

AFFIDAVIT-DEATH OF TRUSTOR, TRUSTEE AND BENEFICIARY

APN: 29-185-04

New 1220-21-610-259

STATE OF CALIFORNIA)
) s.s.
COUNTY OF EL DORADO)

MILLIS A. GWINN, of legal age, being first duly sworn, deposes and says:

That MILDRED RUTH HEACOCK, also known as MILDRED HEACOCK, also known as MILDRED R. HEACOCK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Quitclaim Deed dated April 19, 1993, executed by MILDRED HEACOCK wherein the decedent is the trustor and trustee of the MILDRED R. HEACOCK DECLARATION OF TRUST dated April 19, 1993, as well as the beneficiary under said trust; it being further acknowledged that MILLIS A. GWINN is the successor trustee under said declaration of trust on the death of MILDRED R. HEACOCK.

The original Quitclaim Deed aforementioned is recorded as Document No.308431, in Book 0693, Page 0081, on June 1, 1993, in the Official Records of Douglas County, State of Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 401, Gardnerville Ranchos Unit No. 6 Douglas County, Nevada.

Said property is commonly known as 721 Addler Road

Dated: 11.14.01

Millis A. Gwinn
MILLIS A. GWINN

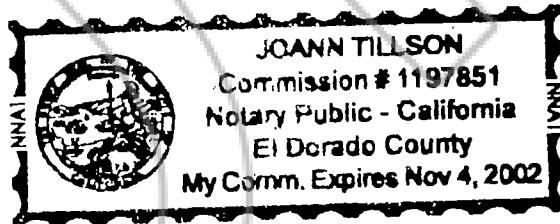
SUBSCRIBED AND SWORN to before me

this 14th day of NOVEMBER 2001

Signature Joann Tillson

Joann Tillson

Name (Typed or Printed)



WHEN RECORDED MAIL TO:
Millis A. Gwinn, Trustee
Mildred R. Heacock Declaration of Trust
P.O. Box 613203
South Lake Tahoe, CA 96152

The grantor declares:

Documentary transfer tax is \$ -0-

computed on full value of property conveyed

FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

Same as above

RECORDING REQUESTED BY:

Joseph W. Tillson, Esq.

0534049

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH 3-2001-09

| | | | | | |
|---|--|--|--|--|--|
| 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) MILDRED | | 2. MIDDLE RUTH | | 3. LAST (FAMILY) HEACOCK | |
| 4. DATE OF BIRTH M/M/DD/CY Y 04/16/1911 | | 5. AGE YRS 90 | | 6. SEX F | |
| 7. DATE OF DEATH M/M/DD/CY Y 08/27/2001 | | 8. HOUR 1150 | | | |
| 9. STATE OF BIRTH NB | | 10. SOCIAL SECURITY NO. 2311 | | 11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 12. MARITAL STATUS WIDOWED | | 13. EDUCATION—YEARS COMPLETED 13 | | | |
| 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 59 | |
| 20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 2313 UTAH AVE. | | | | | |
| 21. CITY SO. LAKE TAHOE | | 22. COUNTY EL DORADO | | 23. ZIP CODE 96152 | |
| 24. YRS IN COUNTY 12 | | 25. STATE OR FOREIGN COUNTRY CALIFORNIA | | | |
| 26. NAME, RELATIONSHIP MILLIS A. GWINN - DAUGHTER | | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. BOX 613203, SO. LAKE TAHOE, CA 96152 | | | |
| 28. NAME OF SURVIVING SPOUSE—FIRST - | | 29. MIDDLE - | | 30. LAST (MAIDEN NAME) - | |
| 31. NAME OF FATHER—FIRST FRANK | | 32. MIDDLE - | | 33. LAST KRAHULIK | |
| 34. BIRTH STATE CZECH. | | 35. NAME OF MOTHER—FIRST ANNA | | 36. MIDDLE - | |
| 37. LAST (MAIDEN) VUNK | | 38. BIRTH STATE CZECH. | | | |
| 39. DATE M/M/DD/CY Y 08/30/2001 | | 40. PLACE OF FINAL DISPOSITION MILLIS A. GWINN, 2313 UTAH AVE., SO. LAKE TAHOE, CA | | | |
| 41. TYPE OF DISPOSITION(S) CR/RES | | 42. SIGNATURE OF EMBALMER NOT EMBALMED | | 43. LICENSE NO. - | |
| 44. NAME OF FUNERAL DIRECTOR MCFARLANE MORTUARY | | 45. LICENSE NO. FD-1180 | | 46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogina</i> | |
| 47. DATE M/M/DD/CY Y 08/29/2001 | | | | | |
| 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) 2313 UTAH AVE. | | 106. CITY SO. LAKE TAHOE | |
| 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) END STAGE CONGESTIVE HEART FAILURE | | TIME INTERVAL BETWEEN ONSET AND DEATH 3 WKS | | 108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERENCE NUMBER 01-07698 | |
| CAUSE OF DEATH DUE TO (B) ISCHEMIC CARDIOMYOPATHY | | -3 YRS. | | 109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| DUE TO (C) END STAGE CORONARY ARTERY DISEASE | | YEARS | | 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 PERIPHERAL VASCULAR DISEASE; HYPERTENSION; DIABETES MELLITUS | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN I.T.M. 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/CY Y 01/12/1999 | | 115. SIGNATURE AND TITLE OF CERTIFIER <i>Stephen L. Pery</i> | | 116. LICENSE NO. G067988 | |
| DECEDENT LAST SEEN ALIVE M/M/DD/CY Y 06/15/2001 | | 117. DATE M/M/DD/CY Y 08/28/2001 | | | |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP STEPHEN L. PERY, MD, 2169 SOUTH AVE., 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 checked="" type="checkbox"/> NO | |
| 121. INJURY DATE M/M/DD/CY Y | | 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/CY Y | | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER | |
| STATE REGISTRAR | | A B C D E F G H | | FAX AUTH. # 3743 CENSUS TRACT | |

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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

09/07/2001

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
Joseph Tillsand
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2002 FEB -5 AM 9:38

LINDA SLATER
RECORDER

s/6 ^{SD} PAID K2 DEPUTY

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