

SUBSTITUTION OF TRUSTEE AND
DEED OF RECONVEYANCE

WHEREAS, it is the desire of the present Beneficiary to substitute Antone Salel

in place and stead of Lawyers Title Insurance Corporation
as Trustee, under Deed of Trust dated May 26, 1978 executed by Allan R. Arthur and Nedra A. Arthur
recorded July 19, 1978
in Book 778 of Official Records, at Page 976 in the Office of the Douglas
County Recorder, State of Nevada.

NOW, THEREFORE, Antone Salel
as Beneficiary, do(es) hereby appoint Antone Salel
as substituted Trustee and now succeed(s) to all title
estate and rights, powers and duties held by Lawyers Title Insurance Corporation
under said Deed of Trust.

NOW WHEREAS, the indebtedness secured to be paid by the Deed of Trust executed by
Allan R. Arthur and Nedra A. Arthur
to Lawyers Title Insurance Corporation, as Trustee, dated May 26, 1978
and recorded July 19, 1978 in Book 778 of Official Records, at Page 976
in the Office of the Douglas County, State of Nevada has been
fully paid.

NOW THEREFORE, Antone Salel as substituted Trustee
do(es) hereby Grant and Reconvey unto the parties entitled thereto, without warranty,
all the estate and interest derived to the said Trustee, under said Deed of Trust, in the
lands therein described, situated in the County of Douglas, State of
Nevada reference being hereby specifically made to said Deed of Trust
and the record thereof for a particular description of said lands.

IN WITNESS WHEREOF, _____ have caused these presents to be executed this 21st day of
February, 1984.

X _____
X _____

x Antone Salel
X Antone Salel

STATE OF NEVADA }
COUNTY OF WASHOE } ss.

On this 21st day of February, 19 84,
before me, the undersigned, a Notary Public
in and for said County, personally appeared
Antone Salel

known to me to be the person(s) whose name
is subscribed to the foregoing
instrument and acknowledge that they
executed the same.

WITNESS my hand and official seal the day and
year written above

W. F. McCreary
Notary Public
My Commission expires: April 8, 1984

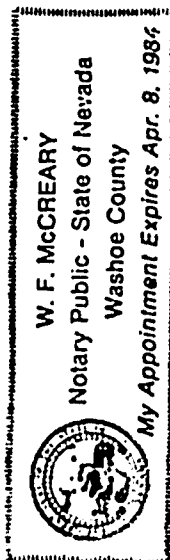


EXHIBIT A

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

6097 01054

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST MARGARET		1B. MIDDLE A.	1C. LAST SALEL
2A. DATE OF DEATH (MONTH, DAY, YEAR) February 8, 1982		2B. HOUR 1220	
3. SEX Female	4. RACE White	5. ETHNICITY	6. DATE OF BIRTH December 31, 1906
7. AGE 75 YEARS		IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Pennsylvania		9. NAME AND BIRTHPLACE OF FATHER William Carroll - Ireland	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER Unk. Flaherty - Ireland		11. CITIZEN OF WHAT COUNTRY U. S. A.	
12. SOCIAL SECURITY NUMBER [REDACTED] - 4664		13. MARITAL STATUS Married	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER SPOUSE'S NAME) Antone Salel		15. PRIMARY OCCUPATION Retired	
16. NUMBER OF YEARS IN OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OF LOCATION) 2639 Lakeview Drive	
19B. COUNTY Alameda		19C. CITY OF TOWN San Leandro	
19D. COUNTY Alameda		19E. STATE California	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Antone Salel - Husband		21A. PLACE OF DEATH Doctors Hospital	
21B. COUNTY Alameda		21C. STREET ADDRESS (STREET AND NUMBER OF LOCATION) 13855 E. 14 th Street	
21D. CITY OF TOWN San Leandro		21E. STATE California	
21F. ZIP CODE 94577		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Proteinuria, Diabetes		24. WAS DEATH REPORTED TO CORONER? No	
25. WAS BIASPY PERFORMED? No		26. WAS AUTOPSY PERFORMED? No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Yes		28. DATE SIGNED 2-9-82	
28. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED 7-1-1977		29. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 2-9-82	
30. I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 2-9-82		31. PHYSICIAN'S SIGNATURE AND DEGREE OF TITLE JESS BROKLEY, MD	
32. YES PHYSICIAN'S NAME AND ADDRESS 2255 Maple Court Hayward Calif.		33. DATE SIGNED 2-9-82	
34. PHYSICIAN'S LICENSE NUMBER AND STATE 7046 Mark H. Moore		35. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED AS REQUIRED BY LAW. I HAVE HELD AN (INQUEST INVESTIGATION)	
36. DISPOSITION Burial		37. DATE—MONTH DAY YEAR Feb. 16, 1982	
38. NAME AND ADDRESS OF CEMETERY OF CREMATOR Holy Sepulchre Cemetery, Hayward		39. EXHIBIT LICENSE NUMBER AND SIGNATURE 7046 Mark H. Moore	
40. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Guerrero Mortuary Chapel F - 442		41. LOCAL REGISTRAR—SIGNATURE [Signature]	
42. DATE ACCEPTED BY LOCAL REGISTRAR 2/9/82		43. STATE REGISTRAR	
A.		B.	
C.		D.	
E.		F.	

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY [Signature] DEPUTY

DATE FEB 17 1982

102199

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COPY

REQUESTED BY
DOUGLAS COUNTY TITLE
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

\$9.00 pd

1984 JUN 14 PM 12:43

SUZANNE BEAUDREAU
RECORDER

Betty Hendon
Dep

102199

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