APN: 1022-16-002-028, Old APN: 37-412-20 **RECORDING REQUESTED BY:**

Rachelle J. Nicolle Attorney at Law

AFTER RECORDING MAIL THIS DEED TO:

Rachelle J. Nicolle
Attorney at Law
1650 Highway 395, Suite 102B
Minden, NV 89423

MAIL TAX STATEMENTS TO: TERESA MEEKS, TRUSTEE 871 East Cougar Street Meridian, Idaho 83642

AFFIDAVIT - DEATH OF ORIGINAL TRUSTEE & SERVICE OF SUCCESSOR TRUSTEE

Teresa Meeks, of legal age, being first duly sworn, deposes and says:

- 1. That on December 2, 1991 Robert W. Lorenzen executed a Declaration of Trust.
- 2. The terms of this Trust empower me, Teresa Meeks, to act as the Successor Trustee for the Trust after the death of Robert W. Lorenzen. I hereby affirm my intention to act as the successor Trustee of the **Robert W. Lorenzen Trust**.
- 3. I also declare and affirm that Robert W. Lorenzen, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert W. Lorenzen Trustee of the **Robert W. Lorenzen Trust** (U/D/T dated December 2, 1991 for the benefit of the Lorenzen Family).
- 4. Robert W. Lorenzen is the named Trustee party in that certain Quit Claim Deed dated December 2, 1991 granting to Robert W. Lorenzen, Trustee of the Robert W. Lorenzen Trust, and recorded on December 11, 1991, in Document 266828, Book 1291 and Page 1548 of the official records of Douglas County, Nevada covering the property described below:

Lot 20, Block K Topaz Ranch Estates Unit No. 4 as shown on the official map thereof filed in the Office of the County Recorder of Douglas County, State of Nevada

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4. Under the **Robert W. Lorenzen Trust**, I have the powers granted as successor Trustee to sign for the transfer of the above-described real property.

5. The above stated affirmation is provided under penalty of perjury in Douglas County Nevada on March 22, 2002.

Teresa Meeks, Successor Trustee

& Brooks

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of Nevada)		
County of Douglas) ss.)		
On mar		, 2002, before me, a notary public for	said state and county.
personally appeared TERI	ESA MEEKS, per	sonally known to me (or proved to me on	the basis of
satisfactory evidence) to b	e the person whos	se name is subscribed to this instrument, a	nd acknowledged that
he/she executed it. I decla	re under penalty of	of perjury that the person whose name is s	subscribed to this
instrument appears to be o	f sound mind and	under no duress, fraud or undue influence	e.



