

APN 148-22-501-006

RECORDING REQUESTED BY:
AND WHEN RECORDED MAIL TO:

JAMES LERMAN, ESQ.
JAMES LERMAN, A LAW CORPORATION
8383 Wilshire Boulevard, #1020
Beverly Hills, CA 90211

MAIL TAX STATEMENTS TO:

CAROLEE A. SEAMAN
and LORI A. PLATER
P. O. Box 223278
Leucadia, CA 92023

REQUESTED BY
FIRST AMERICAN TITLE CO.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 SEP -2 PM 4:23

WERNER CHRISTEN
RECORDER

\$43⁰⁰ PAID AS DEPUTY

**AFFIDAVIT RE DEATH OF TRUSTEES OF THE
CARLSON FAMILY TRUST, DATED MAY 25, 1988,
AS AMENDED ON DECEMBER 30, 2000**

STATE OF CALIFORNIA)
) SS.
COUNTY OF SAN DIEGO)

CAROLEE A. SEAMAN and LORI A. PLATER, being first duly sworn,
depose and say:

That CLARENCE G. CARLSON and NORA R. CARLSON, executed a Trust Agreement on May 25, 1988, of which they were the Trustors, and CLARENCE G. CARLSON and NORA R. CARLSON were the Co-Trustees. Said Trust is known as the "CARLSON FAMILY TRUST, DATED MAY 25, 1988", and acquired title to the hereinafter described real property on June 9, 1988, recorded as Document Number 179621, in Book 688, Pages 1130 and 1131. Said Trust was amended and restated by Trustors on December 30, 2000.

That said Trust provides that in the event of the death of both CLARENCE G. CARLSON and NORA R. CARLSON, then CAROLEE A. SEAMAN and LORI A. PLATER shall act jointly as Successor Co-Trustees of the Trust.

That Trustee, CLARENCE G. CARLSON, died on July 6, 2002. Said Trustee is the same person as "CLARENCE GEORGE CARLSON", who is the decedent named in the certified copy of the "Certificate of Death",

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which is attached hereto and incorporated herein by reference.

That Trustee, NORA R. CARLSON, died on February 9, 2003. Said Trustee is the same person as "NORA RUTH CARLSON", who is the decedent named in the certified copy of the "Certificate of Death", which is attached hereto and incorporated herein by reference.

That said Trust Agreement provides that upon the death of the first Trustor to die, the trust estate is to be divided into two (2) separate trusts known as the Survivor's Trust (hereinafter referred to as the "CARLSON FAMILY SURVIVOR'S TRUST"), and the Decedent's Trust (hereinafter referred to as the "CARLSON FAMILY DECEDENT'S TRUST").

That the CARLSON FAMILY TRUST, Dated May 25, 1988, currently holds title to the following described real property, in the County of Douglas, State of Nevada:

PARCEL NO. 1: Commencing at the meander corner on the East shore of Lake Tahoe between Sections 15 and 22, Township 14 North Range 18 East, M.D.B. & M.; thence along the meander line the following courses and distances: South 0° 06' 50" West a distance of 258.08 feet; thence South 17° 04' West a distance of 490.09 feet; thence South 49° 53' West a distance of 90.70 feet to the true point of beginning; thence North 64° 04' West a distance of 37.50 feet and South 47° 43' West a distance of 113.70 feet; thence South 59° 20' 30" East a distance of 294.88 feet to a point on a curve; thence on a curve to the right the long chord of which bears North 54° 01' 10" East a distance of 55.98 feet having a radius of 573.77 feet through a central angle of 5° 35' 32" for an arc distance of 56.00 feet; thence North 33° 11' West a distance of 49.89 feet; thence North 56° 29' East a distance of 106.50 feet; thence North 64° 04' West a distance of 207.38 feet to the true point of beginning and being Parcel No. 6 as shown on a Record of Survey for K. Amudson, filed in the office of the County Recorder of Douglas County, Nevada on August 19, 1959 under File No. 14816.

