

✓ ALLISON, MACKENZIE, HARTMAN,
SOUMBENIOTIS & RUSSELL, LTD.
ATTORNEYS AND COUNSELORS AT LAW
P. O. BOX 646
CARSON CITY, NEVADA 89702-0646

APN: 05-082-21

When Recorded Mail To:

Affiants' Names & Addreses

John J. Alkazin, Esq.
601 California St. #1600
San Francisco, CA 94108

Marguerite Siemens
Janet M. Murray
100 Thorndale Dr. #465
San Rafael, CA 94903

CERTIFICATION OF SUCCESSOR TRUSTEES

AND

DECLARATION OF DEATH

We, Marguerite Siemens and Janet M. Murray, do hereby declare and certify that:

1. John C. Siemens and Marguerite Siemens, as Trustors, executed the Zephyr Cove Trust Agreement on December 22, 1997, and designated John C. Siemens, Marguerite Siemens as Janet M. Murray as Trustees of said Trust.

2. John C. Siemens, also known as John Cornelius Siemens, died on January 16, 2000, as evidenced by the certified copy of his certificate of death which is attached hereto.

3. This Certification is a true and correct representation of the terms of the Trust.

4. On February 17, 1998, Sierra Marin Company, a General Partnership, executed a Deed which was recorded on March 23, 1998, as Document No. 0435515 in Book 0398, page 4857 in the official records of the office of the Recorder of Douglas County, State of Nevada, conveying to John C. siemens, Marguerite Siemens and Janet M Murray as Trustees of the Zephyr Cove Trust under Trust Agreement dated December 22, 1997, that real property situated in the County of Douglas, State of Nevada, described as follows:

LOT 2, in Block B of Zephyr Cove Property in Section 10, Township 13 North, Range 18 East, M.D.B. & M. according to as delineated on that certain map entitled "Amended Map of Zephyr Cove Property in Section 10, T13N, N R 18 E", which was filed for record August 5, 1929 with Josephine L. Klotz, County Recorder, Douglas County, Nevada, after being approved by the Board of County Commissioners of Douglas County, Nevada on the same day.

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Subject to the conditions and restrictions as set forth in the Deed from Zephyr Cove Property to Frances M. Loomer dated September 27, 1928, and recorded in Book S of Deeds, Page 483, Douglas County Records and in the Deed from Zephyr Cove Properties, Incorporated to Frank L. Williams, and Birdena E. Williams, his wife, dated July 12, 1940, and recorded in Book V of Deeds, Page 497, Douglas County Records.

A.P.N. 05-082-21.

5. The Zephyr Cove Trust under Trust Agreement dated December 22, 1997 provides that upon the death of John C. Siemens, the undersigned, Marguerite Siemens and Janet M. Murray, are the Successor Trustees.

6. Marguerite Siemens and Janet M. Murray have accepted the office of Successor Trustees and are now the duly qualified and acting Trustees of said Trust.

7. The Trust Agreement has not been revoked, modified, or amended in any manner which would cause any representations contained herein to be incorrect.

8. Under the terms of the Trust Agreement, the undersigned, as Successor Trustees, have full power to sell, convey, manage and control all trust assets, to borrow money for any Trust purpose and to encumber any Trust property by mortgage, deed of trust or otherwise, to invest and reinvest any property held in the trust in any manner, and to hold property in the name of the Successor Trustees.

9. The purpose of this Certification is to certify the existence of the Trust and the identity and powers of the Successor Trustees so that the Successor Trustees can deal with third parties, such as financial institutions, stock transfer agents, brokerage houses, title companies, insurance companies, and others, without disclosing the entire Trust, which is a private and confidential document.

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10. All third parties dealing with the Successor Trustees may rely on this certificate as a true statement of the provisions of the Trust described herein as of the date this Certification is presented to such third party, regardless of the date of execution of this Certification.

Each of us declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at Carson City,
on August 10, 2000, 2000.

Marguerite Siemens
Marguerite Siemens

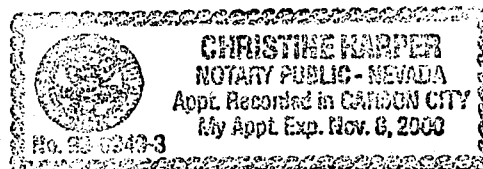
Janet M. Murray
Janet M. Murray

STATE OF Nevada)
~~COUNTY OF~~ Carson City) ss.

