

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 #313881, Book 0793, Page 6472 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: 3508 Topaz Lake Road, Topaz Lake, Nevada

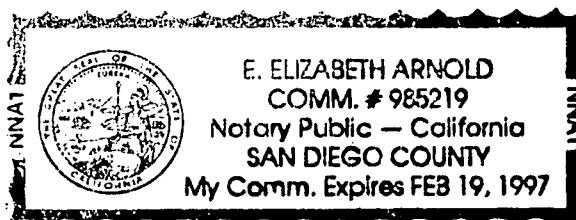
Dated: 7-31, 1995

*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

368289  
BK 0895PG2098



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		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES		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 ▶ [Signature]				47. DATE MM/DD/CCYY 07/10/1995			
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)							TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER				
IMMEDIATE CAUSE		(A) CARDIOPULMONARY ARREST				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 ▶ Scott Browning MD				116. LICENSE NO. G32206		117. DATE MM/DD/CCYY 07/07/1995			
DECEDENT LAST SEEN ALIVE MM/DD/CCYY 07/03/1995				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 ▶ 368289				127. DATE MM/DD/CCYY				128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
A		B		C		D		E		F		G	
						BK0895PG2099				FAX AUTH. # 9509089		CENSUS TRACT	

COUNTY OF SAN DIEGO - DEPARTMENT OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO, DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.

REGISTRAR OF VITAL RECORDS

DATE ISSUED: July 28, 1995

REQUIRED FEE PAID

SEAL

COPY

REQUESTED BY  
E Elizabeth Arnold  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'95 AUG 14 P12:12

368289  
BK0895P62100

LINDA SLATER  
RECORDER  
\$ 9.00 PAID ke DEPUTY