

APN NO.: 004-071-03

RECORDING REQUESTED BY:
EQUITY TITLE OF NEVADA
WHEN RECORDED MAIL TO:
PERKINS FAMILY LIVING TRUST
P.O. Box 201
Alamo NV 89001
MAIL TAX STATEMENTS TO:
SAME AS ABOVE



ESCROW NO.: 13480299 SL1

AFFIDAVIT - DEATH OF TRUSTEE

Charles Marvin Herring, being of legal age, and being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached certified copy of the Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust dated April 30, 1996 executed by, Margaret T. Perkins as Trustor (s).
2. That I, Charles Marvin Herring, am named and appointed as "Successor Trustee" under the terms of the above referenced Trust, which Trust was in effect at the time of the death of the Decedent set out herein, and which Trust is still in full force and effect, having not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
3. That there is no outstanding, unpaid Federal Estate Tax as a result of death of the said decedent.

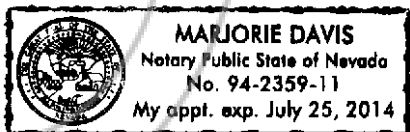
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Executed on 3 June 2013 at Alamo, Nevada

Charles Marvin Herring
Charles Marvin Herring, Successor Trustee

STATE OF _____ } ss:
COUNTY OF _____

This instrument was acknowledged before me on June 3, 2013
by Charles Marvin Herring



(Notary Seal)
Marjorie Davis
Notary Public
My commission expires: July 25, 2014



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NEVADA

OFFICE OF VITAL RECORDS



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2010009076
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) Margaret Tanner PERKINS			2. DATE OF DEATH (Mo/Day/Year) June 13, 2010		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 128 East Broadway		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Female
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 86	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 10, 1924
9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 8	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE OR DOMESTIC PARTNER
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Alamo		15d. STREET AND NUMBER 128 East Broadway		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER - NAME (First Middle Last Suffix) Jared TANNER			17. MOTHER - NAME (First Middle Last Suffix) Mattie Ellen BUYS			
18a. INFORMANT - NAME (Type or Print) Charles Marvin HERRING			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 201 Alamo, Nevada 89001			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION City or Town State Alamo Nevada 89001		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 807	20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008			
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) <i>SIGNATURE AUTHENTICATED</i> RICHARD KATSCHKE 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) June 14, 2010		21c. HOUR OF DEATH 05:00	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) Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008					23b. LICENSE NUMBER 10509	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 23, 2010	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					Interval between onset and death	
(a) Cardiopulmonary Failure					Days	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) Pulmonary Fibrosis					Years	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) _____					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d) _____					Interval between onset and death	
PART II					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

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: 06/23/2010

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

Richard Katschke
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20090602

