

Recording Requested By:
PAUL R. MALONE

When Recorded Mail to:
PAUL R. MALONE, ESQ.
155 Sansome Street, #1200
San Francisco, CA 94104-3629

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James P. Pace
Attorney at Law
317 South Arlington Avenue
Reno, Nevada 89501

APN: 1-161-35

Mail tax statements to:
Patsy Ruth French
8 Vista Del Mar
Orinda, CA 94563-1736

AFFIDAVIT OF DEATH OF TRUSTEE
(Affidavit of Successor Trustee
on Death of Original Trustee)

State of California)
) ss.
County of Contra Costa)

PATSY RUTH FRENCH, being of legal age and duly sworn, hereby declares as follows:

1. Creation of Trust. On September 19, 1991 Gordon E. French and Patsy Ruth French created a revocable living trust by a document titled the GORDON E. FRENCH AND PATSY RUTH FRENCH DECLARATION OF TRUST.

2. Initial Trustees. Initially, the Trustees of the Trust were Gordon E. French and Patsy Ruth French.

3. Trust Real Estate. On September 19, 1991 Gordon E. French and Patsy Ruth French executed a Trust Transfer Deed conveying to the property commonly known as 209 Glenbrook Inn Rd., Glenbrook, NV (APN 1-161-35) to "GORDON E. FRENCH AND PATSY RUTH FRENCH DECLARATION OF TRUST Dated September 19, 1991."

The property at 209 Glenbrook Inn Rd., Glenbrook, NV is more particularly described on Exhibit A hereto. The Trust Transfer Deed was recorded on September 23, 1991 in the Office of the Douglas County Recorder as Document No. 260844 at Book 991 Page 3431.

4. Death of Original Trustor. On December 15, 1996 Gordon E. French died. A certified copy of his death certificate is attached hereto as Exhibit B. Gordon E. French, the decedent mentioned in the attached certified Death Certificate, is the same person as Gordon E. French who was one of the original Trustees of the above-referenced trust, and who executed, the Trust Transfer Deed referred to in the preceding Paragraph 3.

209 Glenbrook Inn Rd., Glenbrook, NV

0445132

BK0798PG4943

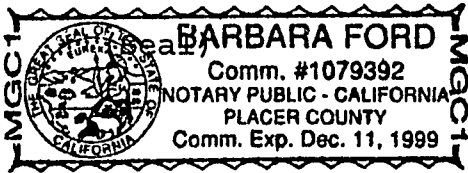
5. Current Trustee. Upon the death of Gordon E. French, Patsy Ruth French became the sole Trustee of the "GORDON E. FRENCH AND PATSY RUTH FRENCH DECLARATION OF TRUST Dated September 19, 1991." The sole Trustee of such Trust is currently Patsy Ruth French, and as such she has full power and authority to sell, assign, convey and encumber the real property described on Exhibit A hereto.

Dated:

5/16/98

x Patsy Ruth French
PATSY RUTH FRENCH

Subscribed and sworn to me on May 20, 1998.



Barbara Ford
NOTARY PUBLIC

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

EXHIBIT "B"

CERTIFICATE OF DEATH

39607005830

STATE FILE NUMBER _____ USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERNATIVES LOCAL REGISTRATION NUMBER _____

1. NAME OF DECEDENT—FIRST (GIVEN) GORDON 2. MIDDLE EDWARD 3. LAST (FAMILY) FRENCH

4. DATE OF BIRTH MM/DD/CCYY 05/18/1921 5. AGE YRS. 75 6. SEX M 7. DATE OF DEATH MM/DD/CCYY 12/15/1996 8. HOUR 0334

9. STATE OF BIRTH CA 10. SOCIAL SECURITY NO. 6229 11. MILITARY SERVICE 19 42 TO 19 45 NONE 12. MARITAL STATUS MARRIED 13. EDUCATION—YEARS COMPLETED 18

14. RACE CAUCASIAN 15. HISPANIC—SPECIFY YES NO X 16. USUAL EMPLOYER SELF EMPLOYED

17. OCCUPATION OWNER 18. KIND OF BUSINESS DEVELOPER 19. YEARS IN OCCUPATION 44

20. RESIDENCE—STREET AND NUMBER OR LOCATION 8 VISTA DEL MAR

21. CITY ORINDA 22. COUNTY CONTRA COSTA 23. ZIP CODE 94563 24. YRS IN COUNTY 44 25. STATE OR FOREIGN COUNTRY CA

26. NAME, RELATIONSHIP PATSY R. FRENCH (WIFE) 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 8 VISTA DEL MAR, ORINDA, CA. 94563

28. NAME OF SURVIVING SPOUSE—FIRST PATSY 29. MIDDLE RUTH 30. LAST (Maiden Name) STEPHENSON

31. NAME OF FATHER—FIRST JOHN 32. MIDDLE JOSEPH 33. LAST FRENCH 34. BIRTH STATE CO

35. NAME OF MOTHER—FIRST MARIE 36. MIDDLE - 37. LAST (Maiden) MEJICA 38. BIRTH STATE CA

39. DATE MM/DD/CCYY 12/18/1996 40. PLACE OF FINAL DISPOSITION RES: PATSY R. FRENCH 8 VISTA DEL MAR ORINDA, CA. 94563

41. TYPE OF DISPOSITION(S) CR/RES 42. SIGNATURE OF EMBALMER NOT EMBALMED 43. LICENSE NO. NONE

44. NAME OF FUNERAL DIRECTOR HULL'S WALNUT CREEK CHAPEL 45. LICENSE NO. FD 250 46. SIGNATURE OF LOCAL REGISTRAR [Signature] 47. DATE MM/DD/CCYY 12/17/1996

