

APN: 05-082-21

APN: 05-082-22

When Recorded Mail To:

John J. Alkazin, Esq.
601 California St. #1600
San Francisco, CA 94108

Affiant's Name & Address

Janet M. Murray
51 Corte Morada
Greenbrae, CA 94904

CERTIFICATION OF SUCCESSOR TRUSTEE

AND

DECLARATION OF DEATH

I, Janet M. Murray, do hereby declare and certify that:

1. John C. Siemens and Marguerite Siemens, as Trustors, executed the Zephyr Cove Trust Agreement on December 22, 1997, and designated John C. Siemens, Marguerite Siemens as Janet M. Murray as Trustees of said Trust.

2. John C. Siemens, also known as John Cornelius Siemens, died on January 16, 2000, as evidenced by the certified copy of his certificate of death which is attached hereto.

3. Marguerite Siemens, also known as Marguerite Josephine Siemens and Marguerite J. Siemens, died on June 29, 2001, as evidenced by the certified copy of her certificate of death which is attached hereto.

4. This Certification is a true and correct representation of the terms of the Trust.

5. On February 17, 1998, Sierra Marin Company, a General Partnership, executed a Deed which was recorded on March 23, 1998, as Document No. 0435515 in Book 0398, page 4855, in the official records of the office of the Recorder of Douglas County, State of Nevada, conveying to John C. Siemens, Marguerite Siemens and Janet M. Murray as Trustees of the Zephyr Cove Trust under Trust Agreement dated December 22, 1997, that real property situated in the County of Douglas, State of Nevada, described as follows:

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LOT 2, in Block B of Zephyr Cove Property in Section 10, Township 13 North, Range 18 East, M.D.B. & M. according to as delineated on that certain map entitled "Amended Map of Zephyr Cove Property in Section 10, T13N, R18E", which was filed for record August 5, 1929 with Josephine L. Klotz, County Recorder, Douglas County, Nevada, after being approved by the Board of County Commissioners of Douglas County, Nevada on the same day.

Subject to the conditions and restrictions as set forth in the Deed from Zephyr Cove Property to Frances M. Loomer dated September 27, 1928, and recorded in Book S of Deeds, Page 483, Douglas County Records and in the Deed from Zephyr Cove Properties, Incorporated to Frank L. Williams, and Birdena E. Williams, his wife, dated July 12, 1940, and recorded in Book V of Deeds, Page 497, Douglas County Records.

Commonly known as 751 Lincoln Highway, Zephyr Cove, Nevada. A.P.N. 05-082-21.

6. On February 25, 1998, John C. Siemens and Marguerite J. Siemens, as Co-Trustees of the John C. and Marguerite J. Siemens Trust, executed a Deed which was recorded on March 23, 1998, as Document No. 0435514 in Book 0398, page 4854, in the official records of the office of the Recorder of Douglas County, State of Nevada, conveying to John C. Siemens, Marguerite Siemens and Janet M. Murray as Trustees of the Zephyr Cove Trust under Trust Agreement dated December 22, 1997, that real property situated in the County of Douglas, State of Nevada, described as follows:

LOT 12, in Block B of Zephyr Cove Property in Section 10, Township 13 North, Range 18 East, M.D.B. & M. according to as delineated on that certain map entitled "Amended Map of Zephyr Cove Property in Section 10, T13N, R18E", which was filed for record August 5, 1929 with Josephine L. Klotz, County Recorder, Douglas County, Nevada, after being approved by the Board of County Commissioners of Douglas County, Nevada on the same day.

Commonly known as 740 Cedar Street, Zephyr Cove, Nevada. A.P.N. 05-082-22.

7. The Zephyr Cove Trust under Trust Agreement dated December 22, 1997 provides that upon the deaths of John C. Siemens and Marguerite Siemens, the undersigned, Janet M. Murray, is the sole Successor Trustee.

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8. Janet M. Murray has accepted the office of Successor Trustee and is now the duly qualified and acting Trustee of said Trust.

9. The Trust Agreement has not been revoked, modified, or amended in any manner which would cause any representations contained herein to be incorrect.

10. Under the terms of the Trust Agreement, the undersigned, as Successor Trustee, has full power to sell, convey, manage and control all trust assets, to borrow money for any Trust purpose and to encumber any Trust property by mortgage, deed of trust or otherwise, to invest and reinvest any property held in the trust in any manner, and to hold property in the name of the Successor Trustee.

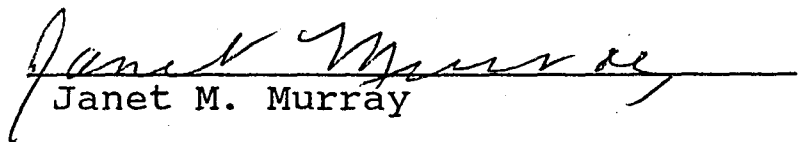
11. The purpose of this Certification is to certify the existence of the Trust and the identity and powers of the Successor Trustee so that the Successor Trustee can deal with third parties, such as financial institutions, stock transfer agents, brokerage houses, title companies, insurance companies, and others, without disclosing the entire Trust, which is a private and confidential document.

