

REQUESTED BY AND RETURN TO:

George K. Folsom, Esq.
HAWKINS, FOLSOM, MUIR & KELLY
P. O. Box 750
Reno, NV 89504

TRUSTEE'S DEED

THIS INDENTURE dated as of October 17, 1996, by and between DENISE DANGBERG, as successor Trustee of the ALICE M. DANGBERG PERSONAL RESIDENCE TRUST, under that certain Declaration of Trust Qualified Personal Residence Trust dated November 19, 1991, by ALICE M. DANGBERG, as Grantor, Income Beneficiary, and Trustee, Party of the First Part, and the ESTATE OF ALICE DANGBERG, as Party of the Second Part,

W I T N E S S E T H:

WHEREAS ALICE M. DANGBERG, also known as ALICE DANGBERG died on October 17, 1996, as evidenced by the certified copy of her death certificate attached hereto and made a part hereof;

WHEREAS pursuant to the terms of the aforesaid trust, DENISE DANGBERG is the successor Trustee of the aforesaid Trust, and hereby certifies that she has full power and authority to make the disposition of real property herein described;

WHEREAS paragraph 8(a) of the ALICE M. DANGBERG PERSONAL RESIDENCE TRUST dated November 19, 1991 provides that the trust shall terminate upon the Income Beneficiary's (term holder's) death, and the entire trust principal and undistributed income shall be distributed to the estate of the deceased Income Beneficiary.

NOW, THEREFORE, the Party of the First Part has granted, bargained and sold and does by these presents grant, bargain and sell unto the Party of the Second Part all of its right, title and interest as Trustee in and to that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

PARCEL NO. 1:

Lot 10, Block B of Meneleys Addition to the Town of Gardnerville.

PARCEL NO. 2:

The West 1/2 of Lot 11, adjoining Lot 10, being 120 feet long, 35 feet wide on Circle Drive end and 43.40 feet wide on the North end, in Block "B", in Meneley Addition to the Town of Gardnerville, Douglas County, Nevada, as per map on file in the County Recorder's Office of Douglas County, Nevada.

A.P.N. 25-283-12.

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

TO HAVE AND TO HOLD, all and singular, the above-described premises, together with the appurtenances, unto the Party of the Second Part, its heirs and assigns forever.

IN WITNESS WHEREOF, the Party of the First Part, as successor Trustee of the aforesaid Trust, has executed these presents the day and year first above written.

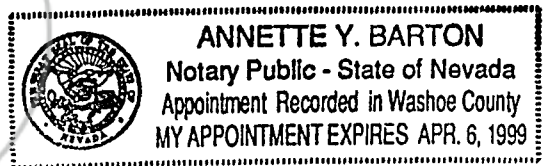
Denise Dangberg
DENISE DANGBERG, as successor Trustee
of the ALICE M. DANGBERG PERSONAL
RESIDENCE TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

This instrument was acknowledged before me on July 15, 1997, by DENISE DANGBERG, as successor Trustee of the ALICE M. DANGBERG PERSONAL RESIDENCE TRUST.

Annette Y. Barton

NOTARY PUBLIC



Mail Tax Statements To:
ESTATE OF ALICE DANGBERG
c/o DENISE DANGBERG, Executrix
5208 Morro Bay Drive
Carmichael, CA 95608