101. PLACE OF DEATH USUAL RESIDENCE 102. IF HOSPITAL, SPECIFY ONE: IP ER/OP DOA 103. FACILITY OTHER THAN HOSPITAL: CONV. HOSP. RES. OTHER 104. COUNTY CONTRA COSTA

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 8 VISTA DEL MAR 106. CITY ORINDA

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE (A) PENDING PATHOLOGY

DUE TO (B) -

DUE TO (C) -

DUE TO (D) -

108. DEATH REPORTED TO CORONER YES NO X YES [RECORDING NUMBER 96-1818]

109. BIOPSY PERFORMED YES NO X YES

110. AUTOPSY PERFORMED YES NO X YES

111. USED IN DETERMINING CAUSE YES NO X YES

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 CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY DECEDENT LAST SEEN ALIVE MM/DD/CCYY

115. SIGNATURE AND TITLE OF CERTIFIER [Signature] 116. LICENSE NO. 117. DATE MM/DD/CCYY

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP

119. MANNER OF DEATH: NATURAL SUICIDE HOMICIDE ACCIDENT X PENDING INVESTIGATION COULD NOT BE DETERMINED

120. INJURY AT WORK YES 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 ADDRESS, NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature] 127. DATE MM/DD/CCYY 12/16/1996 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER FLOYD SHODGRASS, DEPUTY-CORONER

1 OF 2

70134

STATE REGISTRAR A B C D E F G H I J K L M N O P Q R S T U V W X Y Z CERTIFIED COPY OF VITAL RECORDS 9598 LG CENSUS TRACT 354002

STATE OF CALIFORNIA COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY RECORDER.

ATTEST: [Signature] DATE ISSUED: 5/20/98

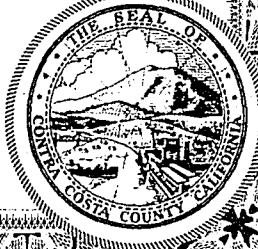
[Signature] CONTRA COSTA COUNTY RECORDER

0445132

This copy not valid unless prepared on engraved border displaying date and signature of Deputy Recorder

BK0798PG4945

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

DR 97-01-4254
39607005830

STATE THE NUMBER _____ USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS _____ LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER _____

STATE/LOCAL REGISTRAR USE ONLY	1	2	3
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TYPE OR PRINT IN BLACK INK ONLY

PART I INFORMATION TO LOCATE RECORD	1 NAME—FIRST (GIVEN) GORDON	2 MIDDLE EDWARD	2 OF 2	3 LAST (FAMILY) FRENCH	4 SEX MALE
	5 DATE OF EVENT—MM/DD/CCYY 12/15/1996	6 CITY OF OCCURRENCE ORINDA	7 COUNTY OF OCCURRENCE CONTRA COSTA		

PART II

107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE	(A) PENDING PATHOLOGY	TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 96-1818	
	(B) -		109. BOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(C) -		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	(D) -		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

119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" 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
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124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

PART III

107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE	(A) LEFT VENTRICULAR CARDIAC HYPERTROPHY	TIME INTERVAL BETWEEN ONSET AND DEATH YEARS	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 96-1818	
	(B) -		109. BOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(C) -		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	(D) -		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

119. MANNER OF DEATH <input checked="" 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)

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	6 SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>Lyle Shores</i>	9 DATE SIGNED—MM/DD/CCYY 01/08/1997	10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER LYLE SHORES, DEPUTY CORONER
	11 ADDRESS—STREET AND NUMBER 1960 HUIR ROAD	12 CITY MARTINEZ	13 STATE CA
			14 ZIP CODE 94553

STATE/LOCAL REGISTRAR USE ONLY

15 OFFICE OF THE STATE REGISTRAR
OFFICE OF VITAL STATISTICS

16 DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY
02/10/1997

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 24 8/1/94
93 24437

70124

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF CONTRA COSTA } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY RECORDER.

ATTEST: *ll-ocuff*
DATE ISSUED: 5/20/98

Stephen J. Weir
CONTRA COSTA COUNTY RECORDER
0445132

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

BK0798PG4946

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



All that certain real property situate (sic) in the County of Douglas, State of Nevada, that is described as follows:

PARCEL 1:

Lot 46 in Block A as shown on the Amended map of GLENBROOK UNIT NO. 2, filed in the office of the Recorder of Douglas County, Nevada, on October 13, 1978.

PARCEL 2:

The exclusive right to use for garage purposes that parcel designated as "G.E." 46, in Block A, as shown on the Amended Map of GLENBROOK UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada on October 13, 1978.

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

TO HAVE AND TO HOLD the said premises, together with the appurtenance, unto the said parties of the second part, and to their successors and assigns forever.

SUBJECT, HOWEVER, to the rights of persons entitled thereto to use said parcel for such uses as may be provided by said map, and subject further to the Supplemental Declaration of Annexation of the Covenants Conditions and Restrictions contained in document filed in the office of the Recorder of Douglas County, Nevada, on May 26, 1978 in Book 578, of Official Records, at page 2320, under Document No. 21219; and subject further to the Declaration of Cottage Covenants, Conditions, and Restrictions---Glenbrook recorded on May 26, 1978 in Book 578 of Official Records, at page 2291, under document No. 21218,

REQUESTED BY
James P. Pace
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 JUL 23 P3:44

209 Glenbrook Inn Road, Glenbrook, NV

0445132

LINDA SLATER
RECORDER

BK0798PG4947

\$11.00 PAID *Qu* DEPUTY