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New APN 1320-26-002-026
APN: 023-295-680 ^{EH}

RECORDING REQUESTED BY:
Anderson & Dorn, Ltd.
294 East Moana Lane, Ste, B27
Reno, NV 89502

WHEN RECORDED MAIL TO:

✓ Elaine Hartman
1618 Heron Cove Court
Gardnerville, NV 89410

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, ELAINE HARTMAN the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated November 23, 1999, ALLEN E. HARTMAN and I executed the Hartman Living Trust ("Trust");

(2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of ALLEN E. HARTMAN;

(3) ALLEN E. HARTMAN died on APRIL 14, 2000, at Reno, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said ALLEN E. HARTMAN;

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee;

(5) The following described real property is part of the trust estate: See Exhibit "B" attached;

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property;

(7) No other person has a right to the interest of the Trust in the described property; and

(8) The described property shall be transferred to me as Successor Trustee.

Executed on 9/4/02, at Minden, Nevada.

Elaine Hartman
ELAINE HARTMAN, Successor Trustee

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STATE OF NEVADA)

SS:

COUNTY OF DOUGLAS)

On September 04, 2002 before me, Linda L. Slater, personally appeared ELAINE N. HARTMAN, personally known to me or proven to me upon 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 or persons acted, executed the instrument.

WITNESS my hand and official seal.

Linda L. Slater
Signature of Notary



COPY

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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

20000004736

ROLL 100 IMAGE 55

LOCAL FILE NUMBER

888

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME First Middle Last Allen E. HARTMAN			DATE OF DEATH (Month, Day, Year) 2. April 14, 2000		COUNTY OF DEATH 3a. Washoe			
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient /		SEX 4. Male		
5. 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. 72		UNDER 1 YEAR 7b. :	UNDER 1 DAY 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. Dec. 30, 1927
9a. STATE OF BIRTH (If not U.S.A., name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 15		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Elaine N. Fox
13. SOCIAL SECURITY NUMBER 2726		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Owner/Operator		243 243		14b. KIND OF BUSINESS OR INDUSTRY Ski Shop		
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1618 Heron Cove Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

16. FATHER—NAME First Middle Last Charles Hartman			17. MOTHER—MAIDEN NAME First Middle Last Ruby Monheim		
18a. INFORMANT—NAME (Type or Print) Elaine N. Hartman			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1618 Heron Cove Ct., Gardnerville, Nv. 89410		

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410	

CERTIFIER

21a. DATE SIGNED (Mo., Day, Yr.) 4/17/00		21c. HOUR OF DEATH 0747		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. <i>[Signature]</i>			
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) C. HELD 236 W 6TH RENO NV		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
				22d. ON		22e. AT	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 18, 2000		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).)							
PART I (a) INTRACEREBRAL BLEED		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death DAY			
(b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
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) No	
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			

No. 166856

STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

AUG 17 2001

Date Issued:

0551402 BK0902 PG 885 State Registrar

[Signature]

EXHIBIT "B"
LEGAL DESCRIPTION

APN: ~~23-295-680~~ 1320-26-002-026
1618 Heron Cove Court
Gardnerville, NV 89410

The land referred to in the Report is situated in the County of Douglas, State of Nevada, and is described as follows:

A portion of the Southwest ¼ of the Southwest ¼ of Section 26, Township 13 North, Range 20 East, M.D.B.&M., more particularly described as follows:

Parcel 1:

Parcel 3, as set forth on Parcel Map for MICHEAL AND MARY JARRETT AND GEBHART REVOCABLE TRUST AGREEMENT, recorded March 22, 1993, in Book 393, Page 4000, as Document No. 302422, Official Records of Douglas County, State of Nevada.

Parcel 2:

All those certain access and utility easements for ingress and egress as set forth on that certain Record of Survey of Nevis Industries, Inc., filed for record in the Office of the County Recorder, as Document No. 51917, Official Records of Douglas County, State of Nevada.

REQUESTED BY
Elaine Hartman
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 SEP -4 PM 4: 01

LINDA SLATER
RECORDER

\$17⁰⁰ PAID *Bh* DEPUTY

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