

145

CERTIFICATE OF INCUMBENCY AND CERTIFICATION OF TRUST
N.R.S. 164.400

BROOKE WOELLNER, being duly sworn, deposes and says:

1. LOUIS SCHAFFER and FRANKIE SCHAFFER created a revocable living trust entitled the SCHAFFER LIVING TRUST dated December 18, 1998.
2. By the terms of said trust, LOUIS SCHAFFER and FRANKIE SCHAFFER were designated as Trustees.
3. LOUIS SCHAFFER and FRANKIE SCHAFFER are now deceased, as evidenced by their Certificates of Death, certified copies of which are attached hereto as Exhibits "A" and "B," respectively.
4. BROOKE WOELLNER is the named Successor Trustee of the SCHAFFER LIVING TRUST dated December 18, 1998.
5. The trust is now irrevocable and may not be altered, amended or revoked by any person.
6. The form in which title to assets of the trust is to be taken is:
"BROOKE WOELLNER, Successor Trustee of the SCHAFFER LIVING TRUST dated December 18, 1998.
7. Real property currently held in the trust includes: see Exhibits "C" and "D" attached hereto.
8. The trust has not been revoked or amended so as to make any representations contained in this certification incorrect.
9. The signature shown below is that of the currently acting Successor Trustee.

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James M. O'Reilly, Attorney at Law

3321 North Buffalo Drive, Suite 200, Las Vegas, Nevada 89101 (702) 477-7500

✓ 1492 Highway 395, Suite 106, Gardnerville, Nevada 89410 (775) 782-3647

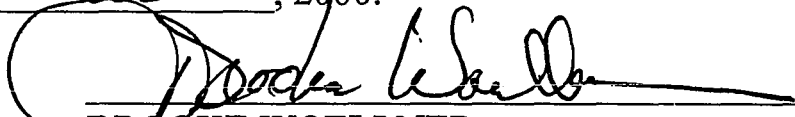
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Page 1

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10. This certificate is made pursuant to Section 164.400 of Nevada Revised Statutes.

Signed this 21 day of NOVEMBER, 2000.


BROOKE WOELLNER

STATE OF NEVADA)
 : ss
COUNTY OF DOUGLAS)

On this 27 day of November, 2000, before me, a Notary Public in and for said County and State, personally appeared BROOKE WOELLNER who subscribed to the within instrument in my presence and who acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.


Notary Public



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

Altered

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

ROLL 101 IMAGE 254
LOCAL FILE NUMBER

1979

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Louis SCHAFFER		2. DATE OF DEATH (Month, Day, Year) August 27, 2000		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Tahoe Pacific Hospital		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
DECEDENT	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 7a. 77	
	8. DATE OF BIRTH (Mo., Day, Yr.) May 27, 1923		9. UNDER 1 YEAR MOS : DAYS		10. UNDER 1 DAY HOURS : MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Montana		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 16	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER 8996		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Consultant		14b. KIND OF BUSINESS OR INDUSTRY Mining Industry	
	15a. RESID. Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Genoa	
DISPOSITION	16. FATHER—NAME First Middle Last John Schaffer		17. MOTHER—MAIDEN NAME First Middle Last Edna Mae Brown			
	18a. INFORMANT—NAME (Type or Print) Brooke Woellner		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 263 Genoa, Nevada 89411			
CERTIFIER	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City, Nevada	
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Burns</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop St. Carson City, Nevada 89706	
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>T. Brian Callister, M.D.</i>		21b. DATE SIGNED (Mo., Day, Yr.) 8-31-2000		21c. HOUR OF DEATH 1246	
	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. (Signature and Title) <i>T. Brian Callister, M.D.</i>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) T. Brian Callister, M.D., 50 Kirman Ave. #305, Reno, NV 89502		23b. LICENSE NUMBER 6301		24. DEATH DUE TO COMMUNICABLE DISEASE 24a. (Signature) <i>T. Brian Callister, M.D.</i> 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 31, 2000 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) respiratory failure DUE TO, OR AS A CONSEQUENCE OF: (b) pneumonia DUE TO, OR AS A CONSEQUENCE OF: (c) _____		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
CAUSE OF DEATH	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
	28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			
CAUSE OF DEATH	29a. INJURY AT WORK (Specify Yes or No)		29b. LOCATION. STREET OR R.F.D. No.		29c. CITY OR TOWN STATE	
	29d. _____		29e. _____			

Information corrected, State Affidavit #36854, 9/20/00.

