

A.P. NO. 1420-28-510-020
RECORDING REQUESTED BY
WESTERN TITLE COMPANY, INC.

2003 DEC -2 PM 3:44

WERNER CHRISTEN
RECORDER

\$ 16⁰⁰ PAID K D DEPUTY

WHEN RECORDED MAIL TO:
BETTY I. MAHLER, TRUSTEE
2970 SANTA INEZ DR.
MINDEN, NV 89423

ORDER NO. 89216KLS

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, BETTY IONE MAHLER, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated February 5, 1994, and all amendments thereto, HOWARD FRED MAHLER AND BETTY IONE MAHLER executed the HOWARD FRED MAHLER and BETTY IONE MAHLER REVOCABLE FAMILY TRUST ("TRUST")

(2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of HOWARD FRED MAHLER.

(3) HOWARD FRED MAHLER DIED ON November 16, 2003, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said HOWARD FRED MAHLER.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.

(5) The following described real property is part of the trust estate: See Exhibit "B" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

Executed on 12-1-03 at Minden Nevada

Betty I Mahler
BETTY IONE MAHLER,
SUCCESSOR TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS

On 12/1/03, before me KATHY SWAIN, personally appeared BETTY IONE MAHLER, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal

Kathy Swain
SIGNATURE OF NOTARY



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Exhibit *B*

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 57, in Block D, as shown on the Official Map of MISSION HOT SPRINGS, UNIT NO. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 1, 1987, in Book 787, Page 001, as Document No. 157492.



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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	
1. DECEASED—NAME First Middle Last Howard Fred MAHLER		2. DATE OF DEATH (Month, Day, Year) November 16, 2003	
3a. COUNTY OF DEATH Douglas		3b. SEX Male	
3c. CITY, TOWN OR LOCATION OF DEATH Minden		3d. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 2970 Santa Inez Drive	
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		5. 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) 63		7. UNDER 1 YEAR MOS : DAYS 7b. : 7c. :	
8. DATE OF BIRTH (Mo., Day, Yr.) July 3, 1940		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10. SURVIVING SPOUSE (If wife, give maiden name) Betty I. Meador		11. Decedent's Education. Specify highest grade completed. 12	
12. STATE OF BIRTH (If not U.S.A., name country) New Jersey		13. CITIZEN OF WHAT COUNTRY U.S.A.	
14. SOCIAL SECURITY NUMBER 3952		15. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Distribution Supervisor	
16. RESIDENCE—STATE Nevada		17. COUNTY Douglas	
18. CITY, TOWN, OR LOCATION Minden		19. STREET AND NUMBER 2970 Santa Inez	
20. INSIDE CITY LIMITS (Specify Yes or No) Yes		21. KIND OF BUSINESS OR INDUSTRY Safety/Hazardous Materials	
22. FATHER—NAME First Middle Last Herbert Mahler		23. MOTHER—MAIDEN NAME First Middle Last Anna Wilhelm	
24. INFORMANT—NAME (Type or Print) Betty I. Mahler		25. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2970 Santa Inez Drive Minden, Nevada 89423	
26. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		27. CEMETERY OR CREMATORY—NAME Walton's	
28. LOCATION City or Town State Carson City Nevada		29. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) Tommy Burns	
30. FUNERAL DIRECTOR LICENSE NUMBER 09		31. NAME AND ADDRESS OF FACILITY Society 1614 N. Curry St. Carson City, NV. 89703	
32. To be completed by CERTIFYING PHYSICIAN 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) [Signature]		33. To be completed by Coroner's Office 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]	
34. DATE SIGNED (Mo., Day, Yr.) 11/18/03		35. HOUR OF DEATH 11:15	
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Evan Easley, MD		37. LICENSE NUMBER 7446	
38. REGISTRAR Gainie Evans		39. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 18, 2003	
40. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Melanotic Multiple Myeloma DUE TO, OR AS A CONSEQUENCE OF: (c) _____		41. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
42. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. _____		43. AUTOPSY (Specify Yes or No) 26. No	
44. DATE OF INJURY (Mo., Day, Yr.) 28b. _____		45. HOUR OF INJURY 28c. _____	
46. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28e. _____		47. DESCRIBE HOW INJURY OCCURRED 28d. _____	
48. INJURY AT WORK (Specify Yes or No) 28e. _____		49. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 28g. _____	



STATE REGISTRAR

No. 244903

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: **NOV 18 2003**

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State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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