

1 APN: 0000-05-111-060
2 RETURN RECORDED DEED TO:
3 TODD RUSSELL, ESQ.
4 ALLISON, MACKENZIE, HARTMAN,
5 SOUMBENIOTIS & RUSSELL, LTD.
6 402 North Division Street
7 Carson City, NV 89703

GRANTEE:
COLLEEN HOSMAN
P.O. Box 11216
South Lake Tahoe, CA 96155

8 GRANT, BARGAIN AND SALE DEED

R.P.T.T. \$ # 8

9 THIS INDENTURE, made on November 22, 2000, by and
10 between COLLEEN HOSMAN, Surviving Trustee of "THE FREDERICK K. IMMOOR 1983
11 TRUST," grantee, and COLLEEN HOSMAN, a single woman, of P.O. Box 11216, South Lake
12 Tahoe, CA 96155, grantor,

13 WITNESSETH:

14 That FREDERICK K. IMMOOR died on or about August 12, 2000, and that a
15 certified copy of the Certificate of Death is attached hereto as Exhibit "A" and incorporated herein
16 by this reference.

17 That COLLEEN HOSMAN is the Surviving Trustee of "THE FREDERICK K.
18 IMMOOR 1983 TRUST."

19 That the grantor, in consideration of the sum of Ten and No/100 Dollars (\$10.00),
20 lawful money of the United States, and other good and valuable consideration to her in hand paid
21 by the grantee, the receipt whereof is hereby acknowledged, does by these presents grant, bargain,
22 and sell to the grantee, and to her successors and assigns, all that certain lot, piece, or parcel of land
23 situated in the county of Douglas, state of Nevada, and more particularly described as follows:

24 (See, Exhibit "B" attached hereto and incorporated herein by this
25 reference.)

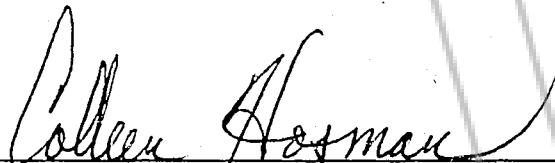
26 TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances
27 thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder or
28 remainders, rents, issues, and profits thereof.

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402 North Division Street, P. O. Box 646, Carson City, NV 89702
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1 TO HAVE AND TO HOLD all and singular the premises, together with the
2 appurtenances, unto the said grantee and to her successors and assigns forever.

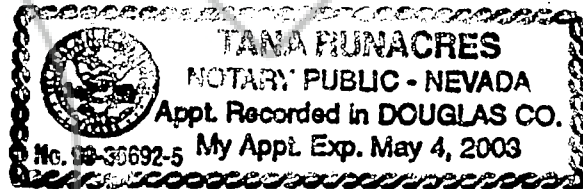
3 IN WITNESS WHEREOF, the grantor has executed this conveyance the day and year
4 first above written.

5
6 
7 COLLEEN HOSMAN

8 STATE OF NEVADA)
9 CARSON CITY) : ss.

10 On November 22, 2000, personally appeared before me, a notary
11 public, COLLEEN HOSMAN, personally known (or proved) to me to be the person whose name
12 is subscribed to the foregoing Grant, Bargain and Sale Deed, who acknowledged to me that she
13 executed the foregoing document.

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15 
16 NOTARY PUBLIC



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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3 2000 09 000592

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) FREDERICK		2. MIDDLE KENNETH		3. LAST (FAMILY) IMMOOR	
4. DATE OF BIRTH M/M/DD/C/YY 03/20/1926		5. AGE YRS. 74		6. SEX M	
7. DATE OF DEATH M/M/DD/C/YY 08/12/2000		8. HOUR 1630			
9. STATE OF BIRTH NJ		10. SOCIAL SECURITY NO. 7300		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS WIDOWED		13. EDUCATION—YEARS COMPLETED 12			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF EMPLOYED	
17. OCCUPATION HOTEL OWNER		18. KIND OF BUSINESS HOTEL		19. YEARS IN OCCUPATION 24	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 651 MARLA LN.					
21. CITY ZEPHYR COVE		22. COUNTY DOUGLAS		23. ZIP CODE 89448	
24. YRS IN COUNTY 25		25. STATE OR FOREIGN COUNTRY NEVADA			
26. NAME, RELATIONSHIP COLLEEN HOSMAN - DAUGHTER			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. Box 11216, SO. LAKE TAHOE, CA 96155		
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
31. NAME OF FATHER—FIRST FREDERICK		32. MIDDLE		33. LAST IMMOOR	
34. BIRTH STATE NJ		35. NAME OF MOTHER—FIRST CATHERINE		36. MIDDLE	
37. LAST (MAIDEN) O'SHEA		38. BIRTH STATE NY			
39. DATE M/M/DD/C/YY 08/17/2000		40. PLACE OF FINAL DISPOSITION GENOA CEMETERY, GENOA, NV			
41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER <i>Timothy Bennett</i>		43. LICENSE NO. 7872	
44. NAME OF FUNERAL DIRECTOR McFARLANE MORTUARY		45. LICENSE NO. FD-1180		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogin, M.D.</i>	
47. DATE M/M/DD/C/YY 08/14/2000					
101. PLACE OF DEATH 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 EL DORADO		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1763 DELEWARE St.		106. CITY SO. LAKE TAHOE	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (A) RESPIRATORY ARREST		Minutes		00-6518	
DUE TO (B) GLIOBLASTOMA		4 Mo.		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. TUMOR BIOPSY 06/--/2000					
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/YY 11/09/1988		115. SIGNATURE AND TITLE OF CERTIFIER <i>Paul W. Rork, MD</i>		116. LICENSE NO. G41328	
117. DATE M/M/DD/C/YY 08/07/2000		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP PAUL W. RORK, MD, 1090 3RD STREET, SO. LAKE TAHOE, CA 96150			
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/YY	
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/C/YY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 8786 CENSUS TRACT	

0504237
BK1200P6006

52616 CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED **08/24/2000**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

Stephen G. Drogin, M.D.
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "B"

All that certain parcel of real property situate in the county of Douglas, state of Nevada, more particularly described as follows:

Lot 2 in Block H, as shown on the map of SUBDIVISION NO. 2 ZEPHYR COVE PROPERTIES, INC., filed in the office of the County Recorder of Douglas County, Nevada, on July 15, 1927.

Being Assessor's Parcel Number 0000-05-111-060.

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REQUESTED BY
Todd Russell Esq
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 DEC -1 AM 9: 08

LINDA SLATER
RECORDER

\$10⁰⁰ PAID *K2* DEPUTY

0504237

BK 1200PG0007³