

RECORDING REQUESTED BY

E. Elizabeth Arnold
Attorney at Law

And When Recorded Mail To

E. ELIZABETH ARNOLD
Attorney at Law
402 WEST BROADWAY, SUITE 400
SAN DIEGO CA 92101-3542 ✓

MAIL TAX STATEMENTS TO

MARY JANE HURDER MOORE
1728 GUIZOT STREET
SAN DIEGO, CA 92107

AFFIDAVIT - DEATH OF TRUSTEE

A.P.N. 39-200-01

State of California }
County of San Diego } ss

MARY JANE HURDER MOORE, of legal age being first duly sworn, deposes and says:

That **GREGORY SCOTT HURDER**, the person named in the attached **Certificate of Death**, is the same person as **GREGORY SCOTT HURDER** named as one of the trustees in that certain **QUIT CLAIM DEED** dated July 8, 1993, executed by **MARY JANE MOORE** to **MARY JANE HURDER MOORE** and **GREGORY SCOTT HURDER** as Trustees under Declaration of Trust dated July 8, 1993, recorded as Instrument #313880, Book 0793, Page 6469 on July 30, 1993, in Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada,

The Northwest 1/4 of the Southeast 1/4 of Section 29, Township 10 North, Range 22 East.

EXCEPTING THEREFROM a parcel beginning at the center of Section 29, Township 10 North, Range 22 east; thence Southerly along the quarter section line about 1307 feet to the South 1/16th corner; thence Easterly along the 1/16th section line about 1311 feet to the center of the southeast 1/4 of Section 29; thence a Northwesterly direction about 1851 feet to the point of beginning.

TOGETHER WITH all tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any revision, remainders, rents, issue or profits thereof.

Commonly known street address: 3547 Topaz Lake Road, Topaz Lake, Nevada

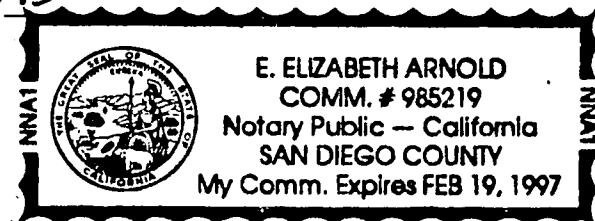
Dated: 7-31, 1995

Mary Jane Hurder Moore
MARY JANE HURDER MOORE

Subscribed and sworn to before me this 31 day of July, 1995

E. Elizabeth Arnold
E. Elizabeth Arnold, Notary Public

368288
BK0895PG2095



39537009473

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) GREGORY		2. MIDDLE SCOTT		3. LAST (FAMILY) HURDER	
4. DATE OF BIRTH MM/DD/CCYY 03/11/1952		5. AGE YRS. 43		6. SEX M	
7. DATE OF DEATH MM/DD/CCYY 07/04/1995		8. HOUR 0649			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. [REDACTED] 5595		11. MILITARY SERVICE 19__ TO 19__ <input type="checkbox"/> NONE	
12. MARITAL STATUS married		13. EDUCATION—YEARS COMPLETED 16			
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER self-employed contractor	
17. OCCUPATION General Contractor		18. KIND OF BUSINESS New home construction		19. YEARS IN OCCUPATION 20	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 3767 Wilcox Street					
21. CITY San Diego		22. COUNTY San Diego		23. ZIP CODE 92106	
24. YRS IN COUNTY 43		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP Kathleen A. Hurder, Wife			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3767 Wilcox Street; San Diego, CA 92106		
28. NAME OF SURVIVING SPOUSE—FIRST Kathleen		29. MIDDLE Ann		30. LAST (MAIDEN NAME) Melbrod	
31. NAME OF FATHER—FIRST Eugene		32. MIDDLE Stanley		33. LAST Hurder	
34. BIRTH STATE CA		35. NAME OF MOTHER—FIRST Mary		36. MIDDLE Jane	
37. LAST (MAIDEN) Tusch		38. BIRTH STATE MN			
39. DATE MM/DD/CCYY 0710/1995		40. PLACE OF FINAL DISPOSITION RES; Kathleen A. Hurder 3767 Wilcox Street; San Diego, CA 92106			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER not embalmed		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Balboa Cremation Services		45. LICENSE NO. FD1370		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE MM/DD/CCYY 07/10/1995		48. INITIALS KK			
101. PLACE OF DEATH KAISER HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	
104. COUNTY SAN DIEGO		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 4647 ZION AVENUE		106. CITY SAN DIEGO	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)				108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST		TIME INTERVAL BETWEEN ONSET AND DEATH MINS			
DUE TO (B) RHABDOMYOLYSIS		1 DAY		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C) STAPHYLOCOCCUS SEPSIS		1 DAY		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (D) HAIRY CELL LEUKEMIA		1 DAY		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 07/03/1995		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Scott Browning MD		116. LICENSE NO. G32206	
DECEDENT LAST SEEN ALIVE MM/DD/CCYY 07/03/1995		117. DATE MM/DD/CCYY 07/07/1995			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP SCOTT BROWNING, M.D., 4647 ZION AVE. SAN DIEGO, CA 92120					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>			127. DATE MM/DD/CCYY 368288		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
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J		K		L	
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E Elizabeth Arnold

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DOUGLAS CO., NEVADA

'95 AUG 14 P12:12

LINDA SLATER
RECORDER

\$ 9.00 PAID *KJ* DEPUTY

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