

APN: 04-11-03

Prepared By/ When Recorded, Mail to:
Jeffrey Burr
2600 Paseo Verde Parkway
Henderson, NV 89074



Mail Tax Statements to:
Lawrence Dillingham
PO Box 536
Alamo, NV 89001

AFFIDAVIT OF SURVIVING TRUSTEE

STATE OF NEVADA)
) SS:
COUNTY OF CLARK)

LAWRENCE P. DILLINGHAM, being first duly sworn, deposes and says as follows:

1. That LAWRENCE P. DILLINGHAM and MARLENE DILLINGHAM created the "DILLINGHAM FAMILY TRUST" dated July 20, 2000, wherein LAWRENCE P. DILLINGHAM and MARLENE DILLINGHAM were designated as the original Trustors of the trust.
2. That MARLENE DILLINGHAM died March 22, 2008. A certified copy of the Death Certificate is attached hereto as Exhibit "1" and by this reference incorporated herein.
3. That LAWRENCE P. DILLINGHAM is the Surviving Trustor of the Trust, and, pursuant to the provisions of the trust agreement, now becomes the Sole Trustee of the "DILLINGHAM FAMILY TRUST" dated July 20, 2000.
4. That LAWRENCE P. DILLINGHAM hereby files this Affidavit and accepts the office of the Sole Trustee of the "DILLINGHAM FAMILY TRUST" dated July 20, 2000.

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5. The following parcel of real property conveyed to the "DILLINGHAM FAMILY TRUST" dated July 20, 2000 is situated in the County of Lincoln, State of Nevada, and bounded and described in Exhibit "2".

Dated: _____

Lawrence P. Dillingham

LAWRENCE P. DILLINGHAM, Sole Trustee

SUBSCRIBED and SWORN to before me this 3rd day of June, 2008.



Betty Jo Jarvis

NOTARY PUBLIC





0131745

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2008005138

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) Mariene Charlotte DILLINGHAM		2. DATE OF DEATH (Mo/Day/Year) March 22, 2008		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Unknown		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) State Route 93 Mile Marker 69		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 30, 1938	
9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Lawrence DILLINGHAM		13. SOCIAL SECURITY NUMBER [REDACTED]	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Painting Contractor		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER P. O. Box 536		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Howard Bennet HORTON	
17. MOTHER - NAME (First Middle Last Suffix) Sarah Elaine ALLEN		18a. INFORMANT - NAME (Type or Print) Lawrence DILLINGHAM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 536 Alamo, Nevada 89001	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Memory Garden Cemetery		19c. LOCATION City or Town State Las Vegas Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES LONG SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 601		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119	
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) [Signature]			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) LARY SIMMS DO, MPH SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) April 02, 2008	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 22, 2008		22e. PRONOUNCED DEAD AT (Hour) 13:30	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Lary Simms DO, MPH 1704 Pinto Lane Las Vegas, NV 89106				23b. LICENSE NUMBER 880	
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 03, 2008		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) Multiple injuries					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Motor vehicle accident					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II					
26a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify) ACCIDENT		26b. DATE OF INJURY (Mo/Day/Yr) March 22, 2008		26c. HOUR OF INJURY 1019	
26d. DESCRIBE HOW INJURY OCCURRED Driver		26e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE State Route 93, MM-69, Rural Clark County Nevada		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H. Registrar of Vital Statistics By: [Signature]

Date Issued: APR 07 2008



Exhibit "2"
Legal Description

Parcel No. 1 as shown on that certain parcel map of Serena Parker, a portion of Block 65 of the town of Alamo, Nevada, in the Northeast Quarter (NE ¼) of the Northwest Quarter (NW ¼) of Section 8, Township 7 south, Range 61 East, M.D.B. & M., said map being recorded in the Office of the County Recorder of Lincoln County, Nevada in Book "1-A" of Plats at Page 237.

