

A.P.N. # 2-130-05
ESCROW NO. ACCOM1689LH
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:
DONALD AND MYRNA KEMP
184 LONE COMPANY ROAD
COLEVILLE, CA 96107-9717

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 OCT 30 AM 10:42

WERNER CHRISTEN
RECORDER

\$19.00 PAID Kj DEPUTY

(Space Above For Recorder's Use Only)

SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

ESCROW NO. ACCOM1689LH

BALDO GIORGI AND JACQUELINE N. GIORGI, are the Owners and Holders of the Note secured by the Deed of Trust, dated August 17, 1998, made by DONALD L. KEMP AND MYRNA D. KEMP, Trustors to STEWART TITLE OF DOUGLAS COUNTY Trustee, for the benefit of BALDO GIORGI AND JACQUELINE N. GIORGI, Beneficiary which Deed of Trust was recorded in the office of the County Recorder of MONO COUNTY County, Nevada, on August 24, 1998 File No. 5508, hereby substitutes BALDO GIORGI AND JACQUELINE N. GIORGI, as Trustee in lieu of the above named Trustee under said Deed of Trust. BALDO GIORGI AND JACQUELINE N. GIORGI hereby accepts said appointment as Trustee under said Deed of Trust and, as successor Trustee, pursuant to the request of said Owner and Holder and in accordance with the provisions of Deed of Trust does hereby reconvey without warranty to the person or persons legally entitled thereto, all estate now held by it under said Deed of Trust.

IN WITNESS WHEREOF, THE UNDERSIGNED, have caused these presents to be executed by them this 9th day of October, 2003.

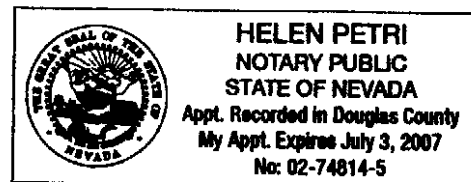
Baldo Giorgi
BALDO GIORGI

JACQUELINE N. GIORGI

STATE OF NEVADA
COUNTY OF DOUGLAS

This instrument was acknowledged
before me on Oct 9, 2003
by Baldo Giorgi

Signature Helen Petri
Notary Public



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BK1003PG15984

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH STATE OF NEVADA VITAL STATISTICS 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	DECEASED—NAME First Middle Last 1. Jacqueline Norine GIORGI	DATE OF DEATH (Month, Day, Year) 2. June 22, 2003
	CITY, TOWN OR LOCATION OF DEATH 3b. Carson City	COUNTY OF DEATH 3a. Carson City
DECEDENT	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson - Tahoe Hospital	If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	SEX 4. Female
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 73
	STATE OF BIRTH (If not U.S.A., name country) 9a. California	CITIZEN OF WHAT COUNTRY 9b. USA
PARENTS	Decedent's Education. Specify highest grade completed. 10. 16	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
	SOCIAL SECURITY NUMBER 13. 2678	SURVIVING SPOUSE (If wife, give maiden name) 12. Baldo Giorgi
DISPOSITION	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Teacher	KIND OF BUSINESS OR INDUSTRY 14b. Education
	RESIDENCE—STATE 15a. Nevada	CITY, TOWN, OR LOCATION 15c. Gardnerville
CERTIFIER	COUNTY 15b. Douglas	STREET AND NUMBER 15d. 1927 Dayton
	FATHER—NAME First Middle Last 16. Angelo Bardini	MOTHER—MAIDEN NAME First Middle Last 17. Emily Cabral
CAUSE OF DEATH	INFORMANT—NAME (Type or Print) 18a. Baldo Giorgi	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1927 Dayton Gardnerville, Nevada 89410
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—NAME 19b. Valley View Cemetery
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	LOCATION City or Town State 19c. Yerington Nevada	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>
	FUNERAL DIRECTOR LICENSE NUMBER 20b. 614	NAME AND ADDRESS OF FACILITY 20c. 25 Hwy 208 Freitas Ruprecht Funeral Home Yerington, Nevada 89447
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) DATE SIGNED (Mo., Day, Yr.) 21b. 6/25/03	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) DATE SIGNED (Mo., Day, Yr.) 22b. 6/25/03
	HOUR OF DEATH 21c. 2250	HOUR OF DEATH 22c. 2250
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Laurence Gay, M.D., P.O. 19936, Reno, NV 89511	PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Laurence Gay, M.D., P.O. 19936, Reno, NV 89511	LICENSE NUMBER 23b. 5152
CAUSE OF DEATH	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 26, 2003
	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Ruptured intracerebral artery aneurysm malformation	Interval between onset and death hours
	(b) Due to, or as a consequence of:	Interval between onset and death
CAUSE OF DEATH	(c) Dysphagia, Decreased level of consciousness	Interval between onset and death
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Dysphagia, Decreased level of consciousness	AUTOPSY (Specify Yes or No) 26. NO
CAUSE OF DEATH	ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.
	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.
	LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.	

No. 236922

STATE REGISTRAR

AUG 29 2003

Rec'd IDS Claims

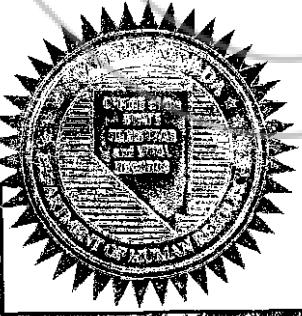
This is to certify that the above is a true and correct copy of the certificate on file in this office.

[Signature]

Date issued: **JUN 30 2003**
BK 1003 PG 15985 0595399

State Registrar

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