

When Recorded, Mail To:

✓ Christopher Zimmermann, Esq.
SCARPELLO, HUSS & OSHINSKI, LTD.
600 E. William St., #300
Carson City, NV 89701

A.P.N. 1220-17-610-021

R.P.T.T. \$ 8c 5 **GRANT DEED**

That for valuable consideration, receipt of which is hereby acknowledged, TRAVIS ANDREW FRENCH and DENISE FRENCH BLACKBURN as successor Trustees of the DEWEY ANDREW FRENCH AND MARY DONALDSON FRENCH, REVOCABLE LIVING TRUST DATED DECEMBER 4, 1998 (Mary Donaldson French died 4/25/02, a copy of her death certificate is attached hereto as Exhibit "A") (Dewey Andrew French resigned as Trustee on February 22, 2003, a copy of his resignation is attached hereto as Exhibit "B") (GRANTOR), does hereby grant, bargain, sell and convey a 50% interest in the following parcel to TRAVIS ANDREW FRENCH and DENISE FRENCH BLACKBURN as co-Trustees of THE DEWEY ANDREW FRENCH AND MARY DONALDSON FRENCH, REVOCABLE BYPASS "C" TRUST created under the terms of THE DEWEY ANDREW FRENCH AND MARY DONALDSON FRENCH, REVOCABLE LIVING TRUST DATED DECEMBER 4, 1998 and a 50% interest in the following parcel to TRAVIS ANDREW FRENCH and DENISE FRENCH BLACKBURN as co-Trustees of THE DEWEY ANDREW FRENCH AND MARY DONALDSON FRENCH, SURVIVING SPOUSE "A" TRUST created under the terms of THE DEWEY ANDREW FRENCH AND MARY DONALDSON FRENCH, REVOCABLE LIVING TRUST DATED DECEMBER 4, 1998. All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 148, Block C, as set forth on Final Map of PLEASANTVIEW, PHASE 7 Map No. 1009-7 filed in the office of the County Recorder of Douglas County, State of Nevada August 4, 1998, in Book 898, Page 634 as Document No. 446212.

A.P.N. 1220-17-610-021

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated this 20th day of February, 2003.

Travis Andrew French
TRAVIS ANDREW FRENCH, Co-Trustee of
THE DEWEY ANDREW FRENCH AND MARY
DONALDSON FRENCH, REVOCABLE LIVING TRUST
DATED DECEMBER 4, 1998

0568200

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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

Exhibit
A

	LOCAL FILE NUMBER		STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Mary Donaldson FRENCH		2. DATE OF DEATH (Month, Day, Year) April 25, 2002
	3a. CITY, TOWN OR LOCATION OF DEATH Carson City		3b. COUNTY OF DEATH Carson City
DECEDENT	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson Tahoe Hospital		4. SEX Female
	3d. If Hosp. or Inst. indicate DOA, OPI/Emer. Fmt. Inpatient (Specify) Inpatient		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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. No	7. AGE—Last Birthday (Years) 76
	8. STATE OF BIRTH (If not U.S.A., name country) California	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 16 Years
PARENTS	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Dewey French
	13. SOCIAL SECURITY NUMBER ██████-7562	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Teacher	14b. KIND OF BUSINESS OR INDUSTRY Education
DISPOSITION	15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville
	15d. STREET AND NUMBER 925 Springfield Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
CERTIFIER	16. FATHER—NAME First Middle Last Ernest Donaldson		17. MOTHER—MAIDEN NAME First Middle Last Clara Kull
	18a. INFORMANT—NAME (Type or Print) Dewey French - Husband		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 925 Springfield Drive, Gardnerville, NV 89410
CAUSE OF DEATH	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenrys Crematory
	19c. LOCATION City or Town State Carson City, Nevada		
CAUSE OF DEATH	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217
	20c. NAME AND ADDRESS OF FACILITY FitzHenrys Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410		
CAUSE OF DEATH	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>		21b. DATE SIGNED (Mo., Day, Yr.) 4-29-02
	21c. HOUR OF DEATH 1027		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert McDonald, M.D., 710 W. Washington St., Carson City, NV
CAUSE OF DEATH	22a. To be completed by Certifier's Office (Signature and Title) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)
	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)
CAUSE OF DEATH	22e. AT		22f. PRONOUNCED DEAD (Hour)
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Robert McDonald, M.D., 710 W. Washington St., Carson City, NV		23b. LICENSE NUMBER 6433
CAUSE OF DEATH	24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 30, 2002
	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		
	PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Idiopathic Pulmonary Fibrosis DUE TO, OR AS A CONSEQUENCE OF: (c) C. Diff. Colitis		Interval between onset and death: Days Years Days
CAUSE OF 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		
CAUSE OF DEATH	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) No	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)
CAUSE OF DEATH	28g. LOCATION		28h. STREET OR R.F.D. No.
	28i. CITY OR TOWN		28j. STATE



STATE REGISTRAR

No. 219437

[Signature]

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

Date Issued: **APR 30 2002** **0568200** State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0203 PG 10931

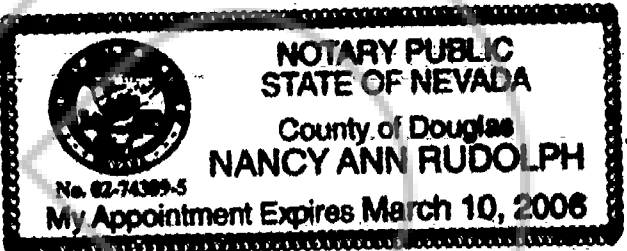
Denise French Blackburn

DENISE FRENCH BLACKBURN, Co-Trustee of
THE DEWEY ANDREW FRENCH AND MARY
DONALDSON FRENCH, REVOCABLE LIVING TRUST
DATED DECEMBER 4, 1998

STATE OF NEVADA)
GARDNERVILLE) ss.
CARSON CITY)
County: *Douglas*)

This instrument was acknowledged before me, this *21* day of *February*, 2003, by TRAVIS ANDREW FRENCH and DENISE FRENCH BLACKBURN, CO-TRUSTEES OF THE DEWEY ANDREW FRENCH AND MARY DONALDSON FRENCH, REVOCABLE LIVING TRUST DATED DECEMBER 4, 1998.

Nancy Ann Rudolph
NOTARY PUBLIC



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Exhibit B

RESIGNATION OF TRUSTEE

I, DEWEY ANDREW FRENCH, am the Trustee of the DEWEY ANDREW FRENCH AND MARY DONALDSON FRENCH REVOCABLE LIVING TRUST, as well as all trusts created thereunder, including both a By-pass Trust and the Survivor Trust. MARY DONALDSON FRENCH was an original co-Settlor/Trustee of the DEWEY ANDREW FRENCH AND MARY DONALDSON FRENCH REVOCABLE LIVING TRUST. MARY DONALDSON FRENCH is now deceased.

I hereby resign as Trustee of the DEWEY ANDREW FRENCH AND MARY DONALDSON FRENCH REVOCABLE LIVING TRUST, and the trusts created thereunder, including both the By-pass Trust and the Survivor Trust.

TRAVIS ANDREW FRENCH and DENISE FRENCH BLACKBURN are the surviving co-Trustees of the aforesaid trusts. I specifically approve their authority to sign checks, make withdrawals and deposits to any and all bank accounts without my signature. In addition, I specifically authorize either to sign checks and make withdrawals or deposits without the signature of the other.

In addition, no bank nor credit union shall be liable, due to their reliance on this instrument.

Dewey Andrew French
DEWEY ANDREW FRENCH, Settlor/Trustee

STATE OF CALIFORNIA)
:SS.
COUNTY OF *LOS ANGELES*

This instrument was acknowledged before me on FEBRUARY 22 2003, by DEWEY ANDREW FRENCH.

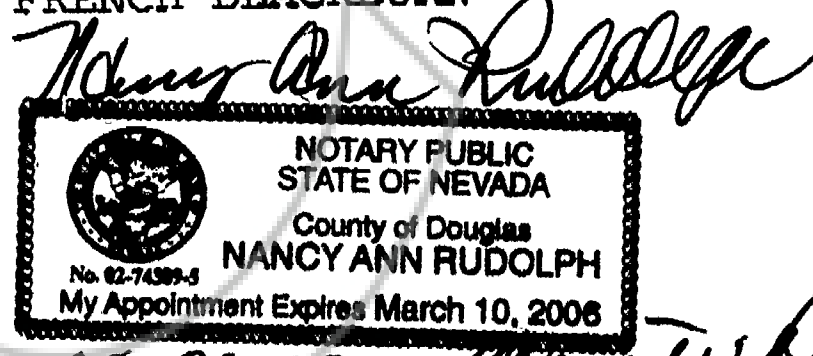
WITNESS my hand and official seal.
Lynne Snitman
NOTARY PUBLIC



REVIEWED AND APPROVED:

Travis Andrew French
TRAVIS ANDREW FRENCH

Denise French Blackburn
DENISE FRENCH BLACKBURN



0568200

SEARCHED

REQUESTED BY
French Trust
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 FEB 26 AM 10:42

WERNER CHRISTEN
RECORDER

\$18⁰⁰ PAID *K2* DEPUTY

0568200

BK 0203 PG 10934