12. All third parties dealing with the Successor Trustees may rely on this certificate as a true statement of the provisions of the Trust described herein as of the date this Certification is presented to such third party, regardless of the date of execution of this Certification.

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

Executed at Greenbrae

on Sept 20, 2001.


Janet M. Murray

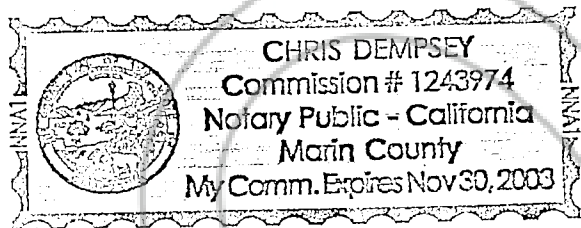
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STATE OF California)
COUNTY OF Marin) ss.

On Sept 20, 2001, before me,
Chris Dempsey, a Notary Public, personally
appeared Janet M. Murray, personally known to me or proved to me on
the basis of satisfactory evidence to be the person whose name is
subscribed to the within instrument and acknowledged to me that she
executed the same in her authorized capacity, and that by her
signature on the instrument the person or the entity upon behalf of
which the person acted, executed the instrument.

WITNESS my hand and official seal.



[Signature]
Notary Public

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3 200021000185

STATE FILE NUMBER _____ LOCAL REGISTRATION NUMBER _____

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) JOHN		2. MIDDLE CORNELIUS		3. LAST (FAMILY) SIEMENS	
	4. DATE OF BIRTH M/M/DD/CYY 01/18/1913		5. AGE YRS. 86		6. SEX M	
	7. DATE OF DEATH M/M/DD/CYY 01/16/2000		8. HOUR 1025			
	9. STATE OF BIRTH RUSSIA		10. SECURITY NO. 7770		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
USUAL RESIDENCE	12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 20			
	14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF	
	17. OCCUPATION PHYSICIAN		18. KIND OF BUSINESS MEDICAL PRACTICE		19. YEARS IN OCCUPATION 43	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 100 THORNDALE DR., #465						
INFORMANT	21. CITY SAN RAFAEL		22. COUNTY MARIN		23. ZIP CODE 94903	
	24. YRS IN COUNTY 54		25. STATE OR FOREIGN COUNTRY CALIFORNIA			
26. NAME, RELATIONSHIP MARGUERITE SIEMENS - SPOUSE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 100 THORNDALE DR. #465, SAN RAFAEL, CA 94903				
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST MARGUERITE		29. MIDDLE -		30. LAST (MAIDEN NAME) HAGG	
	31. NAME OF FATHER—FIRST KORNELIUS		32. MIDDLE H.		33. LAST SIEMENS	
	34. BIRTH STATE RUSSIA		35. NAME OF MOTHER—FIRST KATHERINE		36. MIDDLE -	
	37. LAST (MAIDEN) DYCK		38. BIRTH STATE RUSSIA			
39. DATE M/M/DD/CYY 01/26/2000		40. PLACE OF FINAL DISPOSITION RES: MARGUERITE SIEMENS, 100 THORNDALE DR. #465, SAN RAFAEL, CA 94903				
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -	
	44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY OF NO. CA		45. LICENSE NO. FD 1419		46. SIGNATURE OF LOCAL REGISTRAR Fred S. Schwartz, M.D.	
47. DATE M/M/DD/CYY 01/26/2000						
PLACE OF DEATH	101. PLACE OF DEATH VILLA MARIN		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
	104. COUNTY MARIN		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 100 THORNDALE DR.		106. CITY SAN RAFAEL	
	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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE OF DEATH	IMMEDIATE CAUSE (A) CARCINOMA LUNG		MOS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (B) BONE METASTASIS		MOS		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (C)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 CARCINOMA PROSTATE, COLON						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. BRONCHIAL BIOPSY --/--/1999						
PHYSICIAN'S CERTIFICATION	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/CYY 07/30/1997		115. SIGNATURE AND TITLE OF CERTIFIER Ripley H. Hunter		116. LICENSE NO. C28246	
	DECEDENT LAST SEEN ALIVE M/M/DD/CYY 01/06/2000		117. DATE M/M/DD/CYY 01/26/2000			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP RIPLEY H. HUNTER, MD 100 THORNDALE DR., SAN RAFAEL, CA 94903						
CORONER'S USE ONLY	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/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/CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		
STATE REGISTRAR	A	B	C	D	E	F
	G	H	FAX AUTH. #		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF MARIN } SS

DATE ISSUED

09/20/2001

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

Fred S. Schwartz, M.D.

