

17-
(New)
APN 03-121-06 1418-27-810-018

When Recorded Mail to:

Myron D. White, Jr.
Successor Trustee
5565 Eastwood Avenue
Alta Loma, CA 91737

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA

COUNTY OF ORANGE

} ss.

MYRON D. WHITE, JR., being duly sworn, deposes and says:

That he is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That Christiane M. Ropic, the decedent mentioned in the attached Certificate of Death, a certified copy of which is annexed hereto as "Exhibit A" and made a part hereof, as if set forth in full, verbatim, is the same person as Christiane White Ropic named as trustee in that certain Quitclaim Deed dated January 31, 1984 executed by Christiane M. Ropic, to Christiane White Ropic and her successors, as Trustees of the CHRISTIANE WHITE ROPIC REVOCABLE ESTATE TRUST UNDER AGREEMENT DATED APRIL 13, 1983, recorded as Document No. 099356, in Book 484, page 782, in official records of Douglas County, state of Nevada, concerning the following described real property situated in the County of Douglas, State of Nevada:

Lot 44, as shown on the map of CAVE ROCK ESTATES
UNIT NO. 1, filed in the office of the County Recorder of Douglas
County, Nevada, on January 3, 1962, as File No. 19323.

More commonly known as 275 Wren Circle, Zephyr Cove, Nevada

0554447

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APN 03-121-06

That Christiane White Raptic died on the 23rd day of August 1999.

That your affiant makes this affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

Dated: Feb 19, 2002

at Fullerton, California

Myron D. White Jr.
Myron D. White, Jr.

SUBSCRIBED AND SWORN TO BEFORE ME

this 19th day of February, 2002.

Ann Slaten Moll
Signature of Notary

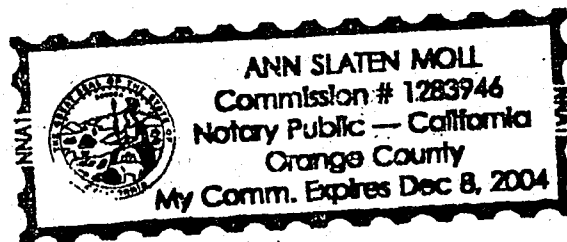
(Seal)

(My Commission Expires on December 8, 2004.)

Mail Tax Statements to:

APN 03-121-06

MYRON D. WHITE, JR.
5565 Eastwood Avenue
Alta Loma, CA 91737



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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

99 009648
STATE FILE NUMBER

LOCAL FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Christiane M. RAPIC			2. DATE OF DEATH (Month, Day, Year) August 23, 1999		3a. COUNTY OF DEATH Douglas				
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 610 Mottsville Lane			3e. SEX Female				
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.		7a. AGE—Last Birthday (Years) 76		7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) January 9, 1923	
9a. STATE OF BIRTH (If not U.S.A., name country) Belgium		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Joseph Ropic	
13. SOCIAL SECURITY NUMBER 0968		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Self Employed			14b. KIND OF BUSINESS OR INDUSTRY Real Estate Business				
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 610 Mottsville Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER—NAME First Middle Last Gaston Rousseau			17. MOTHER—MAIDEN NAME First Middle Last Mary Louise Pothiers						
18a. INFORMANT—NAME (Type or Print) Joseph Ropic - Husband				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 610 Mottsville Lane, Gardnerville, Nevada 89410					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park		19c. LOCATION City or Town State Gardnerville, Nevada					
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Burns</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 Fourth Street, Minden, Nevada 89423 53					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> M.D.				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. (Signature and Title) <i>[Signature]</i>					
21b. DATE SIGNED (Mo., Day, Yr.) 8/23/99		21c. HOUR OF DEATH 1220		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)			
21d.				22d. ON		22e. AT			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. A. Tang, 1107 Hwy 395, Gardnerville, Nevada 89410						23b. LICENSE NUMBER 8365			
24a. REGISTRAR (Signature) <i>Tom Gillilan</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 25, 1999		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))						Interval between onset and death			
PART (a) CHF		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death			
PART (b) CUPO		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death			
PART (c)		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. L.E. Edema				26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M		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				

STATE REGISTRAR

No. 150815

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

Date Issued: **0554447** MAR 21 2001

Gyonne Sylvia
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Woodburn + Wedge
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 OCT 10 PM 4: 23

LINDA SLATER
RECORDER

\$ 17⁰⁰ PAID KJ DEPUTY

0554447

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