

Susan Wornow

From: "Susan Wornow" ^{Jordie 07E} <smwtmw@earthlink.net>
Sent: Monday, May 05, 2003 1:37 PM

APN# 1320-29-211.005

Recording Requested To:
Susan Marene Wornow
1051 Camellia Ct.
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, Susan Marene Wornow, hereby declares that, Lowell Roger Wornow, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lowell Roger Wornow, named as one of the initial co-trustees in that certain Declaration of Trust Titled The Lowell Roger Wornow and Susan Marene Wornow Family Trust dated March 2, 1999.

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

The undersigned declares under penalty of perjury that the foregoing is true and correct.

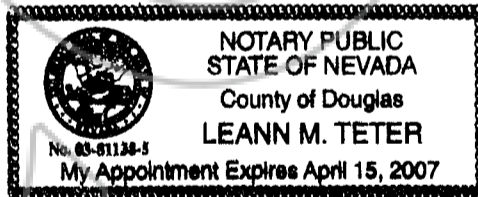
Susan Marene Wornow

Susan Marene Wornow, Trustee

Susan Marene Wornow

State of Nevada
County of Douglas
Subscribed and sworn before me
this 13th day of May, 2003

By *Leann M Teter*



0576566

5/6/03

BK0503PG06000

Nancy Roy Jackson
1571 MONO AV
Minden NV 89423

When Recorded Mail To:
Susan Wornow
1051 Camellia Ct.
Minden, NV 89423

QUITCLAIM DEED

R.P.T.T. \$ #8

THIS INDENTURE made the 4 day of June, 1999.

Between LOWELL ROGER WORNOW and SUSAN MARENE WORNOW, husband and wife, as community property with rights of survivorship, the parties of the first part, and The Lowell Roger Wornow and Susan Marene Wornow Family Trust dated March 2, 1999, the party of the second part,

WITNESSETH: That the said parties of the first part, in consideration of the sum of ten dollars (\$10.00), lawful money of the United States of America, to them in hand paid by the party of the second part, the receipt hereof is hereby acknowledged, do by these presents quitclaim unto the said party of the second part, and to their heirs and assigns forever,

All that real property in the County of Douglas, State of Nevada, being Assessor's Parcel Number 1320-29-211.005, specifically described as:
All those certain lots, pieces or parcels of land situate in the County of Douglas, State of Nevada, described as follows: Lot 270, as shown on Official Map of WINHAVEN UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on August 4, 1994, in Book 894, Page 692, as Document No. 343273.

A.P.N. 1320-29-211.005

Together with the tenements, hereditaments, and appurtenances thereunto belonging or anyway appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

To have and to hold the said premises, together with the appurtenances, unto the party of the second part, and to their heirs and assigns forever.

In Witness Whereof the party of the first part has executed this conveyance the day and the year first above written.

Lowell Roger Wornow
LOWELL ROGER WORNOW

Susan Marene Wornow
SUSAN MARENE WORNOW

STATE OF NEVADA)
)ss.
COUNTY OF DOUGLAS)
Washoe

On this 4 day of June, 1999, personally appeared before me, a Notary Public, LOWELL ROGER WORNOW and SUSAN MARENE WORNOW, personally known or proved to me to be the persons whose names are subscribed to the above instrument and who acknowledged that they executed the above instrument.

[Signature]
NOTARY PUBLIC

ERIC O. ROBERTS
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No. 98-5056-2 - Expires October 5, 2002

REQUESTED BY
Nancy Roy Jackson
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'99 JUN -9 A9:34

0469916
BK0699PG1865

LINDA SLATER
RECORDER
7 PAID 2 DEPUTY

0576566
BK0503PG06001

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

ROLL 97 IMAGE 423

1398

99 007067

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Lowell R. WORNOW		2. June 10, 1999	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Reno		3c. Washoe Medical Center	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. Native American		6. [Blank]	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 57		7b. : DAYS	
UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)	
7c. : HOURS : MINS		8. August 12, 1941	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. California		9b. U.S.A	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. [Redacted] 1076		10. 15	
RESIDENCE—STATE		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
15a. Nevada		11. Married	
COUNTY		SURVIVING SPOUSE (If wife, give maiden name)	
15b. Douglas		12. Susan M. Smyth	
CITY, TOWN, OR LOCATION		KIND OF BUSINESS OR INDUSTRY	
15c. Minden		14b. United States Government	
STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15d. 1051 Camellia Ct		15e. YES	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Norman Wornow		17. Gertrude Sax	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Susan M. Wornow		18b. 1051 Camellia Court Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Veteran's Memorial Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20c. 1380 Hwy. 395 FitzHenry's Carson Valley Funeral Home Gerdnerville, Nevada 89410	
20b. 217		20d. [Blank]	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 06/14/99		22b. [Blank]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 2235		22c. [Blank]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Blank]		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Steven Schiff M.D. 343 Elm Street Reno, NV 89503		22e. AT	
REGISTRAR		LICENSE NUMBER	
24a. [Signature]		23b. 3821	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. June 14, 1999		24c. 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 I (a) Lung Ca		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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.		AUTOPSY (Specify Yes or No)	
26. NO		27. NO	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [Blank]		28b. [Blank]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d. [Blank]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [Blank]		28f. [Blank]	
LOCATION.		STREET OR R.F.D. No.	
28g. [Blank]		CITY OR TOWN	
STATE		STATE	

STATE REGISTRAR

No. 145764

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

MAY 12 2003

Date Issued:

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

0576566

BK0503PG06002

COPY

REQUESTED BY
Susan Wornow
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2003 MAY 13 AM 9:50

WERNER CHRISTEN
RECORDER

\$ 17⁰⁰ PAID K2 DEPUTY

0576566

BK0503PG06003