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**AFFIDAVIT OF INCUMBENCY**  
**FOLLOWING DEATH OF ORIGINAL TRUSTEE &**  
**SERVICE OF SUCCESSOR TRUSTEE**

KEITH R. BARON, being of legal age, being first duly sworn, deposes and says:

1. That on November 4, 1992 June L. Baron executed a Declaration of Trust entitled the June L. Baron Revocable Trust. The June L. Baron Revocable Trust was amended on May 23, 2002.
2. The terms of the amended June L. Baron Revocable Trust U/D/T November 4, 1992 (as amended 5/23/2002) empower me, (her son) Keith R. Baron, to act as the Successor Trustee for the Trust after the death of June L. Baron. I hereby declare and affirm that June L. Baron died July 18, 2002. I also hereby declare and affirm that June L. Baron, the decedent mentioned in the attached copy of Certificate of Death, is the same person as June L. Baron, Trustee of the June L. Baron Revocable Trust U/D/T November 4, 1992 (as amended 5/23/2002), for the benefit of the Baron family.
3. I hereby affirm my incumbency as successor Trustee, and declare my intention to act as the successor Trustee of the June L. Baron Revocable Trust.
4. June L. Baron is the named Trustee party in that certain Grant Deed dated March 30, 1995 granting to June L. Baron, Trustee of the June L. Baron Revocable Trust, and recorded on April 7, 1995, in Document 359694, Book 0495 and Page 1129 of the official records of Douglas County, Nevada covering the property described below:

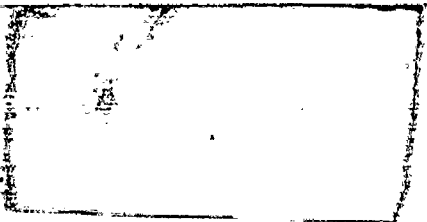
ALL THAT REAL PROPERTY IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, BEING ASSESSOR'S PARCEL NUMBER 1420-33-310-003, Old APN 21-330-08, SPECIFICALLY DESCRIBED AS:

Lot 230, in Block A, as set forth on FINAL MAP OF WILDHORSE UNIT 5, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada on January 27, 1993, in Book 193, Page 3866 as Document No. 298258, of Official Records of Douglas County, Nevada.

Commonly known as 2652 Wildhorse Lane, Minden, NV 89423.

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5. I hereby declare, as successor Trustee, I have all Trustee powers, to sell, encumber, retain other otherwise manage all property belonging to the June L. Baron Revocable Trust, including, but not limited to, the above-described real property.

6. I make this affirmation under penalty of perjury on August 26, 2002.

Keith R. Baron

Keith R. Baron  
Successor Trustee

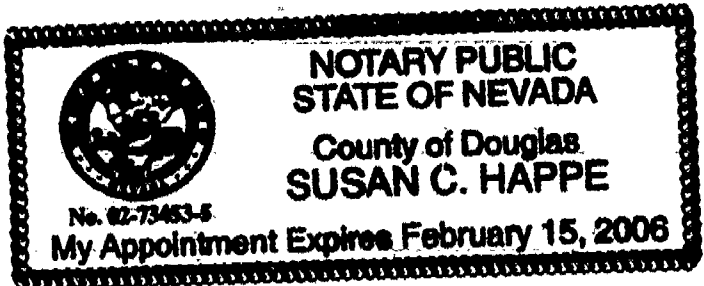
STATEMENT OF NOTARY PUBLIC

State of Nevada )  
County of Douglas )

Signed and sworn to before me on August 26, 2002 by KEITH R. BARON. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Susan C. Happe

NOTARY PUBLIC



✓ Rachelle J. Nicolle  
Attorney at Law  
1650 Highway 395, Suite 102B  
Minden, NV 89423  
(775) 782-0442

Affidavit of Incumbancy following Death.doc

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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

	LOCAL FILE NUMBER		STATE FILE NUMBER	
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last <b>June LaVerne BARON</b>		2. DATE OF DEATH (Month, Day, Year) <b>July 18, 2002</b>	
	3a. CITY, TOWN OR LOCATION OF DEATH <b>Carson City</b>		3b. COUNTY OF DEATH <b>Carson City</b>	
DECEDENT	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Mountain View Care Center</b>		3d. If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify) <b>Inpatient</b>	
	4. SEX <b>Female</b>			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. RACE—(a.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		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) <b>78</b>		7b. UNDER 1 YEAR MOS : DAYS	
PARENTS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
	10. Decedent's Education. Specify highest grade completed. <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
DISPOSITION	13. SOCIAL SECURITY NUMBER <b>7781</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>	
	14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>			
CERTIFIER	15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	
	15c. CITY, TOWN, OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>2652 Wildhorse</b>	
CAUSE OF DEATH	16. FATHER—NAME First Middle Last <b>Walter J. Horn</b>		17. MOTHER—MAIDEN NAME First Middle Last <b>Julia Ambroz</b>	
	18a. INFORMANT—NAME (Type or Print) <b>Keith R. Baron</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>2652 Wildhorse Lane, Minden, NV 89423</b>	
REGISTRAR	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>Walton's Sierra Crematory</b>	
	19c. LOCATION City or Town State <b>Carson City, NV</b>			
CAUSE OF DEATH	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jammy Benson</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>9</b>	
	20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley 1281 No. Roop St., Carson City, NV 89706</b>			
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>Andrea K. Weed</i>		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>Andrea K. Weed</i>	
	21b. DATE SIGNED (Mo., Day, Yr.) <b>7/19/02</b>		21c. HOUR OF DEATH <b>0200</b>	
CAUSE OF DEATH	22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
	22d. ON		22e. AT	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Dr. Andrea Weed, 1007 No. Curry St., Carson City, NV 89703</b>			23b. LICENSE NUMBER <b>D0675</b>
	24a. REGISTRAR (Signature) <i>Vera R. Kuchamp</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>July 19, 2002</b>	
CAUSE OF DEATH	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).)			
CAUSE OF DEATH	PART I (a) <b>Myocardial Infarction</b>		Interval between onset and death <b>minutes</b>	
	(b) <b>Diabetes Mellitus</b>		Interval between onset and death <b>years</b>	
CAUSE OF DEATH	(c) <b>Essential Hypertension</b>		Interval between onset and death <b>years</b>	
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			
CAUSE OF DEATH	26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>		28b. DATE OF INJURY (Mo., Day, Yr.)	
CAUSE OF DEATH	28c. HOUR OF INJURY <b>M</b>		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. 224105

Yvonne Sylva

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

Date Issued:

JUL 19 2002

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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REQUESTED BY  
*Rachelle Nicolle*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2003 APR -8 AM 9: 52

WERNER CHRISTEN  
RECORDER

\$ *17.00* PAID *Bl* DEPUTY

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