

Official Record

Recording requested By
FIRST AMERICAN TITLE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: FS

Book- 0478 Page- 0229



0212551

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:

Daniel R. Labarry
PO Box 1085
Eureka, NV 89816

Space Above This Line for
Recorder's Use Only

A.P.N. 001-064-05

File No.: 151-2363031 (PP)

Affidavit - Death of Trustee

State of NEVADA)
)ss.
County of EUREKA)

Daniel R. Labarry ("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. **Mary Jean Labarry** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **April 02, 2008** at **Reno, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 15, 1994** executed by **Mary Jean Labarry** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **May 15, 1994** which was recorded as Instrument No. **152619** in Book **269**, Page **129**, and rerecorded August 27, 2008 as Instrument No. 0212300 in Book 475, Page 106 of Official Records of **Eureka** 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: August 27, 2008

DECLARANT:

Daniel R. Labarry
Daniel R. Labarry

State of Nevada)
)ss
County of Eureka)

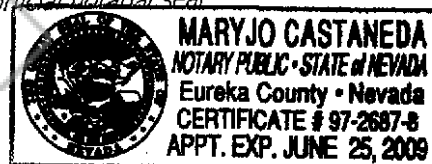
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Eureka and State Nevada, this 29th day of August, 2008 by Daniel R. Labarry, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature MaryJo Castaneda

My Commission Expires: 6-25-2009



Notary Name: MaryJo Castaneda Notary Phone: 775-237-5352
Notary Registration Number: 97-2687-8 County of Principal Place of Business Eureka



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EXHIBIT 'A'

LOTS 1, 2, AND 3 OF BLOCK 40 OF THE TOWN, OF EUREKA, COUNTY OF EUREKA, STATE OF NEVADA.

A.P.N. 001-064-05



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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2008006092

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (First, Middle, Last, Suffix) Mary Jean LABARRY				2. DATE OF DEATH (Mo/Day/Year) April 02, 2008		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) St Mary's Regional Medical Center		3d. If Hosp or Inst indicate DOA OP/Emer. Rtn. Inpatient (Specify) Inpatient		4. SEX Female	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	9a. STATE OF BIRTH (If not U.S.A. name country) France		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	12. SURVIVING SPOUSE (if wife, give maiden name) Never in US Armed Forces? No		14a. USUAL OCCUPATION (Give kind of work done during most of Working Life, Even If Retired) Rancher		14b. KIND OF BUSINESS OR INDUSTRY Ranching		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 100 North Monroe	
PARENTS	16. FATHER - NAME (First, Middle, Last Suffix) Jean SALLABERRY				17. MOTHER - NAME (First Middle, Last Suffix) Grace ETCHEGARAY			
	18a. INFORMANT - NAME (Type or Print) Daniel R LABARRY				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 1085 Eureka, Nevada 89316			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eureka Catholic Cemetery		19c. LOCATION City or Town State Eureka Nevada 89316			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) EARL SMITH		20b. FUNERAL DIRECTOR LICENSE 301		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary 425 Stoker Ave Reno NV 89503			
TRADE CALL	TRADE CALL - NAME AND ADDRESS Burns Funeral Home PO BOX 689 Eureka NV 89803							
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN ALBERT BAEZ M.D. SIGNATURE AUTHENTICATED				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) April 15, 2008		21c. HOUR OF DEATH 05:38		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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) Stephen Albert Baez M.D. 236 W Sixth St #100 Reno, NV 89503				23b. LICENSE NUMBER 9615			
CAUSE OF DEATH	24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 21, 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) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF: (c) Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death Days Years Years Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	PART II				26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	28a. ACC., SUICIDE, HOMICIDE, 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

0212551

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-Rev-2008T

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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: 04/22/2008

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE