

Recording Requested By:  
Robin L. Klomparens, Esq.

When Recorded Mail To:

✓ Robin L. Klomparens, Esq.  
Weintraub Genshlea & Sproul  
400 Capitol Mall, 11th Floor  
Sacramento, CA 95814

AFFIDAVIT - DEATH OF TRUSTEE

We, CURTIS CARLY CUTTER and CARA-MAY CARPENTER, declare as follows:


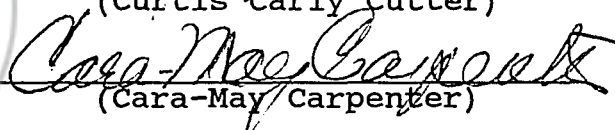
1. LEITA C. CUTTER was the sole Trustee of the Curtis H. And Leita C. Cutter 1976 Family Trust - Trust A ("Trust"). LEITA C. CUTTER died on January 30, 1997.

2. We are the successor co-Trustees named in the Trust.

3. The Trust is in full force and effect and continues to hold as an asset of the Trust the real property described in Exhibit A attached. The Trust has not been recorded.

4. We declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

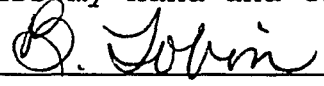
Dated: 6/4/98.

  
\_\_\_\_\_  
(Curtis Carly Cutter)  
  
\_\_\_\_\_  
(Cara-May Carpenter)

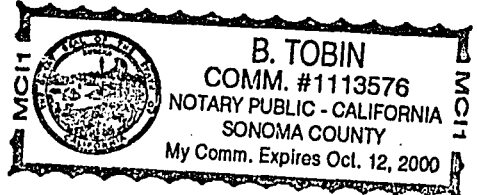
State of California  
County of Napa

On May 8, 1998, before me, B. Tobin, personally appeared Cara-May Carpenter, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

  
\_\_\_\_\_

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State of MASSACHUSETTS  
County of SUFFOLK

On June 4, 1998, 1998, before me, CURTIS CARLY CUTLER, personally appeared before me, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

SEAL

Stanley Chin  
STANLEY CHIN, Notary Public  
My Commission Expires December 29, 2000

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Exhibit A

All of Lots 9 and 10 in Block "F", as shown upon the Amended Map of Zephyr Cove Properties in Section 10, Township 13 North, Range 18 East, M.D.B. & M., filed in the office of the County Recorder of Douglas County, State of Nevada, on August 5, 1929, SAVING AND EXCEPTING therefrom that portion of Lot 10 conveyed December 20, 1941 by Caleb Sharrah and Mabel M. Sharrah, his wife, to Fred W. Traner by deed recorded in Book W of Deeds, page 185, records of Douglas County, Nevada, described as follows, to wit:

All that portion of Lot 10 west of a line parallel to and distant 37.5 feet perpendicularly easterly from the boundary line and its extension common to Lots 10 and 11 as said lots are set forth on that certain amended map of Zephyr Cove property in Section 10, Township 13 North, Range 18 East, M.D.B. & M., approved by the Board of County Commissioners of Douglas County, on August 5, 1929 and filed on said 5th day of August, 1929 in the office of the County Recorder of Douglas County, State of Nevada.

All that portion of land lying between the meander line of Lake Tahoe and the north line of Lot 9 and north line of the E1/2 of Lot 10, Block F as shown upon the amended map of ZEPHYR COVE PROPERTIES in Section 10, Township 13 North, Range 18 East, MDB&M., filed in the office of the County Recorder of Douglas County, State of Nevada on August 5, 1929, more particularly described as follows, to-wit: Bounded on the west by the West line of the E1/2 of Lot 10 extended to the meander line of Lake Tahoe; bounded on the east by the East line of Lot 9 extended to the meander line of Lake Tahoe; bounded on the south by the North line of Lot 9 and the North line of the E1/2 of Lot 10; bounded on the north by the meander line of Lake Tahoe.

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.

