

1 APN: 19-110-030
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 8th, 2000, by and
10 between DAVID A. HUSSMAN, Successor Trustee of "THE HUSSMAN FAMILY 1983 TRUST,"
11 grantor, and DAVID A. HUSSMAN, a married man, of 1250 Highway 395 North, Gardnerville,
12 Nevada 89410, grantee,

13 WITNESSETH:

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

18 That DAVID A. HUSSMAN is the Surviving Trustee of "THE HUSSMAN FAMILY
19 1983 TRUST."

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

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

27 TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances
28 thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder or
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

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

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

5 *David A. Hussman*
6 _____
7 DAVID A. HUSSMAN, Successor Trustee

8 STATE OF NEVADA)
9 CARSON CITY : ss.

10 On June 8, 2000, personally appeared before me, a notary
11 public, DAVID A. HUSSMAN, 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 he
13 executed the foregoing document.

14 *Patricia J. Ebbe*
15 _____
16 NOTARY PUBLIC



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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

LOCAL FILE NUMBER

STATE FILE NUMBER

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

DECEASED—NAME First Middle Last 1. James Alden HUSSMAN			DATE OF DEATH (Month, Day, Year) 2. December 16, 1999		COUNTY OF DEATH 3a. Douglas
CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1250 Hwy 395 N.		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. 6	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		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) 7a. 79	UNDER 1 YEAR MOS : DAYS 7b. : UNDER 1 DAY HOURS : MINS 7c. :
DATE OF BIRTH (Mo., Day, Yr.) 8. December 19, 1919		STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 14
SOCIAL SECURITY NUMBER 13. 8392		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Rancher		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	STREET AND NUMBER 15d. 1250 Hwy 395 N.	
FATHER—NAME First Middle Last 16. George Hussman		MOTHER—MAIDEN NAME First Middle Last 17. Ruth Williams		SURVIVING SPOUSE (If wife, give maiden name) 12.	
INFORMANT—NAME (Type or Print) 18a. David A. Hussman - Son			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1389 Meadow Lane, Gardnerville, Nevada 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Garden Cemetery		LOCATION City or Town State 19c. Gardnerville, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>James M. [Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, Nevada 48		
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>			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>		
DATE SIGNED (Mo., Day, Yr.) 21b. 12-17-99		HOUR OF DEATH 21c. 1445		DATE SIGNED (Mo., Day, Yr.) 22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. B. Bottenberg, D.O., 1001 N. Mountain, Ste. 2A, Carson City, NV.					LICENSE NUMBER 23b. D0674
REGISTRAR 24a. (Signature) <i>Jack J. [Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 12-17-99		DEATH DUE TO COMMUNICABLE DISEASE 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) <i>respiratory failure</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>advanced dementia</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>atherosclerosis</i>					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE



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:

MAR 22 2000

0506693

State Registrar

Gyonnae Saylor

No. 155609
Birth Cert# 19 001186

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BK 0101 PG 2107

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 Kathryn Lynnea HUSSMAN			DATE OF DEATH (Month, Day, Year) 2 May 28, 1996		COUNTY OF DEATH 3a Douglas				
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1250 U.S. Hwy 395		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 7	SEX 4 Female				
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.		AGE—Last Birthday (Years) 7a 78	UNDER 1 YEAR MOS : DAYS 7b :	UNDER 1 DAY HOURS : MINS 7c :	DATE OF BIRTH (Mo., Day, Yr.) October 15, 1917		
9a STATE OF BIRTH (If not U.S.A., name country) Kansas		9b CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		12. SURVIVING SPOUSE (If wife, give maiden name) James A. Hussman	
13. SOCIAL SECURITY NUMBER -3973		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker			14b. KIND OF BUSINESS OR INDUSTRY Own Home				
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1250 U.S. Hwy 395		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER—NAME First Middle Last John Schell			17. MOTHER—MAIDEN NAME First Middle Last Nellie Stenquist						
18a. INFORMANT—NAME (Type or Print) James A. Hussman - Husband			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1250 U.S. Hwy 395 Gardnerville, Nevada 89410						
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Garden Cemetery		19c. LOCATION City or Town State Gardnerville, Nevada					
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER #126		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1555 Hwy 395, Minden, Nevada 89423 48					
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> DATE SIGNED (Mo., Day, Yr.) 21b. May 29, 1996		21c. HOUR OF DEATH 2238		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> DATE SIGNED (Mo., Day, Yr.) 22b.		22c. HOUR OF DEATH 22c.			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Andrea Weed - M.D. Stratton Center 1540 Hwy 395 Gardnerville, NV 89410		21e. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		21f. PRONOUNCED DEAD (Hour) 22e. AT					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Andrea Weed - M.D. Stratton Center 1540 Hwy 395 Gardnerville, NV 89410		23b. LICENSE NUMBER 0675							
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 29, 1996		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) Acute congestive heart failure DUE TO, OR AS A CONSEQUENCE OF:				: months					
(b) hypertension DUE TO, OR AS A CONSEQUENCE OF:				: years					
(c) hypertension				: years					
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) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) YES					
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



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 0506693**

[Signature]
State Registrar

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BK 0101 PG 2108

Legal Description

SITUATE IN DOUGLAS COUNTY, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 9,, TOWNSHIP 12 NORTH, RANGE 19 EAST, M. D. B. & M.

Assessor's Parcel Number: 19-110-030.

COPY

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

2001 JAN 12 AM 9: 20

LINDA SLATER
RECORDER

\$ 11.00 PAID KO DEPUTY

0506698

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