

Recording requested by:
Attorneys

✓ When recorded mail to:
Margaret M. Elliott, Esq.
ANDERSON, ZEIGLER, DISHAROON,
GALLAGHER & GRAY
P. O. Box 1498
Santa Rosa, CA 95402-1498

**AFFIDAVIT - DEATH OF TRUSTEE
AND APPOINTMENT OF SUCCESSOR TRUSTEE**

STATE OF CALIFORNIA)
) ss.
COUNTY OF SONOMA)

Fred W. Hesemeyer, of legal age, being first duly sworn, deposes and says:

1. Marilee Jonson Hesemeyer, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marilee J. Hesemeyer, named as Trustee of the Marilee J. Hesemeyer Trust Agreement dated September 24, 1999 in that certain Quitclaim Deed dated September 24, 1999, recorded as Instrument No. 0477809 on September 30, 1999, official Records of Douglas County, Nevada, covering the following described property located in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED AND INCORPORATED HEREIN
BY REFERENCE.

A.P. NO. 15-050-14 & 15

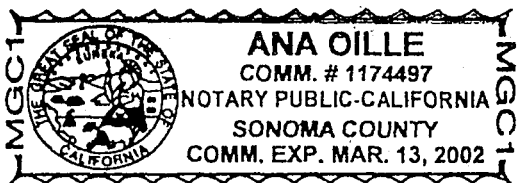
2. That upon the death of Marilee J. Hesemeyer, Fred W. Hesemeyer became the successor Trustee of the Marilee J. Hesemeyer Trust Agreement dated September 24, 1999.

Dated: 5-1-2000

Fred W. Hesemeyer, Jr.
Fred W. Hesemeyer, Successor Trustee
Of the Marilee J. Hesemeyer Trust
Agreement dated September 24, 1999

Subscribed and sworn to before
me on May 1, 2000

Ana Oille
Notary Public



0491983

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-1999-49-003389

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER				
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) MARILEE		2. MIDDLE JONSON		3. LAST (FAMILY) HESEMAYER					
	4. DATE OF BIRTH M/M/DD/CCYY 04/09/1934		5. AGE YRS. 65		6. SEX F		7. DATE OF DEATH M/M/DD/CCYY 11/29/1999			
	8. HOUR 0750		9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 5536		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
	12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 14		14. RACE CAUCASIAN					
	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER MEDICAL GROUP		17. OCCUPATION MEDICAL SECRETARY					
18. KIND OF BUSINESS HEALTH CARE		19. YEARS IN OCCUPATION 20		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3600 VINE HILL ROAD						
USUAL RESIDENCE	21. CITY SEBASTOPOL		22. COUNTY SONOMA		23. ZIP CODE 95472		24. YRS IN COUNTY 17			
	25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP RONALD JONSON, SON							
SPOUSE AND PARENT INFORMATION	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. BOX 644, FORESTVILLE, CA 95436		28. NAME OF SURVIVING SPOUSE—FIRST FRED		29. MIDDLE WALTER		30. LAST (MAIDEN NAME) HESEMAYER			
	31. NAME OF FATHER—FIRST FRANK		32. MIDDLE PERKINS		33. LAST PERKINS		34. BIRTH STATE CA			
	35. NAME OF MOTHER—FIRST MARY		36. MIDDLE ELIZABETH		37. LAST (MAIDEN) SCOTT		38. BIRTH STATE WA			
DISPOSITION(S)	39. DATE M/M/DD/CCYY 12/06/1999		40. PLACE OF FINAL DISPOSITION RES: RONALD JONSON, 7462 HIGHWAY 116, FORESTVILLE, CA 95436							
	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY OF NORTHERN, CA		45. LICENSE NO. FD 1334		46. SIGNATURE OF LOCAL REGISTRAR <i>George R. ...</i>		47. DATE M/M/DD/CCYY 12/06/1999			
	101. PLACE OF DEATH OWN RESIDENCE		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 type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY SONOMA			
PLACE OF DEATH	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 3600 VINE HILL ROAD		106. CITY SEBASTOPOL		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
	IMMEDIATE CAUSE (A) METASTATIC OVARIAN CANCER		TIME INTERVAL BETWEEN ONSET AND DEATH 8 MOS.		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 99-1749					
	DUE TO (B)		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DUE TO (C)		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
	DUE TO (D)		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. EXPLORATORY LAPAROTOMY 08/31/1999							
PHYSICIAN'S CERTIFICATION	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 M/M/DD/CCYY 06/03/1992		115. SIGNATURE AND TITLE OF CERTIFIER <i>Mary Davidson</i>		116. LICENSE NO. G32795		117. DATE M/M/DD/CCYY 12/03/1999			
	DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 11/02/1999		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP NANCY DAVIDSON, M.D., 6800 PALM AVE., #A, SEBASTOPOL, CA 95472							
CORONER'S USE ONLY	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 M/M/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 M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER						
STATE REGISTRAR	A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SONOMA } SS

02/03/2000
DATE ISSUED

Mary Maddux-Gonzalez
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

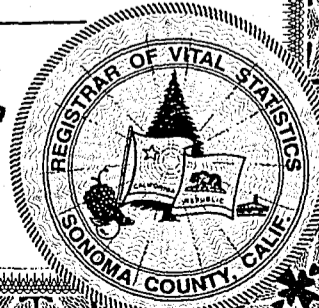


EXHIBIT "A"

County of Douglas, State of Nevada, bounded and described as follows:

BEING the South ½ of the NE ¼ of the NE ¼ of Section 30, Township 14 North, Range 19 East, M.D.B.&M; the South ½ of the NW ¼ of the NW ¼ of Section 29, Township 14 North, Range 19 East, M.D.B.&M.; the South ½ of the NE ¼ of the NW ¼ of Section 29, Township 14 North, Range 19 East, M.D.B.&M.

Together with a logical and reasonable access described in Easement Deed recorded December 10, 1964, in Book 28 of Official Records at Page 233, Document No. 26736, Douglas County, Nevada.

COPY

REQUESTED BY
Margaret M. Ellish Esq
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 MAY 15 PM 3:14

LINDA SLATER
RECORDER

\$ *9.00* PAID *Ko* DEPUTY

0491988

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