On August 10, 2000, before me, the undersigned, a Notary Public, personally appeared Marguerite Siemens, 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.

Christine Harper
Notary Public



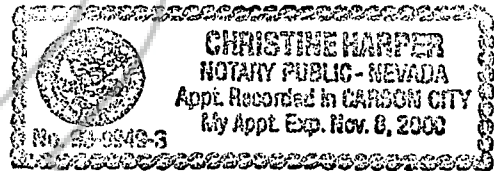
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STATE OF Nevada)
)
~~COUNTY OF Carson City~~) SS.

On August 10, 2000, before me, the undersigned, a Notary Public, personally appeared Janet M. Murray, 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.

Christine Harper
Notary Public



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3 2000 21000185

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) JOHN		2. MIDDLE CORNELIUS		3. LAST (FAMILY) SIEMENS		
	4. DATE OF BIRTH M/M/D/C CYY 01/18/1913		5. AGE YRS. 86		6. SEX M		7. DATE OF DEATH M/M/D/D/C CYY 01/16/2000
	8. HOUR 1025		9. SOCIAL SECURITY NO. [REDACTED] 7770		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED
	10. EDUCATION—YEARS COMPLETED 20		14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF
	17. OCCUPATION PHYSICIAN		18. KIND OF BUSINESS MEDICAL PRACTICE		19. YEARS IN OCCUPATION 43		
USUAL RESIDENCE	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 100 THORNDALE DR., #465						
	21. CITY SAN RAFAEL		22. COUNTY MARIN		23. ZIP CODE 94903	24. YRS IN COUNTY 54	25. STATE OR FOREIGN COUNTRY CALIFORNIA
	26. NAME, RELATIONSHIP MARGUERITE SIEMENS - SPOUSE						
SPOUSE AND PARENT INFORMATION	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 100 THORNDALE DR., #465, SAN RAFAEL, CA 94903				28. NAME OF SURVIVING SPOUSE—FIRST MARGUERITE		
	29. MIDDLE -		30. LAST (MAIDEN NAME) HAGG			34. BIRTH STATE RUSSIA	
	31. NAME OF FATHER—FIRST KORNELIUS		32. MIDDLE H.		33. LAST SIEMENS		38. BIRTH STATE RUSSIA
	35. NAME OF MOTHER—FIRST KATHERINE		36. MIDDLE -		37. LAST (MAIDEN) DYCK		38. BIRTH STATE RUSSIA
DISPOSITION(S)	39. DATE M/M/D/D/C CYY 01/26/2000		40. PLACE OF FINAL DISPOSITION RES: MARGUERITE SIEMENS, 100 THORNDALE DR., #465, SAN RAFAEL, CA 94903				
	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 NO. CA		45. LICENSE NO. FD 1419		46. SIGNATURE OF LOCAL REGISTRAR <i>Fred S. Schwartz, m.d.</i>		47. DATE M/M/DD/C CYY 01/26/2000
	101. PLACE OF DEATH VILLA MARIN		102. IF HOSPITAL SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY MARIN
PLACE OF DEATH	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 100 THORNDALE DR.						106. CITY SAN RAFAEL
	107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) CARCINOMA LUNG				TIME INTERVAL BETWEEN ONSET AND DEATH MOS		108. DEATH REPORTED TO CORNER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER
	DUE TO (B) BONE METASTASIS				MOS		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
CAUSE OF DEATH	DUE TO (D)						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 CARCINOMA PROSTATE, COLON						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. BRONCHIAL BIOPSY --/--/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/C CYY 07/30/1997		115. SIGNATURE AND TITLE OF CERTIFIER <i>Ripley H. Hunter</i>		116. LICENSE NO. C28246		117. DATE M/M/DD/C CYY 01/26/2000
	DECEDENT LAST SEEN ALIVE M/M/DD/C CYY 01/06/2000		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP RIPLEY H. HUNTER, MD 100 THORNDALE DR., SAN RAFAEL, CA 94903				
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/C CYY		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)						
STATE REGISTRAR	126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE M/M/DD/C CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
	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 MARIN } SS

DATE ISSUED FEB 15 2000

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

Fred S. Schwartz, m.d.

HEALTH OFFICER
MARIN COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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COPY

REQUESTED BY
Allison Mackenzie et al
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 AUG 17 AM 9:34

LINDA SLATER
RECORDER

\$ 12⁰⁰ PAID K2 DEPUTY

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