No. 173191

Item #8. May 27, 1922

Item #7a. 78

STATE REGISTRAR

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

Date Issued:

SEP 20 2000

State Registrar

EXHIBIT
Sylvia
"A"

BK1100PG5385
050401



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

Book 466 Page 890

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

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

LOCAL FILE NUMBER			STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Frankie SCHAFFER		2. DATE OF DEATH (Month, Day, Year) January 23, 1999		3a. COUNTY OF DEATH Carson City
CITY, TOWN OR LOCATION OF DEATH Carson City		3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson Tahoe Hospital		3c. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient
3d. SEX Female		4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		
5. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		6. AGE—Last Birthday (Years) 77	7a. UNDER 1 YEAR MOS : DAYS	7b. UNDER 1 DAY HOURS : MINS
8. DATE OF BIRTH (Mo., Day, Yr.) July 12, 1921		9. STATE OF BIRTH (If not U.S.A., name country) Texas		
10. CITIZEN OF WHAT COUNTRY U.S.A.		11. Decedent's Education. Specify highest grade completed. 12		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
13. SURVIVING SPOUSE (If wife, give maiden name) Louis Schaffer		14. SOCIAL SECURITY NUMBER 9644		
15. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		16. KIND OF BUSINESS OR INDUSTRY Own Home		
17. RESIDENCE STATE Nevada	18. COUNTY Douglas	19. CITY, TOWN, OR LOCATION Genoa	20. STREET AND NUMBER 2344 Main Street	21. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER—NAME First Middle Last Frank Carpenter		17. MOTHER—MAIDEN NAME First Middle Last Mateline Law		
18. INFORMANT—NAME (Type or Print) Brooke Woellner - Daughter		19. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 263, Genoa, Nevada 89411		
20. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		21. CEMETERY OR CREMATORY—NAME Walton's Carson Sierra Crematory		22. LOCATION City or Town State Carson City Nevada
23. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) Jimmy Bunsen		24. FUNERAL DIRECTOR LICENSE NUMBER 9		
25. NAME AND ADDRESS OF FACILITY Society 1614 N. Curry St. Carson City, NV. 89703		26. NAME AND ADDRESS OF FACILITY Capitol City Cremation & Burial		
27. To be completed by CERTIFYING PHYSICIAN 28a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) Eric Cantlin 1999 DEC -2 PM 3:42		28b. To be completed by Coroner's Office 29a. 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. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH Eric Cantlin 1-26-99 1710		
29b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Eric Cantlin		29c. PRONOUNCED DEAD (Mo., Day, Yr.) 1/23/99		29d. PRONOUNCED DEAD (Hour) 1710
30. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Eric Cantlin Coroner 901 E. Musser St. Carson City, NV. 89701		31. LICENSE NUMBER CO-6		
32. REGISTRAR 33a. (Signature) Vera R. Kirkman		33b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Jan. 26, 1999		33c. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
(b) Sepsis DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
(c) 2nd & 3rd Burns to approximately 15% body		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. COPD and Emphysema		25. AUTOPSY (Specify Yes or No) No		26. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
35. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Acc	36. DATE OF INJURY (Mo., Day, Yr.) 1-11-99	37. HOUR OF INJURY 1045 AM	38. DESCRIBE HOW INJURY OCCURRED O2 tank exploded on lap	
39. INJURY AT WORK (Specify Yes or No)	40. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) OFFICE	41. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1540 Hwy 395 STATION Center Gardnerville, NV. 89410	42. No.	

