

AFFIDAVIT - DEATH OF TRUSTEE

State of Nevada,

ss.

County of Douglas

A.P.N. 1220-16-113-034

Charline Fant, Successor Trustee of the Winn Trust Dated February 27, 1992, of legal age, being first duly sworn, deposes and says: That Arlene A. Winn, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Arlene A. Winn, Trustee of the Winn Trust Dated February 27, 1992 named as the Grantee in that certain Grant, Bargain, Sale Deed dated June 10, 1993 executed by Arlene A. Winn, an unmarried woman to Arlene A. Winn, Trustee of the Winn Trust dated February 27, 1992, recorded as Instrument No. 310455 on June 22, 1993 in Book 0693, Page 4742 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada.

Lot 51, in Block B, as shown on the final map of PLEASANTVIEW PHASE III, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 4, 1992, in Book 1292, Page 815, as Document No. 294729.

CHARLINE FANT, SUCCESSOR TRUSTEE
OF THE TRUST DATED FEBRUARY 27, 1992

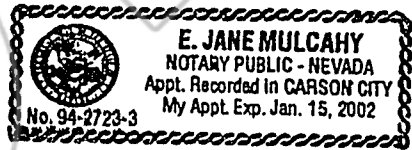
Dated: September 27, 1999

Charline Fant Successor Trustee
CHARLINE FANT, Successor Trustee

SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State,

this 27th day of September, 1999,
WITNESS my hand and official seal.

Signature *E. Jane Mulcahy*
E. Jane Mulcahy
Name (Typed or Printed)



When Recorded Please Mail To:
Charline Fant
P.O. Box 2390
Gardnerville, NV 89410

0478194

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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Arlene A. WINN		2. March 19, 1999		3a. Carson City	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emor. Rm. Inpatient (Specify)	
3b. Carson City		3c. Carson-Tahoe Hospital		3a. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
5. White		6. X		7a. 72	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Montana		9b. U.S.A.		10. 16 years	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. 8523		14a. Secretary		14b. Funeral	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Douglas		15c. Gardnerville	
FATHER—NAME		MOTHER—MAIDEN NAME		STREET AND NUMBER	
16. Clayton Winn		17. Charlene Fant		15d. 1232 Springtime	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Charlene Fant		18b. P. O. Box 2390, Gardnerville, Nevada 89410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Removal/Burial		19b. Forest Lawn Cemetery		19c. Glendale, California	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
21a. 3/19/99		21c. 1035		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22d. ON		22e. AT	
23a. Steven Brown, M.D., 1520 Virginia Ranch Rd., Gardnerville, Nev.		23b. 72 73		REGISTRAR	
24a. <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
PART I (a) CARDIOPULMONARY Arrest		Interval between onset and death		: Minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		: MONTHS	
(b) METASTATIC CARCINOMA OF THE LUNGS		Interval between onset and death		: YEARS	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		: YEARS	
(c) TOBACCO ABUSE		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
PART II		26. No		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. M		28b. March 22, 1999		28c. 1035	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28a. No		28b. Home		28c. 1232 Springtime	
28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION		28f. STREET OR R.F.D. No.	
28d. Heart attack		28e. Home		28f. 1232 Springtime	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

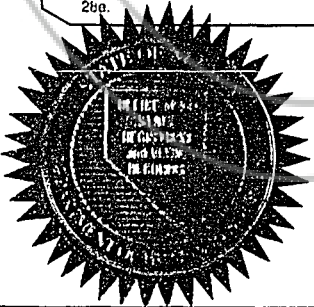
PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH



STATE REGISTRAR

No. 145712

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **MAR 22 1999 0478194**

[Signature]
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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REQUESTED BY
MARQUIS TITLE & ESCROW, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 OCT -5 PM 4: 08

LINDA SLATER
RECORDER

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