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3 1996 34 007140

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) ALICE		2. MIDDLE M.		3. LAST (FAMILY) DANGBERG			
4. DATE OF BIRTH MM/DD/CCYY 04/30/1922		5. AGE YRS. 74	6. SEX F		7. DATE OF DEATH MM/DD/CCYY 10/17/1996		8. HOUR 1030
9. STATE OF BIRTH NV		10. SOCIAL SECURITY NO. [REDACTED] 2788		11. MILITARY SERVICE 19__ TO 19__ NONE		12. MARITAL STATUS Widowed	13. EDUCATION—YEARS COMPLETED 12
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER United States Government			
17. OCCUPATION Secretary		18. KIND OF BUSINESS Dept. of Selective Services		19. YEARS IN OCCUPATION 20			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 1513 Circle Drive							
21. CITY Gardnerville		22. COUNTY Douglas		23. ZIP CODE 89410		24. YRS IN COUNTY 74	25. STATE OR FOREIGN COUNTRY NV
26. NAME, RELATIONSHIP Denise Dangberg-Daughter				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 5208 Morro Bay Drive Carmichael, CA 95608			
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -			
31. NAME OF FATHER—FIRST Michael		32. MIDDLE -		33. LAST Indiano		34. BIRTH STATE France	
35. NAME OF MOTHER—FIRST Jeame		36. MIDDLE Marie		37. LAST (MAIDEN) Etchebarren		38. BIRTH STATE FRance	
39. DATE MM/DD/CCYY 10/18/1996		40. PLACE OF FINAL DISPOSITION Waltons Carson Gardens Cemetery Carson City, NV					
41. TYPE OF DISPOSITIONS BU		42. SIGNATURE OF EMBALMER <i>Michael Spolarick</i>		43. LICENSE NO. 7603			
44. NAME OF FUNERAL DIRECTOR A.J. NICOLETTI FUNERAL HOME		45. LICENSE NO. FD355		46. SIGNATURE OF LOCAL REGISTRAR <i>Bette L. Henderson, M.D.</i>		47. DATE MM/DD/CCYY 10/18/1996 ds	
101. PLACE OF DEATH Residence of Denise Dangberg-Daughter		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY SACRAMENTO	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 5208 MORRO BAY DRIVE		106. CITY CARMICHAEL					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 96-4234		109. SHOBY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (A) METASTATIC GASTRIC CANCER		Amended		2 MOS.			
DUE TO (B)		1 of 2					
DUE TO (C)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)							
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. EXPLORATORY LAPAROTOMY - 07/29/1996							
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: DECEDENT LAST SEEN ALIVE MM/DD/CCYY MM/DD/CCYY 07/22/1996 09/21/1996		115. SIGNATURE AND TITLE OF CERTIFIER <i>Gregory Graves M.D.</i>		116. LICENSE NO. G20037		117. DATE MM/DD/CCYY 10/18/1996	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS * ZIP 2800 L STREET, SACRAMENTO, CA 95816							
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		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	

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STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

CERTIFIED COPY OF VITAL RECORDS

FAX AUTH. # 0501

CENSUS TRACT

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: November 7, 1996

LOCAL REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

AFFIDAVIT TO AMEND A RECORD

3 1996 34 007140 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER [] BIRTH [X] DEATH [] FETAL DEATH NO ERASURES, WHITEOUTS, OR ALTERATIONS

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY. NAME AS IT APPEARS ON RECORD: 1. NAME—FIRST (GIVEN) Alice, 2. MIDDLE M., 3. LAST (FAMILY) Dangberg. 4. SEX F, 5. DATE OF EVENT—MM/DD/CCYY 10/17/1996, 6. CITY OF OCCURRENCE Carmichael, 7. COUNTY OF OCCURRENCE Sacramento. 8. FATHER'S NAME AS STATED ON ORIGINAL Michael Indiano, 9. MOTHER'S NAME AS STATED ON ORIGINAL Jeanne Etchebarren.

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS. Table with 3 columns: 10. CERTIFICATE ITEM NUMBER, 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 12. INFORMATION AS IT SHOULD APPEAR. Row 1: 41, BU, TR/BU.

REASON FOR CORRECTION 13. To correct disposition of deceased

AFFIDAVITS AND SIGNATURES. We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct. 14. SIGNATURE OF FIRST PERSON [Signature], 15. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director, 16. DATE SIGNED—MM/DD/CCYY 10/23/1996. 17. AGE Legal, 18. ADDRESS (STREET, CITY, STATE, ZIP) 5401 Folsom Blvd. Sacto., CA 95819. 19. SIGNATURE OF SECOND PERSON [Signature], 20. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director, 21. DATE SIGNED—MM/DD/CCYY 10/23/1996. 22. AGE Legal, 23. ADDRESS (STREET, CITY, STATE, ZIP) 5401 Folsom Blvd. Sacto., CA 95819. 24. SIGNATURE OF STATE OR LOCAL REGISTRAR [Signature], 25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY 10/23/1996.

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STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR. STATE OF CALIFORNIA COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: November 7, 1996 LOCAL REGISTRAR [Signature]

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY
George K Folsom
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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LINDA SLATER
RECORDER
\$ 11.00 PAID KD DEPUTY