

1 APN: 1321-32-002-034  
2 RETURN RECORDED DEED TO:  
3 ANDREW MacKENZIE, ESQ.  
4 ALLISON, MacKENZIE, HARTMAN,  
5 SOUMBENIOTIS & RUSSELL, LTD.  
6 402 North Division Street  
7 Carson City, NV 89703

GRANTEE:  
DAVID A. HUSSMAN  
1250 Highway 395 North  
Gardnerville, NV 89410

8 **R.P.T.T. \$** ~~\_\_\_\_\_~~ #8

GRANT, BARGAIN AND SALE DEED

9 THIS INDENTURE, made on June 8, 2000, by and between  
10 DAVID A. HUSSMAN, Successor Trustee of "THE HUSSMAN FAMILY 1983 TRUST," grantor,  
11 and DAVID A. HUSSMAN, a married man, of 1250 Highway 395 North, Gardnerville, Nevada  
12 89410, grantee,

WITNESSETH:

13 That JAMES A. HUSSMAN died on or about December 16, 1999, and that  
14 KATHRYN L. HUSSMAN died on or about May 28, 1996, and that certified copies of the  
15 Certificates of Death are attached hereto as Exhibits "A" and "B," respectively, and incorporated  
16 herein by this reference.

17 That DAVID A. HUSSMAN is the Surviving Trustee of "THE HUSSMAN FAMILY  
18 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 him 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 his successors and assigns, all that certain parcel of real property  
23 located in the county of Douglas, state of Nevada, and more particularly described as follows:

24 (See, Exhibit "C" 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.

ALLISON, MacKENZIE, HARTMAN, SOUMBENIOTIS & RUSSELL, LTD.  
402 North Division Street, P. O. Box 646, Carson City, NV 89702  
Telephone: (775) 687-0202 Fax: (775) 882-7918

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TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said grantee and to his successors and assigns forever.

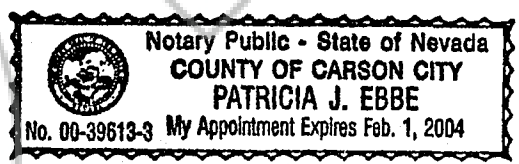
IN WITNESS WHEREOF, the grantor has executed this conveyance the day and year first above written.

*David A Hussman*  
\_\_\_\_\_  
DAVID A. HUSSMAN, Successor Trustee

STATE OF NEVADA            )  
  : ss.  
CARSON CITY                )

On June 8, 2000, personally appeared before me, a notary public, DAVID A. HUSSMAN, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Grant, Bargain and Sale Deed, who acknowledged to me that he executed the foregoing document.

*Patricia J Ebbe*  
\_\_\_\_\_  
NOTARY PUBLIC



ALLISON, MacKENZIE, HARTMAN, SOUMBENIOTIS & RUSSELL, LTD.  
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Telephone: (775) 687-0202 Fax: (775) 882-7918



# 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

99 014308

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 <b>James Alden HUSSMAN</b>			DATE OF DEATH (Month, Day, Year) <b>2. December 16, 1999</b>		COUNTY OF DEATH 3a. <b>Douglas</b>				
3b. CITY, TOWN OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>1250 Hwy 395 N.</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>6</b>		4. SEX <b>Male</b>			
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		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. <b>79</b>		8. DATE OF BIRTH (Mo., Day, Yr.) <b>December 19, 1919</b>			
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>8392</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Rancher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>010 Ranching</b>					
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1250 Hwy 395 N.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER—NAME First Middle Last <b>George Hussman</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Ruth Williams</b>						
18a. INFORMANT—NAME (Type or Print) <b>David A. Hussman - Son</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1389 Meadow Lane, Gardnerville, Nevada 89410</b>						
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY—NAME <b>Garden Cemetery</b>		19c. LOCATION City or Town State <b>Gardnerville, Nevada</b>					
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James Mc...</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 48</b>					
21a. To be completed by CERTIFYING PHYSICIAN 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>B. Bottenberg, M.D.</i>		21b. DATE SIGNED (Mo., Day, Yr.) <b>12-17-99</b>		21c. HOUR OF DEATH <b>1445</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>B. Bottenberg, D.O., 1001 N. Mountain, Ste. 2A, Carson City, NV.</b>		21e. LICENSE NUMBER <b>D0674</b>	
22a. To be completed by Coroner's Office 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>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)	
23a. REGISTRAR 24a. (Signature) <i>Judy Sparmar...</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>12-17-99</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) <b>respiratory failure</b>		Interval between onset and death			
				(b) <b>advanced dementia</b>		Interval between onset and death			
				(c) <b>atherosclerosis</b>		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.		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>			
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. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	



