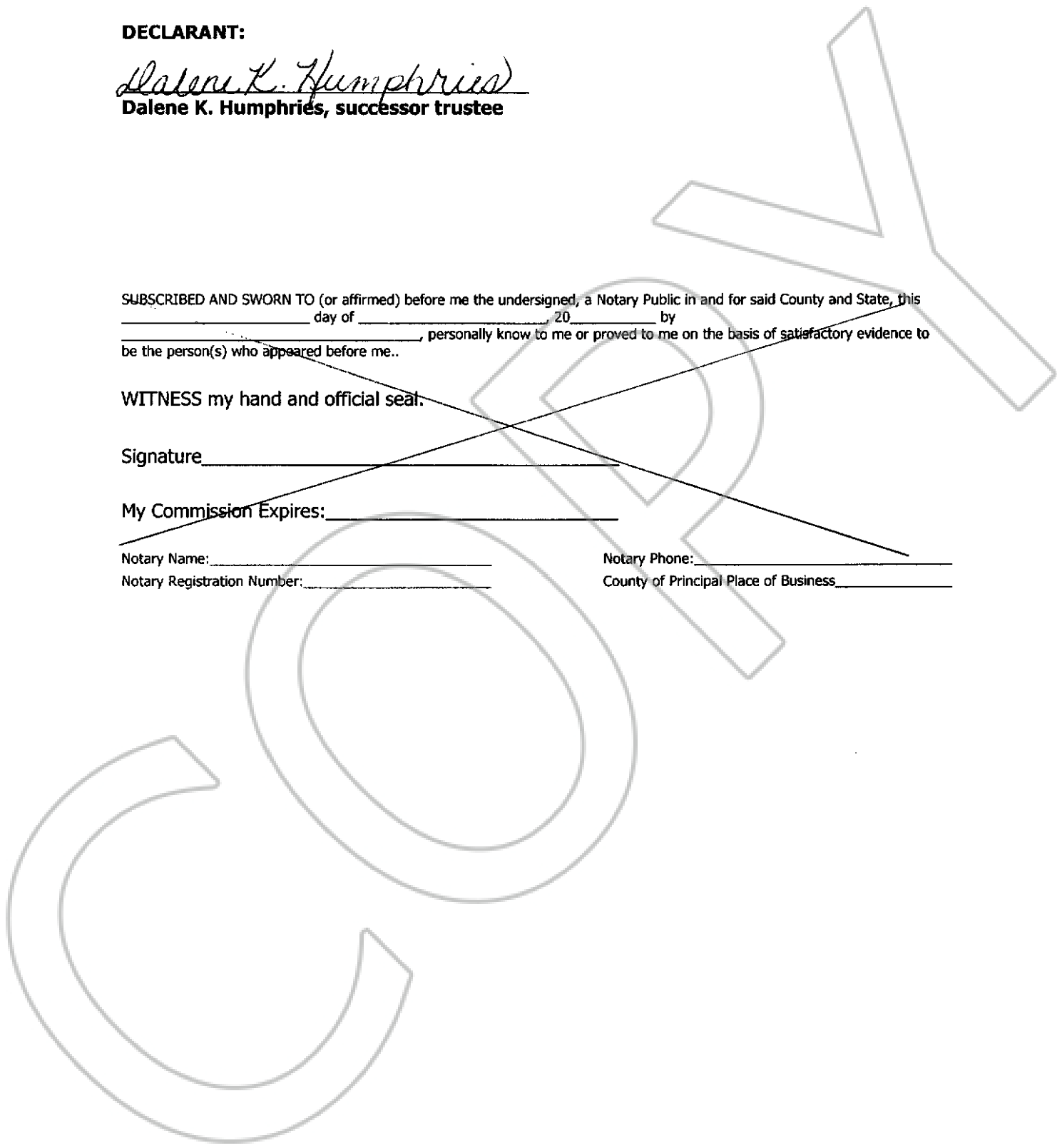
WITNESS my hand and official seal.

Signature _____

My Commission Expires: _____

Notary Name: _____
Notary Registration Number: _____

Notary Phone: _____
County of Principal Place of Business _____





CALIFORNIA JURAT WITH AFFIANT STATEMENT

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

State of California
County of San Bernardino

Subscribed and sworn to (or affirmed) before me on this
13th day of February, 2008, by
Date Month Year

(1) Dalene K Humphries
Name of Signer

proved to me on the basis of satisfactory evidence
be the person who appeared before me (.) (.)

(and

(2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
be the person who appeared before me.)

