

APN# 7-320-01; 7-320-03; 7-320-04; 7-310-03

Recording Requested by:

Name: Maupin, Cox & LeGoy

Address: 4785 Caughlin Parkway

City/State/Zip: Reno, NV 89519

When Recorded Mail to:

Name: Mary Elizabeth Risi, Trustee

Address: 3625 S. Harmon Rd

City/State/Zip: Fallon, NV 89406

Mail Tax Statement to:

Name: Mary Elizabeth Risi, Trustee

Address: 3625 S. Harmon Rd.

City/State/Zip: Fallon, NV 89406



(for Recorder's use only)

**AFFIDAVIT - DEATH OF TRUSTEE
SUCCESSION OF SUCCESSOR TRUSTEE**

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: 440.380(1)(A) & 40.525.(5)
(State specific law)

Fred L. Oats _____
Signature Title

Fred L. Oats, Esa.
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

A.P.N.'s 7-320-01; 7-320-03; 7-320-04; 7-310-03

Recordation requested by:
Maupin, Cox & LeGoy

After recordation, return Affidavit to
the following address:
Mary Elizabeth Risi, Trustee
3625 South Harmon Road
Fallon, NV 89406

AFFIDAVIT - DEATH OF TRUSTEE
SUCCESSION OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
)
COUNTY OF WASHOE)

Mary Elizabeth Risi, of Fallon, Nevada, being first duly sworn, does hereby swear under penalties of perjury under the laws of the State of Nevada, that the following statements are true:

1. My husband, Rinaldo Roy Risi, the decedent mentioned in the attached certified copy of certificate of death, is the same person named as a party in the Inter Vivos Trust Agreement for the Rinaldo Roy Risi and Mary Elizabeth Risi Inter Vivos Trust dated the 28th day of February, 1997, as a Settlor and Trustee of the Rinaldo Roy Risi and Mary Elizabeth Risi Inter Vivos Trust.

2. I, Mary Elizabeth Risi, the surviving spouse of Rinaldo Roy Risi, am appointed pursuant to the terms of the Inter Vivos Trust Agreement for the Rinaldo Roy Risi and Mary Elizabeth Risi Inter Vivos Trust, to serve as the sole successor Trustee of the Rinaldo Roy Risi and Mary Elizabeth Risi Inter Vivos Trust, and of the subtrusts to be established pursuant to the terms of the Trust Agreement, which are the Survivor's Trust and the Residual Trust.

3. I, Mary Elizabeth Risi, hereby consent to act as the sole successor Trustee of the Rinaldo Roy Risi and Mary Elizabeth Risi Inter Vivos Trust, and of the Survivor's Trust and the Decedent's Trust, and hereby assume the powers and duties as successor Trustee of the trusts.

4. At the time of the demise of the decedent, my husband Rinaldo Roy Risi, on December 16, 2009, he was the record owner with me, as Trustees of the Rinaldo Roy Risi and Mary Elizabeth Risi Inter Vivos Trust dated the 28th day of February, 1997, of the

parcels of real property located in the County of Eureka, State of Nevada, which are described in the Quitclaim Deed executed on January 22, 1999, and recorded as Document No. 171879, of Official Records of Eureka County, Nevada, on February 3, 1999, and described on Exhibit A attached hereto and incorporated herein by reference.

5. This Affidavit is for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above-described real property and any other real property of the trust located in Churchill County, Nevada.

Dated this 28th day of September, 2010.

Mary Elizabeth Risi
Mary Elizabeth Risi

STATE OF NEVADA)
 WASHOE) ss.
COUNTY OF ~~CHURCHILL~~)

This Affidavit - Death of Trustee Succession of Successor Trustee was acknowledged before me on Sept. 28, 2010, by Mary Elizabeth Risi.