STATE REGISTRAR

*Gyonna Sylva*

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 2000**

**0506691**

No.155609  
Birth Cert# 19 001186

State Registrar

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BK 0101 PG 2097



# 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

96 005606

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 <b>Kathryn Lynnea HUSSMAN</b>			DATE OF DEATH (Month, Day, Year) <b>May 28, 1996</b>		COUNTY OF DEATH <b>Douglas</b>						
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>1250 U.S. Hwy 395</b>		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) <b>7</b>	4. SEX <b>Female</b>						
RACE—(s.g., White, Black, American Indian, etc) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years) <b>7a. 78</b>	UNDER 1 YEAR MOS : DAYS <b>7b. :</b>	UNDER 1 DAY HOURS : MINS <b>7c. :</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>October 15, 1917</b>				
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Kansas</b>		9b. CITIZEN OF WHAT COUNTRY <b>USA</b>		10. Decedent's Education. Specify highest grade completed. <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>James A. Hussman</b>			
13. SOCIAL SECURITY NUMBER <b>██████████-3973</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) <b>Homemaker</b>		14b. 9/4 <b>9/4</b>		14c. KIND OF BUSINESS OR INDUSTRY <b>9/4</b>		14d. <b>Own Home</b>			
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1250 U.S. Hwy 395</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER—NAME First Middle Last <b>John Schell</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Nellie Stenquist</b>								
18a. INFORMANT—NAME (Type or Print) <b>James A. Hussman - Husband</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1250 U.S. Hwy 395 Gardnerville, Nevada 89410</b>								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY—NAME <b>Garden Cemetery</b>		19c. LOCATION City or Town State <b>Gardnerville, Nevada</b>							
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>#126</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1555 Hwy 395, Minden, Nevada 89423 48</b>							
21a. To be completed by CERTIFYING PHYSICIAN 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>[Signature]</i>			22a. To be completed by Coroner's Office 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>[Signature]</i>								
21b. DATE SIGNED (Mo., Day, Yr.) <b>May 29, 1996</b>			21c. HOUR OF DEATH <b>2238</b>			22b. DATE SIGNED (Mo., Day, Yr.)			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON			22e. AT					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Andrea Weed - M.D. Stratton Center 1540 Hwy 395 Gardnerville, NV 89410</b>			LICENSE NUMBER <b>0675</b>								
24a. REGISTRAR (Signature) <i>[Signature]</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>May 29, 1996</b>			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death								
PART I (a) <b>Acute congestive heart failure</b> DUE TO, OR AS A CONSEQUENCE OF:			: <b>Months</b>								
(b) <b>Myocardial infarction</b> DUE TO, OR AS A CONSEQUENCE OF:			: <b>Years</b>								
(c) <b>Hypertension</b> DUE TO, OR AS A CONSEQUENCE OF:			: <b>Years</b>								
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			26. AUTOPSY (Specify Yes or No) <b>NO</b>			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>YES</b>					
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. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		STATE	

STATE REGISTRAR

No. 096863

*[Signature]*

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 2000

0506691

State Registrar

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BK 0101 PG 2098

EXHIBIT "A"

**Legal Description**

All that real property situate in Section 32, Township 13 North, Range 21 East, M.D.B. & M. in County of Douglas, State of Nevada, described as follows:

The Southwest quarter of the Southwest quarter of Section 32, Township 13 North, Range 21 East, M.D.B. & M.

EXCEPTING THEREFROM: All that portion of Parcel 1 and Parcel 2 of Parcel Map for JAMES N. FEDDISH and ESTHER R. FEDDISH, filed March 15, 1989 in Book 389, Page 2175 as Document No. 198297 of Official Records of Douglas County, State of Nevada.

Said portion also known as the North 330 feet of the Southwest quarter of the Southwest quarter of Section 32, Township 13 North, Range 21 East, M.D.B. & M.

APN: 1321-32-002-034



REQUESTED BY  
Andrew MacKenzie Esq  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 JAN 12 AM 9:14

LINDA SLATER  
RECORDER

\$ 11.00 PAID KJ DEPUTY

0506691  
BK 0101 PG 2099