

9- Recording fee is \$ \_\_\_\_\_  
Payable to: Douglas County Recorder

RECORDING REQUESTED BY  
and When Recorded Mail to:

✓ Karen Keebaugh  
P.O. Box 192  
Markleeville, CA 96120

Mail Tax Statements to Above  
Undersigned Grantor(s) declare(s):  
(Excluded from Proposition 13)  
Documentary Transfer Tax is \$-0-  
**NO CONSIDERATION FOR THIS TRANSFER**

(Space Above This Line for Recorder's Use)

**AFFIDAVIT--DEATH OF TRUSTEE**

State of Nevada )  
County of Douglas )

Karen Sue Keebaugh, of legal age, being first duly sworn, deposes and says:

1. That Charles R. Keebaugh, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles R. Keebaugh, named as one of the parties in that certain Grant Deed dated June 7, 1993, executed by Charles R. Keebaugh and Karen Sue Keebaugh, Trustees of THE CHARLES R. KEEBAUGH AND KAREN SUE KEEBAUGH REVOCABLE TRUST created on June 7, 1993, and recorded in the Official Records of the County of Douglas, State of Nevada on June 10, 1993, concerning the following described real property in the County of Douglas, State of Nevada:

Lot 732, as shown on the map of Gardnerville Ranchos Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456. Assessor's Parcel Number 29-401-04, in the County of Douglas, State of Nevada. Commonly known as 685 Long Valley Rd., Gardnerville, Nevada.

2. That Karen Sue Keebaugh is currently acting as sole Trustee of such Trust.

The undersigned declares under penalty of perjury that the above information is true and correct to the best of her information and belief.

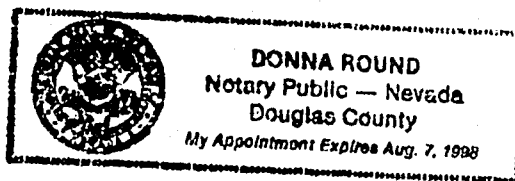
Dated: Sept 4, 1997 Karen Sue Keebaugh  
Karen Sue Keebaugh

State of Nevada )  
County of Douglas )

On September 4, 1997, before me, Donna Round a Notary Public in and for said State, personally appeared Karen Sue Keebaugh personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Donna Round  
Signature and Seal



0421041

BK0997PG1051

CERTIFICATION OF VITAL RECORD

COUNTY of ALPINE  
MARKLEEVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3199602000004

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO BRUSHES, SPOTPOUNTS OR ALTERATIONS VS 11 NOV 7 931		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (GIVEN)		2 MIDDLE		3 LAST (FAMILY)	
CHARLES		RICHMOND		KEEBAUGH	
4 DATE OF BIRTH MM/DD/CCYY		5 AGE YRS		7 DATE OF DEATH MM/DD/CCYY	
12/24/1940		55		10/21/1996	
8 STATE OF BIRTH		10 SOCIAL SECURITY NO		12 MARITAL STATUS	
CA		4651		Married	
14 RACE		15 HISPANIC - SPECIFY		16 USUAL EMPLOYER	
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Self Employed	
17 OCCUPATION		18 KIND OF BUSINESS		19 YEARS IN OCCUPATION	
Building Contractor		General Building and Home Construction		30	
20 RESIDENCE - STREET AND NUMBER OR LOCATION					
135 Zellmer Ln.					
21 CITY		22 COUNTY		23 ZIP CODE	
Woodfords		Alpine		96120	
24 YRS IN COUNTY		25 STATE OR FOREIGN COUNTRY			
35		California			
26 NAME, RELATIONSHIP					
Karen Sue Keebaugh - Wife					
27 MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
P.O.Box 192, Markleeville, CA 96120					
28 NAME OF SURVIVING SPOUSE - FIRST		29 MIDDLE		30 LAST (MAIDEN NAME)	
Karen		Sue		Fields	
31 NAME OF FATHER - FIRST		32 MIDDLE		33 LAST	
Jesse		Roper		Keebaugh	
34 BIRTH STATE		36 MIDDLE		37 LAST (MAIDEN)	
IL		Leora		Merkel	
38 BIRTH STATE				IL	
39 DATE MM/DD/CCYY					
10/24/1996					
40 PLACE OF FINAL DISPOSITION					
Karen Sue Keebaugh, 135 Zellmer Ln., Woodfords, CA					
41 TYPE OF DISPOSITION		42 SIGNATURE OF EMPALMER		43 LICENSE NO.	
CR/RES		Not Embalmed			
44 NAME OF FUNERAL DIRECTOR		45 LICENSE NO		46 SIGNATURE OF LOCAL REGISTRAR	
McFarlane Mortuary		FD-1180		Doranna Glettig	
47 DATE MM/DD/CCYY		48 SIGNATURE OF LOCAL REGISTRAR		49 DATE MM/DD/CCYY	
10/23/1996		Doranna Glettig		10/23/1996	
101 PLACE OF DEATH		102 IF HOSPITAL SPECIFY ONE		103 FACILITY OTHER THAN HOSPITAL	
Residence		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV HOME <input type="checkbox"/> RES <input type="checkbox"/> OTHER	
104 COUNTY		105 STREET ADDRESS - STREET AND NUMBER OR LOCATION		106 CITY	
Alpine		135 Zellmer Ln.		Woodfords	
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	
IMMEDIATE CAUSE (A) Acute Posterior Wall Myocardial Infarction		Days		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B) Severe Coronary Artery Atherosclerosis		Years		109. MOPET PERFORMED	
DUE TO (C)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				110. AUTOPSY PERFORMED	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE					
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		115 SIGNATURE AND TITLE OF CERTIFIER		116 LICENSE NO	
DECEDENT ATTENDED SINCE MM/DD/CCYY		DECEDENT LAST SEEN ALIVE MM/DD/CCYY		117 DATE MM/DD/CCYY	
				10/23/1996	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP		119 MANNER OF DEATH		120 INJURY AT WORK	
		<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		121 INJURY DATE MM/DD/CCYY	
				122 HOUR	
				123 PLACE OF INJURY	
124 DESCRIBE HOW INJURY OCCURRED WHICH RESULTED IN INJURY		125 SIGNATURE OF CORONER OR DEPUTY CORONER		126 DATE MM/DD/CCYY	
		Henry C. Veatch		10/23/1996	
127 TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		128 LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)			
Henry C. Veatch, Coroner					
STATE REGISTRAR		A B C D E F G H		PAR AUTH #	
				CENSUS TRACT	

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SEAL

0074

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF ALPINE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alpine County Recorder.

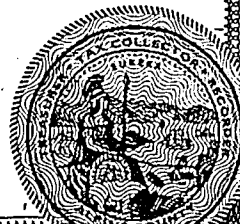
*Doranna Glettig*  
DORANNA GLETTIG  
Alpine County Recorder

DATE ISSUED Jan 17, 1997

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0421041  
BK 997 PG 1052



COPY

REQUESTED BY  
Karen Kebaugh  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'97 SEP -5 AM 1:38

LINDA SLATER  
RECORDER

\$ 9<sup>00</sup> PAID to DEPUTY

0421041

BK0997PG1053