Recording requested by & when recorded mail this deed to:

Barbara W. Frandsen
1309 Santa Cruz Dr.

Minden, NV

Mail Tax Statements to: Same as above Barbara Frandser
IN OFFICIAL RECORDS OF
DOUGLAS COL NEVARA

2003 OCT 23 PM 2: 10

WERNER CHRISTEN RECORDER

\$ 15 PAIDK 2 DEPUTY

1420-21-810-020 APN#21-030-27

AFFIDAVIT - DEATH OF TRUSTEE

Barbara W. Frandsen, of legal age being first duly sworn, deposes and says that: Douglas R. Frandsen and Barbara W. Frandsen, naming themselves as trustees on September 13, 1999, established a revocable living trust titled:

Frandsen Trust created on September 13, 1999

Subsequent to the establishment of the living trust, on September 24, 1999, **Douglas R. Frandsen & Barbara W. Frandsen** acquired the following described real property in the name of the **above named living trust**. Said deed was recorded on September 24, 1999 as Document # 0477433 in Book 0999, Page 4869. Said property is described as follows:

Douglas County, State of Nevada

Lot 3, in Block B, of MISSION HOT SPRINGS III, according to the Map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 30, 1992, in Book 692, page 6000, as Document No. 282411.

Unfortunately, due to death (verified by the attached copy of the death certificate - the decedent being Douglas R. Frandsen), the duty for managing the trust now falls to Barbara W. Frandsen, the successor trustee - who now has rightful signature power for transferring or encumbering all the property owned by the trust including said real property.

SUCCESSOR TRUSTEE STATEMENT

This is to verify that I am the named and rightful successor trustee of the above referenced trust, and that all the statements and exhibits are true and correct.

Dated: /0/20/03

Signed:

Rarbara W. Frandsen

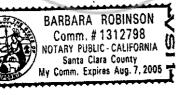
State of California
County of Santa Clara

Subscribed and sworn to before me, the undersigned a Notary Public in and for the State of California on 10/20/03

Witness my hand and official seal.