HEALTH OFFICER
MARIN COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3 200121001056

STATE FILE NUMBER _____ USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS LOCAL REGISTRATION NUMBER _____

1. NAME OF DECEDENT—FIRST (GIVEN) MARGUERITE 2. MIDDLE JOSEPHINE 3. LAST (FAMILY) SIEMENS

4. DATE OF BIRTH MM/DD/CCYY 02/06/1915 5. AGE YRS. 86 6. SEX F 7. DATE OF DEATH MM/DD/CCYY 06/29/2001 8. HOUR 1210

9. STATE OF BIRTH CALIFORNIA 10. CURITY NO. 6233 11. MILITARY SERVICE [] YES [X] NO [] UNK 12. MARITAL STATUS WIDOWED 13. EDUCATION—YEARS COMPLETED 25

14. RACE CAUCASIAN 15. HISPANIC—SPECIFY [] YES [X] NO 16. USUAL EMPLOYER LARKSPUR SCHOOL DISTRICT

17. OCCUPATION DENTAL HYGIENIST 18. KIND OF BUSINESS DENTAL HEALTH 19. YEARS IN OCCUPATION 25

20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 100 THORNDALE DRIVE #465

21. CITY SAN RAFAEL 22. COUNTY MARIN 23. ZIP CODE 94903 24. YRS IN COUNTY 56 25. STATE OR FOREIGN COUNTRY CALIFORNIA

26. NAME, RELATIONSHIP JANET MURRAY — DAUGHTER 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 51 CORTE MADERA, GREENBRAE, CA 94904

28. NAME OF SURVIVING SPOUSE—FIRST - 29. MIDDLE - 30. LAST (MAIDEN NAME) HAGG

31. NAME OF FATHER—FIRST JOSEPH 32. MIDDLE - 33. LAST (MAIDEN) HELWIG 34. BIRTH STATE GERMANY

35. NAME OF MOTHER—FIRST ROSE 36. MIDDLE - 37. LAST (MAIDEN) HELWIG 38. BIRTH STATE GERMANY

39. DATE MM/DD/CCYY 07/13/2001 40. PLACE OF FINAL DISPOSITION RES: JANET MURRAY, 51 CORTE MADERA, GREENBRAE, CA 94904

41. TYPE OF DISPOSITION(S) CR/RES 42. SIGNATURE OF EMBALMER NOT EMBALMED 43. LICENSE NO. -

44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY OF NO. CA 45. LICENSE NO. FD 1419 46. SIGNATURE OF LOCAL REGISTRAR Fred S. Schwartz, M.D. 47. DATE MM/DD/CCYY 07/13/2001

101. PLACE OF DEATH VILLA MARIN 102. IF HOSPITAL, SPECIFY ONE: [] IP [] ER/OP [] DOA [X] CONV. HOSP. [] RES. CARE [] OTHER 103. FACILITY OTHER THAN HOSPITAL 104. COUNTY MARIN

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 100 THORNDALE DRIVE 106. CITY SAN RAFAEL

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) CARDIOPULMONARY ARREST (B) PNEUMONIA (C) LYMPHOMA (D) -

108. DEATH REPORTED TO CORONER [] YES [X] NO REFERRAL NUMBER

109. BIOPSY PERFORMED [] YES [X] NO

110. AUTOPSY PERFORMED [] YES [X] NO

111. USED IN DETERMINING CAUSE [] YES [] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 CHRONIC MYCOBACTERIUM AUIUM, HYPERTENSION, HYPOTHYROIDISM

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. EXCISIONAL BIOPSY LEFT BREAST --/--/1997

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 DECEDENT LAST SEEN ALIVE MM/DD/CCYY 08/01/1997 06/29/2001

115. SIGNATURE AND TITLE OF CERTIFIER Karen Wexman 116. LICENSE NO. G063213 117. DATE MM/DD/CCYY 07/13/2001

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP KAREN WEXMAN MD, 45 CAMINO ALTO, MILL VALLEY, CA 94941

119. MANNER OF DEATH [] NATURAL [] SUICIDE [] HOMICIDE [] ACCIDENT [] PENDING INVESTIGATION [] COULD NOT BE DETERMINED

120. INJURY AT WORK [] YES [] NO 121. INJURY DATE MM/DD/CCYY 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 MM/DD/CCYY 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR A B C D E F G H FAX AUTH. # CENSUS TRACT

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } COUNTY OF MARIN

DATE ISSUED 07/20/2001

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

Fred S. Schwartz, M.D.

HEALTH OFFICER MARIN COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
John Alkazin ESS
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 NOV -8 AM 10: 27

LINDA SLATER
RECORDER

\$20⁰⁰ PAID K2 DEPUTY

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