



7. HAROLD G. LEICHTFUSS is filing this Affidavit with the Carson City Recorder to establish his succession as sole successor Trustee of the Trust pursuant to the aforementioned declaration of trust effective as of March 5, 2000. He acknowledges that he has assumed the Trusteeship as of that date.

This Affidavit is also filed to enable HAROLD G. LEICHTFUSS to administer and distribute certain real estate pursuant to the terms of the Trust.

8. The Trust Estate of the Trust includes an interest in real property located in Douglas County, Nevada, which is more fully described as follows:

Lots 1 through 5 as shown on the Map of River View Estates, filed in the office of the Recorder of Douglas County, Nevada on December 15, 1965.

A.P.N.'s: 1220-24-410-001, 1220-24-410-002, 1220-24-410-003, 1220-24-410-004, 1220-24-410-005

Commonly known as: 648, 652, 656, 660 & 662 Frontage Road, Gardnerville, Nevada

9. Titleholder of the foregoing real property until the death of MABEL C. LEICHTFUSS on March 5, 2000, was "HAROLD G. LEICHTFUSS and MABEL C. LEICHTFUSS, Trustees, under that certain Declaration of Trust dated: April 24, 1981"

Since the death of MABEL C. LEICHTFUSS the successor titleholder has been, and now is, "Harold G. Leichtfuss, as Trustee of The Leichtfuss Family Trust established April 24, 1981."

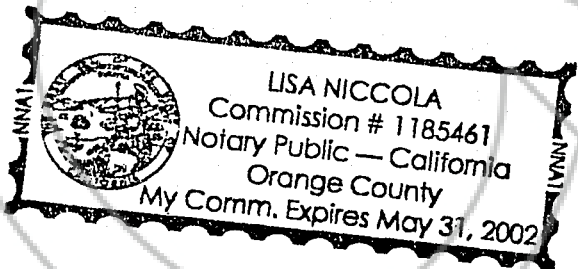
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: July 19, 2001

Harold G. Leichtfuss Trustee  
HAROLD G. LEICHTFUSS,  
Successor Trustee

Subscribed and sworn to before me on July 19, 2001.

Lisa Niccola  
(Notary Public)



521065

BK0801PG5338



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

SANTA ANA, CALIFORNIA

3 200030 003400

CERTIFICATE OF DEATH

STATE FILE NUMBER \_\_\_\_\_ USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00) LOCAL REGISTRATION NUMBER \_\_\_\_\_

1. NAME OF DECEDENT—FIRST (GIVEN) MABEL		2. MIDDLE CLEMENTINE		3. LAST (FAMILY) LEICHTFUSS	
4. DATE OF BIRTH M/M/DD/C CYY 11/13/1915		5. AGE YRS. 84		6. SEX F	
7. DATE OF DEATH M/M/DD/C CYY 03/05/2000		8. HOUR 0615			
9. STATE OF BIRTH AZ		10. SOCIAL SECURITY NO. [REDACTED] 6067		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 16			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF EMPLOYED	
17. OCCUPATION HOMEMAKER		18. KIND OF BUSINESS OWN HOME		19. YEARS IN OCCUPATION 61	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 18411 E. SANTIAGO BL.					
21. CITY VILLA PARK		22. COUNTY ORANGE		23. ZIP CODE 92861	
24. YRS IN COUNTY 71		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP HAROLD LEICHTFUSS—HUSBAND		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 18411 E. SANTIAGO BL., VILLA PARK, CA 92861			
28. NAME OF SURVIVING SPOUSE—FIRST HAROLD		29. MIDDLE GEORGE		30. LAST (MAIDEN NAME) LEICHTFUSS	
31. NAME OF FATHER—FIRST GEORGE		32. MIDDLE -		33. LAST STIRTON	
34. BIRTH STATE SCOTLAND		35. NAME OF MOTHER—FIRST JOSEPHINE		36. MIDDLE CORA	
37. LAST (MAIDEN) BUELL		38. BIRTH STATE AZ			
39. DATE M/M/DD/C CYY 03/08/2000					
40. PLACE OF FINAL DISPOSITION FAIRHAVEN MEMORIAL PARK-1702 FAIRHAVEN AVE., SANTA ANA, CA 92705					
41. TYPE OF DISPOSITION: CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR FAIRHAVEN MORTUARY		45. LICENSE NO. FD1313		46. SIGNATURE OF LOCAL REGISTRAR [Signature]	
47. DATE M/M/DD/C CYY 03/07/2000					
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 ORANGE		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 18411 E. SANTIAGO BL.		106. CITY VILLA PARK	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A) PANCREATIC CARCINOMA		TIME INTERVAL BETWEEN ONSET AND DEATH 2-1/2 YRS		108. DEATH REPORTED TO CORNER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 00-01591-LL	
DUE TO (B)				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	
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 AORTIC STENOSIS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
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 11/16/1992		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]		116. LICENSE NO. A044218	
117. DATE M/M/DD/C CYY 12/08/1999		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP KUSUM H. OHRI, M.D.-1310 W. STEWART DR., ORANGE, CA 92878			
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)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/C CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR					

BK0801Pg5339 521065

793585

032452

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF ORANGE

DATE ISSUED JUL 30 2001

[Signature]

GARY L. GRANVILLE, Clerk-Recorder ORANGE COUNTY, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY:  
Joseph Obegi Esq  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 AUG 20 PM 2:40

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID kg DEPUTY

521065

BK0801PG5340