NOTARY

PUBLIC





COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128 CERTIFICATE OF DEATH

| | STATE FILE NUMBER | , | vise | STATE OF BLACK HAK ONLY / NO ETABL V9-11 | NES, WHITEOUTS | OR ALTERATIONS | | LOCAL BEG | ISTRATION NUMB | E9 | |
|-------------------------------------|--|---|---|---|-------------------------|------------------|-------------------------|------------------------|---|--|--|
| $\overline{}$ | 1. NAME OF DECEDENT F/RST (Given) | | 2. MIDD | 2. MIDDLE | | 3.14 | ST (Family) | COURT NEO | | EX | |
| | DOUGLAS | | R | | | FRANDSEN | | | \ \ | | |
| ¥. | AKA, ALSO KNOWN AS Include full AKA (FIRST, MIDDLE, LAST) | | | | | | cyy 6. AGE Ym. | . IF UNDER ONE YE | MOEA ONE YEAR FUNDER 24 HOURS 6. SEX | | |
| ¥ | | | | 08/2 | | | 73 | Months Usy | Hours. | Minutes M | |
| 8 | . BIRTH STATE/FOREIGN COUNTRY 19 SOCIAL SECURITY | | ITY NUMBER | | | | | | 1 mm/dd/ccyy | 8. HOUR (24 Hours) | |
| 듄 | UT | | 3388 | YES X H | _ unax | MARRIE | D 🦯 | 10/10/2 | 003 | 1042 | |
| Ę | 13. EDUCATION Habast LayerDegree 14/16. WAS DECEDENT SPANISHING | | NISHVI ISPANICALA | ISPANICALATINO? (If yee, see worksheel on back | | 16. DECEDENTS F | IACE Up to 3 race | e may be listed (see w | Bared (see worksheet on báck) | | |
| 8 | BACHELOR'S | YES | | | X NO | CAUCAS | IAN | | - | The same of the sa | |
| 딾 | | | | | | | | | | . YEARS IN OCCUPATION | |
| | ACCOUNTANT ~ | | AEROSPACE | | | | | 32 | | | |
| USUAL | 20. DECEDENT B RESIDENCE (Street and number or tocalion) | | | | | | | | | | |
| | 277 KELLÖGG WAY | | | | | | | | | | |
| | l | | | UNITY/PROVINCE 21. ZIP COOE SIL YEARS IN COUNTY | | | | | FOREIGN COUNT | RY . | |
| - # | SANTA CLARA | SANTA | ANTA CLARA 95050 44 CA | | | | | | | | |
| 충동 | 26. INFORMANT'S MANE, RELATIONISHEE or rural route granteer, city or lever, size, 2(9) | | | | | | | | | | |
| # 3 | BARBARA FRANDSEN | | - 20 | | 77 KEL | | | CLARA CA | 95050 | | |
| ARENT TON | 28. NAME OF SURVIVING SPOUSE FIR | 91 | 29. MIDOLI | 100 | 10 | 30. LAST (Mak | | | 13 | * | |
| | BARBARA | | | / W / | | WALDR | UN | <u> </u> | Las personare | | |
| $\frac{1}{2}$ | 31. NAME OF FATHER — FIRST ROYAL | | 37. MIDAL | 25. MIDONE | | SO, LAST | DODN | 1 | 34, BIATH STATE | | |
| SPOUSE AND PARENT INFORMATION | 35. NAME OF MOTHER FIRST | | 98. MIDDLI | _ \ | | | DSEN | - | | 38. BIRTH STATE | |
| | LAPRIEL | | www.microca | SE. MIDDLE | | | 87. LAST (Melden) GYMON | | | UT | |
| | | POSITION | | | - | | -+ | - 1744 - 17 A. | | | |
| FUNERAL DRECTORY LOCAL REGISTRAR | 10/17/2003 | | | PARK HWY 8 | A PTON | EER CA C | 25666 | | | | |
| | 41. TYPE OF DISPOSITION(8) | | 1 | 42. SIGNATURE OF EN | | more org. | 75000 | - | 43.1/ | ICENSE NUMBER | |
| | CR/BU | | | NOT E | MBALME | D. | | | 1 | _ | |
| | 44. NAME OF FUNERAL ESTABLISHMENT | | 45. LICENSE NUMBER 40. SKINATURE OF LOCAL REGISTRAR | | | | | A A 47.0 | ATE mm/dd/ccyy | | |
| | LIMA FAMILY SANTA CLARA MORTUARY FD 93 , Martin fontisheil no | | | | | | | R CEL | 0/15/2003 ₽ <u>x</u> | | |
| PLACE OF JOEATH | 102. F HOSPITAL SPECIFY ONE 100. F OTHER THAN HOSPITAL SPECIFY ONE | | | | | | | | | | |
| | KAISER SANTA CLARA X P FROM DOA Houghts Intermediate Transfer Company | | | | | | | | Decedent's Other | | |
| | TOU. COUNTY TOU, FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) | | | | | | | 100 | SANTA CLARA | | |
| | | | | | | | | | | | |
| АТН | 107. CAUSE OF DEATH Enter the chain of events — discourse, injuries, or complications — that directly caused death. DO NOT enter terminal events such as conduct arrest, respiratory errest, or venetoular flavilisation without showing the estology, DO HOT ABBREVATE. | | | | | | | | Time Insert Setmen 106, DEATH REPORTED TO CORONER! Onset and Death YES X NO | | |
| | MANACUATE CAUSE (A) (First disease or RESPIRATORY ARREST | | | | | | MIN | _ _ | REFERRAL MARKET | | |
| | condition resulting in deadh) (5) | | | | | | (197). | 109.6 | OPSY PERFORMED? | | |
| | Sequentially, fel CHRONIC ORSTBUCTIVE BUILDONADY ADDRESS | | | | | | YRS | . 🗆 | уев Х но | | |
| | conditions, if any, leading to cause on Line A. Enter | * | - I VIII III III III III III III III III | | | (C1) | | JTOPSY PERFORMED? | | | |
| OF DEA | UNDERLYING CAUSE (Seeses or | | | ` . | | | | | | YES X NO | |
| ij, | Injury that initiated the everys (D) | | | | | | (נים) | 111, 98 | ED IN DETERMINING CAUSE? | | |
| CAUSE | resulting in death) LAST | | | | | | | AE8 NO | | | |
| J | 112. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT MOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 | | | | | | | | | | |
| - | DIAPHRAGM PARAYLSIS , LYMPHOMA 115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (If you, but type at contraining and dates). 1130. If FRAME PREGNANT INLAST YEAR? | | | | | | | | | | |
| | 118, WAS OPERATION PEAFORMED FOR | ANY CONCREASE RELEE | M 101 OF 1127 (F | yee, lest type of operation i | na date.j | - y/ 99 | r y See | • | 1934 IF FEMALE | PREGNANT IN LAST YEAR? | |
| | 114 CENTRY THAT TO THE SERVICE AND RIGHT | EAST DEATH OOM BEEN | Lux Archillos | E AND TITLE OF CERTIF | ED # | 1 | Tare De- | ENSE NUMBER | 117. DATE # | | |
| PHYSICIAN'S CERTIFICATION | 114. I CERTIFY THAT TO THE SEST OF MY INCOM AT THE HOUR, GATE, AND PLACE STATED FROM | THE CAUGES STATES: adent Last Bour Alive | dia | my my fee | TILL | | G61 | | 10/13/ | 4 | |
| 중합 | Decedent Attended Since Deco (A) mm/bb/copy (B) | municipality | | ENDING PHYSICIAN'S NA | | XDRESS, ZIP CODI | L | | 1 | | |
| 主義 | 10/08/2003 10/ | 10/2003 | T DAIL | EY MD 900 | KIELY | BLVD SA | NTA CLAR | A CA 950 | 51 | 1 | |
| _ Ŭ | SID. I CERTIFY THAT IN MY OPINION BEATH OCC | URRED AT THE HOUR, DAT | L AND PLACE STATES | FROM THE CAUSES STATED | | 120. NJUH | ED AT WORK? | | | y 122, HOUR (24 Hours) | |
| | MANNER OF DEATH Natural | Accident Houselds | | Investigation | Could not be determined | YES | NO L | UNK | | 1 | |
| ≩ | 123. PLACE OF INJURY (s.g., home, constr | uotian eite, wnoderi nras, | eks.) | | | | | | - | | |
| | | | | | | | | | | | |
| CORONER'S USE ONLY | 124. DESCRIBE HOW AUURY OCCURRED (Events which resulted in hybry) | | | | | | | | | | |
| | 125, LOCATION OF INJURY (Street and number, or issuelon, and oby, and ZP) | | | | | | | | | | |
| | 1800 PERSON OF HISTORY (AND REGISTER) IN THE STATE OF THE | | | | | | | | | | |
| Ĭ | 128. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mendddogy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | | | | | | | | | | |
| _ | . / | | | | | | | | | .* | |
| STA | TE A B | 0 | 3 0 | | | <u> </u> | | FAX AUTI | L.# | CENSUS TRACT | |
| REGIST | | | | | | | | 127 | 550 | | |
| | | A | | <u> </u> | - | | | | <u> </u> | | |

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SANTA CLARA DATE ISSUED OCT 1 7 2003

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

MARTIN D. FENSTERSHEIB HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

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