APN 05-090-06

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CERTIFICATION OF VITAL RECORD

**SACRAMENTO COUNTY**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3 1997 34

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS V8-11 (REV. 11/94)				LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT—FIRST (GIVEN) <b>Leita</b>			2. MIDDLE <b>Carly</b>		3. LAST (FAMILY) <b>Cutter</b>			
4. DATE OF BIRTH MM/DD/CCYY <b>11/06/1897</b>		5. AGE YRS. <b>99</b>	IF UNDER 1 YEAR MONTHS DAYS <b>0 0</b>		IF UNDER 24 HOURS HOUR MINUTE <b>0 0</b>	6. SEX <b>F</b>	7. DATE OF DEATH MM/DD/CCYY <b>01/30/1997</b>	8. HOUR <b>0045</b>
9. STATE OF BIRTH <b>CA</b>		10. SOCIAL SECURITY NO. <b>8867</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS <b>Widowed</b>	13. EDUCATION—YEARS COMPLETED <b>14</b>	
14. RACE <b>Caucasian</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Self</b>				
17. OCCUPATION <b>Homemaker</b>		18. KIND OF BUSINESS <b>Own Home</b>		19. YEARS IN OCCUPATION <b>48</b>				
20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>432 Wyndgate Road</b>								
21. CITY <b>Sacramento</b>		22. COUNTY <b>Sacramento</b>		23. ZIP CODE <b>95864</b>	24. YRS IN COUNTY <b>99</b>	25. STATE OR FOREIGN COUNTRY <b>California</b>		
26. NAME, RELATIONSHIP <b>Cara-May S. Carpenter - Daughter</b>				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>2310 3rd Ave., Napa, CA 94558</b>				
28. NAME OF SURVIVING SPOUSE—FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>-</b>				
31. NAME OF FATHER—FIRST <b>James</b>		32. MIDDLE <b>C.</b>		33. LAST <b>Carly</b>		34. BIRTH STATE <b>CA</b>		
35. NAME OF MOTHER—FIRST <b>May</b>		36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>Glenn</b>		38. BIRTH STATE <b>CA</b>		
39. DATE MM/DD/CCYY <b>02/06/1997</b>		40. PLACE OF FINAL DISPOSITION <b>East Lawn Memorial Park, Sacramento, California</b>						
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <i>James M. Milder</i>		43. LICENSE NO. <b>7645</b>				
44. NAME OF FUNERAL DIRECTOR <b>EAST LAWN MORTUARY</b>		45. LICENSE NO. <b>FD-1242</b>	46. SIGNATURE OF LOCAL REGISTRAR <i>Bette A. Henderson, MD</i>		47. DATE MM/DD/CCYY <b>01/31/1997 DM</b>			
101. PLACE OF DEATH <b>MERCY CARE</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> CONV. HOBB. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	104. COUNTY <b>SACRAMENTO</b>			
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>862 39TH STREET</b>		106. CITY <b>SACRAMENTO</b>						
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)							TIME INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <b>ARTERIOSCLEROTIC HEART DISEASE</b>				5 YRS		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		
DUE TO (B) <b>GENERALIZED ARTERIOSCLEROSIS</b>				20 YRS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (C)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (D)						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 <b>NONE</b>								
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>								
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 DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>06/21/1979 01/29/1997</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Frank G. Schiro, M.D.</i>		116. LICENSE NO. <b>A10644</b>	117. DATE MM/DD/CCYY <b>01/30/1997</b>			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>FRANK G. SCHIRO, M.D. 815 30TH STREET, SACRAMENTO, CA 95816</b>								
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 checked="" 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, ZIP)		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 } SS  
COUNTY OF SACRAMENTO

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: **February 3, 1997**

*Bette A. Henderson, MD*  
LOCAL REGISTRAR



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REQUESTED BY  
Robin Klomparkers  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 JUL 16 AIO:21

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LINDA SLATER  
RECORDER

\$ 11<sup>00</sup> PAID 12 DEPUTY