PARCEL NO. 2: That portion of Lot 3 as shown on the map of Cedarbrook Subdivision filed in the office of the County Recorder of Douglas County, Nevada, on November 2, 1964, being the Northerly five feet thereof, more particularly described as follows:

Commencing at the point where the Lake Tahoe Meander Line intersects the North line of said Lot 3 of Cedarbrook Subdivision, and the South line of Lot 6, as shown on the Record of Survey Map, filed August 19, 1959 as Document No. 14816 in the office of the Recorder of Douglas County, Nevada. Said point being further described as a lead plug and tack set in granite rock and the TRUE POINT OF BEGINNING; thence North 59° 20' 30" West a distance of

52.00 feet, along the line common to Lot 3, Cedarbrook Subdivision, and Lot 6, as shown on said Record of Survey Map to the Northwest corner of said Lot 3; thence South 41° 22' West 5.09 feet to a point; thence South 59° 20' 30" East a distance of 286.97 feet to a point on the Westerly highway right-of-way line of Nevada State Highway U.S. 50; thence Northerly, around a curve to the right, having a radius of 575 feet, through a central angle of 0° 31' 53", for an arc distance of 5.33 feet, along said Westerly right-of-way line to the Northeast corner of the parcel; thence North 59° 20' 30" West 235.88 feet to the TRUE POINT OF BEGINNING.

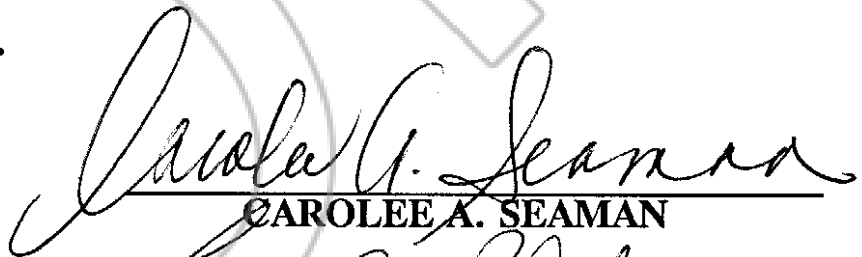
Said property is commonly known as 1698 Highway 50, Glenbrook, Douglas County, Nevada.

A.P.N. 03-030-04.

The above-described property is now vested in title as follows:

"CAROLEE A. SEAMAN and LORI A. PLATER, Successor Co-Trustees of the CARLSON FAMILY TRUST, dated May 25, 1988, as amended December 30, 2000."

Dated: July 30, 2003.


CAROLEE A. SEAMAN

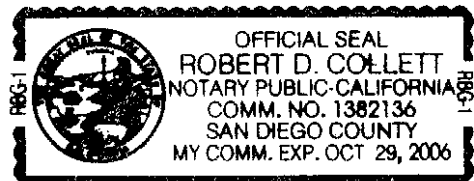

LORI A. PLATER

Subscribed and Sworn to Before

Me this 30 day of July, 2003.



Notary Public in and for said
County and State



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY AND ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) CLARENCE		2. MIDDLE GEORGE		3. LAST (FAMILY) CARLSON			
4. DATE OF BIRTH MM/DD/CCYY 11/08/1919		5. AGE YRS. 82		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 07/06/2002	
8. HOUR 1750		9. STATE OF BIRTH CANADA		10. SOCIAL SECURITY NO. 3950		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 18		14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER HUGHES AIRCRAFT		17. OCCUPATION EXECUTIVE VP		18. KIND OF BUSINESS AEROSPACE		19. YEARS IN OCCUPATION 40	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 970 CHATTANOOGA AVE.							
21. CITY PACIFIC PALISADES		22. COUNTY LOS ANGELES		23. ZIP CODE 90272		24. YRS IN COUNTY 54	
25. STATE OR FOREIGN COUNTRY CALIFORNIA		26. NAME, RELATIONSHIP CAROLEE SEAMAN - DAUGHTER					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1324 EDLUS WAY LEUCADIA, CA 92024							
28. NAME OF SURVIVING SPOUSE—FIRST NORA		29. MIDDLE RUTH		30. LAST (MAIDEN NAME) BAKER			
31. NAME OF FATHER—FIRST VICTOR		32. MIDDLE -		33. LAST CARLSON		34. BIRTH STATE IL	
35. NAME OF MOTHER—FIRST HILDA		36. MIDDLE -		37. LAST (MAIDEN) GINTHER		38. BIRTH STATE CANADA	
39. DATE MM/DD/CCYY 07/11/2002							
40. PLACE OF FINAL DISPOSITION RES: NORA RUTH CARLSON 970 CHATTANOOGA AVE. PACIFIC PALISADES, CA 90272							
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR GATES KINGSLEY GATES MOELLER MURPHY		45. LICENSE NO. FD-451		46. SIGNATURE <i>Thomas L. Dardick</i>		47. DATE MM/DD/CCYY 07/09/2002	
101. PLACE OF DEATH ST. JOHN'S HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY LOS ANGELES	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1328 22ND ST.		106. CITY SANTA MONICA				107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST		TIME INTERVAL BETWEEN ONSET AND DEATH MINS		108. DEATH REPORTED TO CORNER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) CARDIOMYOPATHY		YRS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) CORONARY ARTERY DISEASE		YRS		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D) DYSLIPIDEMIA		YRS		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 DIABETES MELLITUS, BLADDER CANCER							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE 06/08/1992 DECEDENT LAST SEEN ALIVE 07/03/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>Lawrence D. Dardick MD</i>		116. LICENSE NO. 648334		117. DATE MM/DD/CCYY 07/08/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP LAWRENCE D. DARDICK, M.D., 2001 SANTA MONICA BL. SANTA MONICA, CA 90404		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 type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
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 MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CEMETER TRACT	

