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APN: 1219-03-002-02)
APN # 019-051-03

RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services Inc.
3708 lakeside Dr #202
Reno, Nevada 895089

MAIL TAX STATEMENTS TO:
✓ JIMMIE N. PACE
216 Buena Vista Court
Minden, Nevada 89423

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE**

DOUGLAS County, Nevada

Please See exhibit "A" attached

The undersigned, JIMMIE N. PACE, hereby declares that, LAWRENCE O. LEISTER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LAWRENCE O. LEISTER, named as one of the initial Co-Trustee's in that certain Declaration of Trust titled LAWRENCE O. LEISTER & JIMMIE N. PACE LIVING TRUST DATED MARCH 21, 1997.

Declarant further declares that he is the remaining initial Co-Trustee named in the Declaration of trust and that he hereby assumes the position as sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on October 8, 2002, in the City of Reno, County of Washoe, Nevada.

Jimmie N. Pace
JIMMIE N. PACE, Trustee

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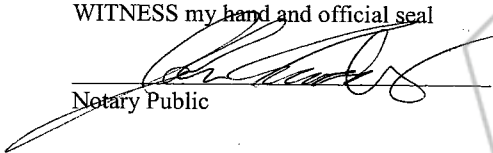


STATE OF NEVADA)
) ss.
COUNTY OF Washoe)

On October 8, 2002, before me, John Rhoads, a Notary Public in and for said County and State, personally appeared JIMMIE N. PACE, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

JOHN RHOADS
Notary Public, State of Nevada
Appointment No. 96-2706-2
My Appt. Expires May 31, 2004

WITNESS my hand and official seal



Notary Public

COPY

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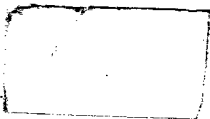


EXHIBIT "A"

Legal Description:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

A portion of the Southwest 1/4 of the Southwest 1/4 of Section 3, Township 12 North, Range 19 East, M.D.B.&M., as shown on the Official map described as follows:

COMMENCING at the Southwest corner of said Section 3, thence North $00^{\circ}12'19''$ West 1,325.70 feet, along the section line, to the true point of beginning, said true point of beginning being the Northwest corner of the parcel described in the Deed to Gareth E. Harmon, et ux., recorded December 22, 1972, in Book 1272, Page 573, File No. 63430, Official Records; thence along the Harmon parcel as follows: South $45^{\circ}57'09''$ East 196.33 feet; thence South 76.694 feet; thence East 146.60 feet to the Westerly right of way line of a cul-de-sac thence leaving the Harmon Parcel along said right of way line, Southerly around a curve to the left, having a central angle of $32^{\circ}15'18''$ a radius of 45 feet, a length of 25.33 feet to a point and a beginning tangent of South $16^{\circ}07'09''$ West and an end tangent of South $16^{\circ}07'39''$ East said point being on the Northerly line of the parcel described in the Deed to Keith Erwin Schumacher, et ux., recorded December 20, 1972, in Book 1272, Page 520, File No. 63398, Official Records; thence along the Schumacher parcel as follows: West 146.60 feet; thence South 72.306 feet; thence South $45^{\circ}00'00''$ East 197.28 feet to a point on the West line of said Section 3 said point being the Southwest corner of the aforesaid Schumacher parcel; thence North $0^{\circ}12'19''$ West along said Section line 450.00 feet to the point of beginning.

SUBJECT TO AND TOGETHER WITH rights of way, reservations, restrictions, exceptions, easements, covenants, conditions of record, encumbrances, and current taxes.

APN: 19-051-03

*Per NRS 111.312; this legal description was
previously recorded at Doc# 532508
BK 0102 Pg 4792 ON 1/17/02.*

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH **3200209**

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) LAWRENCE		2. MIDDLE OWEN		3. LAST (FAMILY) LEISTER	
4. DATE OF BIRTH M/M/D/D/C/Y 07/23/1927		5. AGE YRS. 75		6. SEX M	
7. DATE OF DEATH M/M/D/D/C/Y 10/04/2002		8. HOUR 0049			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 9191		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS DIVORCED		13. EDUCATION—YEARS COMPLETED 16			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER ROBERT MASON	
17. OCCUPATION ARCHITECTURAL DRAFTSMAN		18. KIND OF BUSINESS ARCHITECT		19. YEARS IN OCCUPATION 50	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 2161 BUENA VISTA CT.					
21. CITY MINDEN		22. COUNTY DOUGLAS		23. ZIP CODE 89423	
24. YRS IN COUNTY 25		25. STATE OR FOREIGN COUNTRY NEVADA			
26. NAME RELATIONSHIP ANITA S. RHON — DAUGHTER		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 7512 PINE ST., HUGHSON, CA 95326			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
34. BIRTH STATE SD		35. NAME OF MOTHER—FIRST		36. BIRTH STATE SD	
37. LAST (MAIDEN)		38. LAST (MAIDEN)		39. BIRTH STATE CANADA	
39. DATE M/M/D/D/C/Y 10/12/2002		40. PLACE OF FINAL DISPOSITION LAKEWOOD MEMORIAL PARK, HUGHSON, CA 95326			
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR LAKEWOOD FUNERAL HOME		45. LICENSE NO. FD-1392		46. SIGNATURE OF SOCIAL REGISTRAR <i>Stephen G. Drogin</i>	
47. DATE M/M/D/D/C/Y 10/07/2002					
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> NOSP. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL EL DORADO	
104. COUNTY EL DORADO		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4TH AND SOUTH AVE.		106. CITY SO. LAKE TAHOE	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) CARDIORESPIRATORY ARREST		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REFERRED NUMBER	
110. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 ESOPHAGEAL-COLONIC FISTULA					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. ESOPHAGEAL BIOPSY 04/21/2001					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT LAST SEEN ALIVE M/M/D/C/Y 09/08/1988		115. SIGNATURE AND TITLE OF CERTIFIER <i>Stephen G. Drogin</i>		116. LICENSE NO. C032445	
117. DATE M/M/D/D/C/Y 10/03/2002		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP HENNING MEHRENS, MD, 960 TAHOE KEYS BLVD., 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/D/D/C/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/D/D/C/Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR					
FAX AUTH. # 5866				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 10/14/2002

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

Stephen G. Drogin
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY
Jimmie Pace
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 JAN -2 PM 4: 12

LINDA SLATER
RECORDER

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