Signature Larry D Trombly
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

*Though the information below is not required by law, it may prove
valuable to persons relying on the document and could prevent
fraudulent removal and reattachment of this form to another document.*

Further Description of Any Attached Document

Title or Type of Document: affidavit - Death of Trustee

Document Date: Jan. 31, 2008 Number of Pages: 2

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT
OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT
OF SIGNER #2
Top of thumb here



CALIFORNIA
OFFICE OF VITAL RECORDS

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
 351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
 USE BLACK INK ONLY AND SIGNATURES, WITNESSES OR ALTERATIONS
 (S. LUREY 101)

3200736008318
LOCAL REGISTRATION NUMBER

<small>STATE FILE NUMBER</small>		<small>STATE OF CALIFORNIA</small>		<small>LOCAL REGISTRATION NUMBER</small>	
1. NAME OF DECEDENT - FIRST (Given) DALE		2. MIDDLE LEWIS		3. LAST (Family) BURGESS	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH <small>mm/dd/yyyy</small> 04/30/1923		5. AGE Yrs. 84		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		13. DATE OF DEATH <small>mm/dd/yyyy</small> 09/05/2007		14. HOURS (24 Hours) 0812	
15. EDUCATION - (Highest Level/Degree) <small>(See worktable on back)</small> SOME COLLEGE		16. WAS DECEDENT HISPANIC/LATINO(S/PANISH)? <small>(If yes, see worktable on back)</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. DECEDENT'S RACE - Up to 3 (codes may be listed (see worktable on back)) WHITE	
18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DIESEL MECHANIC		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AUTOMOTIVE		20. YEARS IN OCCUPATION 57	
21. DECEDENT'S RESIDENCE (Street and number or location) 17738 FRANCESCA, APT #258					
22. CITY VICTORVILLE		23. COUNTY/PROVINCE SAN BERNARDINO		24. ZIP CODE 92395	
25. YEARS IN COUNTY 22		26. STATE/FOREIGN COUNTRY CA			
27. INFORMANT'S NAME, RELATIONSHIP KATHERINE BURGESS, WIFE			28. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 17738 FRANCESCA APT #258, VICTORVILLE, CA 92395		
29. NAME OF SURVIVING SPOUSE - FIRST ALICE		30. MIDDLE KATHERINE		31. LAST (Maiden Name) GIBBS	
32. NAME OF FATHER - FIRST HARRY		33. MIDDLE LEWIS		34. LAST BURGESS	
35. NAME OF MOTHER - FIRST MARY		36. MIDDLE BEDELIA		37. LAST (Maiden) JENSEN	
38. DISPOSITION DATE <small>mm/dd/yyyy</small> 09/10/2007		39. PLACE OF FINAL DISPOSITION ROSE HILLS MEMORIAL PARK 3888 S. WORKMAN MILL RD, WHITTIER, CA 90601			
40. TYPE OF DISPOSITION(S) BU		41. SIGNATURE OF EMBALMER YOLANDA ARA		42. LICENSE NUMBER EMB8554	
43. NAME OF FUNERAL ESTABLISHMENT SUNSET HILLS MORTUARY INC.		44. LICENSE NUMBER FD1640		45. SIGNATURE OF LOCAL REGISTRAR MARGARET BEED, MD	
46. DATE <small>mm/dd/yyyy</small> 09/07/2007					
101. PLACE OF DEATH STERLING COMMONS		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Other	
104. COUNTY SAN BERNARDINO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 17797 LINDERO RD		106. CITY VICTORVILLE	
107. CAUSE OF DEATH <small>Enter the direct cause - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or apnea/circulatory fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>					
IMMEDIATE CAUSE (Final disease or condition resulting in death) CV CARDIO PULMONARY ARREST		108. DEATH REPORTED TO CORONER? (Oral and Death) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? (Oral and Death) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST ARTERIOSCLEROTIC VASCULAR DISEASE		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NONE					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER JOHN R. HAWES D.O.		116. LICENSE NUMBER 20A4986	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOHN R. HAWES D.O. 16017 TUSCOLA RD, APPLE VALLEY, CA 92307		118. DATE <small>mm/dd/yyyy</small> 08/02/2007		119. DATE <small>mm/dd/yyyy</small> 08/28/2007	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE <small>mm/dd/yyyy</small> 09/07/2007	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE <small>mm/dd/yyyy</small>		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SAN BERNARDINO } SS
 DATE ISSUED
 This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Eric Frykman
 ERIC FRYKMAN, M.D.
 COUNTY HEALTH OFFICER
 REGISTRAR OF VITAL STATISTICS

Sep 13, 2007
Margaret M Beed MD



001699424

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