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This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink!

Thomas L. Dardick

208 JUL 09 2002
DATE ISSUED

Director of Health Services and Registrar

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This copy not valid unless prepared on engraved border displaying seal and **BK0903PG00692**



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200337 002252

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
NORA		RUTH	
3. LAST (Family)		CARLSON	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
04/30/1920		82	
6. UNDER ONE YEAR		7. UNDER 24 HOURS	
8. SEX		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CANADA		7636	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. DATE OF DEATH mm/dd/yyyy	
BACHELOR'S		02/09/2003	
15. WAS DECEDENT SPANISH/SPANIC/LATINO? (if yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	
HOMEMAKER		OWN HOME	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number or location)	
56		14230 VIA GRANDAR	
21. CITY		22. COUNTY/PROVINCE	
RANCHO SANTA FE		SAN DIEGO	
23. ZIP CODE		24. YEARS IN COUNTY	
92067		15	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		CAROLEE A SEAMAN - DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
1324 EOLUS AVE LEUCADIA CA 92024		-	
29. MIDDLE		30. LAST (Maiden Name)	
-		-	
31. NAME OF FATHER - FIRST		32. MIDDLE	
ROY		-	
33. LAST		34. BIRTH STATE	
BAKER		CANADA	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
ELLA		-	
37. LAST (Maiden)		38. BIRTH STATE	
POOLE		CANADA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
02/13/2003		RES: CAROLEE A SEAMAN 1324 EOLUS AVE LEUCADIA CA 92024	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		EL CAMINO MEM-ENCINITAS CHAPEL	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD-857		Nancy L Bowen MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF REGISTRAR	
02/13/2003		Nancy L Bowen MD	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
SCRIPPS MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. COUNTY	
-		SAN DIEGO	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
9888 GENESEE AVE		LA JOLLA	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death	
(A) IMMEDIATE CAUSE (Final disease or condition resulting in death)		2 MOS	
(B) MYELOMA		109. BIOPSY PERFORMED?	
(C) UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		2 1/2 YRS	
(D) NONE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
NONE		BONE BIOPSY 06/23/2000	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Dependent Altered State		SABINA R WALLACH, MD	
Decedent Last Seen Alive		116. LICENSE NUMBER	
06/26/2000		A34070	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. DATE mm/dd/yyyy	
02/09/2003		02/11/2003	
9850 GENESEE AVE LA JOLLA CA 92037		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
120. MANNER OF DEATH		121. INJURY DATE mm/dd/yyyy	
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		122. HOUR (24 hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
-		-	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER/DEPUTY CORONER	
-		-	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
-		-	
STATE REGISTRAR		FAX AUTH. # CVC	
A B C D E		2302903	
CENSUS TRACT		-	

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County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: February 18, 2003

Nancy L Bowen MD
NANCY L BOWEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

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