Jan Olivero
Notary Public

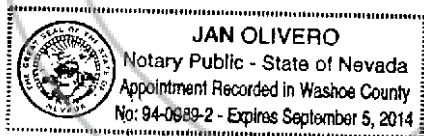


EXHIBIT A

The parcels of real property described in the attached Affidavit - Death of Trustee, Succession of Successor Trustee are the following parcels of real property located in the County of Eureka, State of Nevada:

TOWNSHIP 20 NORTH, RANGE 52 EAST, M.D.B.&M.

Section 17: SW1/4 and the SW1/4 of the SE1/4

Section 18: S1/2 of the NW1/4, SW1/4 of the NE1/4, E1/2 of the SW1/4 and the SE1/4

Section 19: SE1/4 of the NE1/4

Section 20: N1/2 and the NW1/4 of the SE1/4

Section 21: SE1/4 of the NW1/4

Section 22: N1/2 of SE1/4

Section 23: W1/2 of the SW1/4, SE1/4 of the SW1//4, SW1/4 of the SE1/4

Section 26: NE1/4 of the NW1/4 and NW1/4 of the NE1/4

TOGETHER WITH any and all buildings and improvements situate thereon.

TOGETHER WITH all water, water rights, right to the use of water, dams, ditches, canals, pipelines, reservoirs, wells and all other means for the diversion or use of water appurtenant to the said property, or any part thereof.

TOGETHER WITH all mineral rights, oil or gas owned by the Grantor herein lying on, in or over the above described real property.

TOGETHER WITH all existing easements and rights of way benefitting the above-described real property, including, but not limited to, all easements and rights of way for ingress and egress to said property.

TOGETHER WITH all range rights and grazing rights, and any and all rights in any range improvement project or cooperative agreements constructed on the public domain in cooperation with the Bureau of Land Management, and all of the Grantor's right in and to any and all other corrals, improvements or structures located on the public domain.

SUBJECT TO all road and utility easements and any and all other easements and rights of way of record.

TOGETHER WITH THE tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.



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**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2009018572
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) Rinaldo Roy RISI		2. DATE OF DEATH (Mo/Day/Year) December 16, 2009		3a. COUNTY OF DEATH Churchill	
3b. CITY, TOWN, OR LOCATION OF DEATH Fallon		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 3625 South Harmon Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 80		8. DATE OF BIRTH (Mo/Day/Yr) August 27, 1929	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS 7c. UNDER 1 DAY HOURS MINS	
9a. STATE OF BIRTH (if not U.S.A., name country) California		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) Mary Elizabeth AYERS			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Rancher		14b. KIND OF BUSINESS OR INDUSTRY Ranching	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Churchill		15c. CITY, TOWN OR LOCATION Fallon	
15d. STREET AND NUMBER 3625 South Harmon Road		16. FATHER - NAME (First Middle Last Suffix) Rinaldo Augustus RISI		17. MOTHER - NAME (First Middle Last Suffix) Agnes Myrtle SPARROW	
18a. INFORMANT - NAME (Type or Print) Mary Elizabeth RISI		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3625 South Harmon Road Fallon, Nevada 89406			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Churchill County Public Cemetery		19c. LOCATION City or Town State Fallon Nevada 89406	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LORRETTA GUAZZINI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 600		20c. NAME AND ADDRESS OF FACILITY The Gardens 2949 Austin Hwy Fallon NV 89406	
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) GARY CHARLES RIDENOUR 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) December 17, 2009		21c. HOUR OF DEATH 16:45		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Gary Charles Ridenour M.D. 625 W. Williams Fallon, NV 89406			
23b. LICENSE NUMBER 4525		24a. REGISTRAR (Signature) TED GUAZZINI SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 17, 2009		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) PANCREATIC CANCER					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II					
Parkinson's Disease					
26. ACC., SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify)		27. DATE OF INJURY (Mo/Day/Yr)		28. HOUR OF INJURY	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
28c. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR

3514163



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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: 12/22/2009

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

PHN: 775-785-1100

Rnd Wh...
SIGNATURE AUTHENTICATED