NOTARY PUBLIC

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

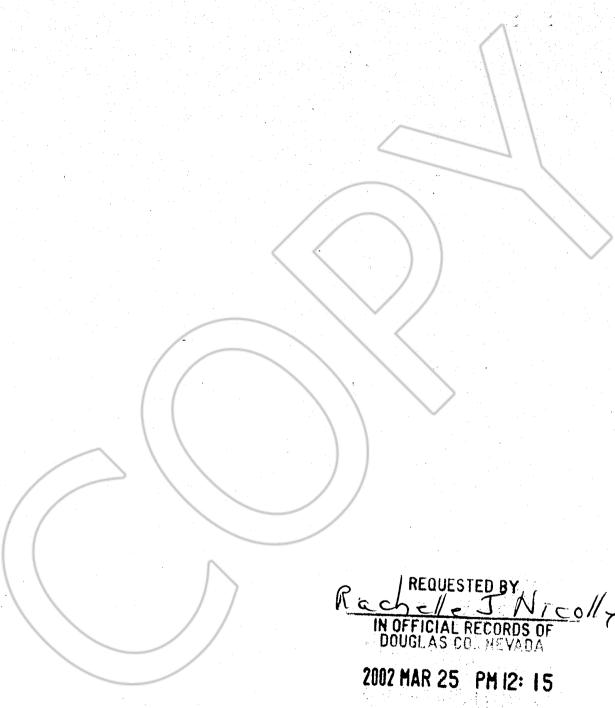
		MAR 1 4 2002 NV A COPY OF THIS DOCUMENT.	CERTIFIED BY THE BIXTE RE EVIDENCE OF	GISTRAR, WITH THE OF	OF DEAT	HE RAIDED SEAL, SHA	LL BE USED AS PRIMA FAC	Locai	leg. No
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	SOCIAL SECURITY NUMBE -659 WAS DECEDENT EVER IN U. FORCES?	7 5s. J.S. ARMED PLACE OF DEATH (Check only one) **	82 sb. HOSPITAL (1) □ In (2) □ ER/Outpat	ent (3) 🗆 DO	OURS LUIRE OTHER (4) \(\begin{array}{cccc} \begin{array}{cccc} \lambda & \la	-Term Care Fa Residence	y 19,192(cility (6)□0 (7)□0	MARCH BIRTHPLACE (CA) Joplin,	esidence
DECEDENT: r physicien or institution	MARITAL STATUS — Married, Wiklowed, Divorced	ew Retireme I. Never (Specify) II. DUNTY	Int Center USE (If wile, give meiden CITY, TOWN OR LC	name) CATION	DECEDENT'S USU during most of work	gineer T AND NUMBER 871 F	Se Cougar	Engin	eering ZP CODE 83642
NAME OF DE For use by pi	Yes No	If yes, specify Cuban, Mexico Yes XXNo (Specify):	en, Puerto Ricen, etc.)	Jap	enese, While, etc. (Spec White	***)	(Speci lementary/Seconda 12		completed) College (1-4 or 5+)
PARENTS		Lorenzen	17b. L	Inknown		ace Bell	Harris	11	BIRTHPLACE Unknown
DISPOSITION	Teresa Me METHOD OF DISPOSITION Burial XICren 20. Donation O SIGNATURE OF FUNERAL:	nation	rom Idaho Sut	mmers Fu	me of cometery, cremet neral Hom apel & Cr	es, es, ematory	Mei		Idaho
	TIME OF DEATH a 8:35 A. M 27. PART 1 Enter the shock, or IMMEDIATE CAUSE (Final	diseases, injuries, or conneart failure. List only or	2002 z	☐ Yes	7 22 36 TO CORONER? MA 	29 E. Us NNER OF DEATH (IX) Natu □Pending	Stick Rd. Check One) Iral Homic Investigation	Meridi ide □Suld □ Could I	ide Datermined Approximate Interval Between Onset
CAUSE OF DEATH	disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYIN CAUSE (disease or injury that initiated events resulting in death) LAST	a. Meta ove	to (or as a consequence TO (or as a consequence TO (or as a consequence	(<i>a</i>):	on-Small Co	il Cercin	ima.	>	7 months
	27. PART II. Other Sie Part I. Districtes me l.		ntributing to death bu			se given in	WAS AN AUTOPSY PERFORMED?	PRIO	E AUTOPSY FINDINGS AVAILABLE R TO COMPLETION OF CAUSE EATH? Yes No
		— To the best of my kno							
GERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	SIGNATURE AND TUTCE OF	CERTIFIER WICKER ERTIFIER (TypePrint)	رے			LICENSE NUM	BER	DATE SIGNE	s) and manner as stated. D (Month, Day, Year)
TO BE USED FOR EXTERNAL CAUSES ONLY		Yr.) HOUR OF INJURY	30c. Specify PLA	W INJURY OCCUR	RED It home, farm, street,	i jaka saja	ID 83704 or Route Number, City		,
CORONER'S REVIEW AREA		d and/or amended	, and certified.	>	CORONER'S SIGNAT	30g. URE			DATE SIGNED (Month, Day, Year)
REGISTRAR	REGISTRAR'S SIGNATURE 328.		S	en C	larh				(Month, Day, Year) R · 1 4. 2002

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

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

JANES, SMITH STATE RÉGISTRAR





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LINDA SLATER RECORDER