STATE REGISTRAR

No. 139916

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

EXHIBIT *Dylva*
"B" State Registrar

Date Issued 0504011 JAN 26 1999



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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EXHIBIT "C"

That real property commonly known as 2344 Main Street, Genoa, Nevada, situated in the County of Douglas, State of Nevada, more particularly bounded and described as follows:

All that certain piece or parcel of land situate in the East Half of the Northeast Quarter of Section 9 and the West Half of the Northwest Quarter of Section 10, Township 13 North, Range 19 East, M.D.B. & M., more particularly described as follows:

Commencing at the section corner common to Sections 3, 4, 9, and 10, Township 13 North, Range 19 East, M.D.B.&M.; thence East along the North line of said Section 10 a distance of 639.47 feet to the westerly right of way line of the County Road; thence South $23^{\circ}39'40''$ West along the right of way line a distance of 1390.00 feet to the true point of beginning at the Northeasterly corner of the parcel; thence South $23^{\circ}39'40''$ West along said right of way line of the County Road a distance of 59.47 feet to a point; thence continuing along said right of way line South $26^{\circ}47'20''$ West a distance of 162.00 feet, more or less, to the Northeast corner of Lot 11, in Block 12, as shown on the map of the Town of Genoa; thence along the Northerly line of Lots 11 and 8 in said Block 12 North $69^{\circ}04'30''$ West a distance of 243.00 feet, more or less, to the Northwest corner of said Lot 8; thence along said Westerly line of said Lots 8 and 9 South $19^{\circ}30'$ West a distance of 117.60 feet, more or less, to a point on the Northerly line of a street; thence along the Northerly line of said street North $68^{\circ}52'$ West a distance of 348.40 feet to a point; thence North $17^{\circ}35'$ East a distance of 53.33 feet, more or less, to a point on the North line of the Southeast Quarter of the Northeast Quarter of said Section 9; thence West along the said section line a distance of 136.76 feet to a point at the Southwesterly corner of the parcel; thence North $4^{\circ}46'$ East a distance of 201.90 feet to a point; thence North $31^{\circ}17'$ East a distance of 177.40 feet to a point at the Northwesterly corner of the parcel; thence South $66^{\circ}20'20''$ East a distance of 764.00 feet to the point of beginning.

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

TOGETHER with all rights to use waters from Genoa Creek by Quitclaim Deed recorded concurrently herewith.

SUBJECT TO the following covenants and restrictions which shall run with the land and shall be binding upon parties of the second part, the survivor of them and the heirs, executors and administrators of such survivor, for the benefit of first parties and the grantees of the first parties.

1. Said property shall be used only for private residential purposes until such time in the applicable zoning ordinances shall permit the commercial use of said property, provided, however that this paragraph shall not be construed to prevent the keeping of horses or other livestock upon the premises, nor to prevent the farming of or ranching of said property.

2. Until such time as the applicable zoning ordinance shall permit the commercial use

of the above described parcel of real property, the only structure that may be constructed thereon shall be fences, two detached single family dwellings with a private garage, stable, and well house to be appurtenant to and in connection with each of said dwellings. In lieu of stables, New England type barns, with living quarters above, will be acceptable. Grantees may drill a well, build a well house and construct a stable or New England type barn, and/or construct a guest house having a ground floor area of not less than 600 square feet, on said property prior to erecting a main dwelling house thereon. Thereafter such appurtenances shall be constructed contemporaneously with or subsequent to, and not prior to, the construction of the main dwelling to which such structures are to be appurtenant.

3. No previously constructed dwelling house or other structure of any nature shall be moved from any other location onto any lot or portion of said subdivision.

4. No main dwelling house shall be constructed or maintained upon any portion of the above-described real property which shall have a ground floor area, exclusive of garage, patios and terraces, of less than 1500 square feet.

A.P.N. 1708123

EXHIBIT "D"

That real property situated in the County of Washoe, State of Nevada, more particularly bounded and described as follows:

PARCEL 7 of PYRAMID LAKE RANCHES UNIT NO. 3, Amended Record of Survey as legally described on Sheets 1 and 4 of said Record of Survey recorded on August 9, 1961, Survey No. 341934, OFFICIAL RECORDS OF WASHOE COUNTY, NEVADA.

Subject to covenants, conditions, restrictions, reservations, easements and rights of way of record.

A.P.N. 074-18-116



COPY

REQUESTED BY
James O'Reilly
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 NOV 28 PM 2: 13

LINDA SLATER
RECORDER

\$ 14⁰⁰ PAID Kg DEPUTY

0504011

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