

When recorded, mail to:
Jeanette A. Seligman
300 Bayview Dr., #407
Sunny Isles Beach, FL 33160

Escrow No. 23707200
A.P.N. 1220-24-401-013

REQUESTED BY
MARQUIS TITLE & ESCROW
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 DEC 10 PM 3:38

WERNER CHRISTEN
RECORDER

\$16 PAID *KJ* DEPUTY

**AFFIDAVIT OF DEATH OF TRUSTEE
AND BENEFICIARY**

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Jeanette Seligman, being first
duly sworn, deposes and says:

That affiant is the executor of JOHN
the estate of Robert Seligman

JOHN ~~Robert Seligman~~ and that the said

deceased is the beneficiary and trustee under that certain Deed of Trust dated the 22nd day of August, 1994, under the terms of which Robert Seligman and/or Cynthia Seligman, as joint tenants with right of survivorship, were named as Trustor, and John Seligman and Jeanette Seligman were named as beneficiaries and trustees, upon the terms, covenants and provisions as set forth herein, said document was recorded September 1, 1994, at Page 97, in Book 994, as Document No. 345320, of Official Records of Douglas County, Nevada, affecting all that certain piece or parcel of land, situated in the County of Douglas, State of Nevada.

That the said John Seligman was the Beneficiary and Trustee on the Deed of Trust, died on 24 MARCH, 2002, in the County of MIAMI-DADE State of FLORIDA, and is the identical person named in the Certificate of Death as Exhibit "A" attached hereto and incorporated herein by reference.

That all powers, right, title and interest in and to said Deed of Trust on real property, hereinabove described, Beneficiary being vested absolutely in affiant namely, Jeanette Seligman as of the date of the decedent's death.

Jeanette Seligman T-R.
Jeanette Seligman

Subscribed and sworn to me this 5th day of July, 2003.

Paul H Levine
Notary Public



Paul H Levine
My Commission DD019298
Expires April 19, 2005

0599164

BK1203PG04458

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

TYPE OR
PRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO. 004704

1. DECEDENT'S NAME FIRST: John MIDDLE: LAST: Seligman		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) March 24, 2002		4. SOCIAL SECURITY NUMBER [REDACTED] 0698	
5. DATE OF BIRTH (Month, Day, Year) June 8, 1901		7. BIRTHPLACE (City and State or Foreign Country) Brooklyn, New York	
8. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL <input checked="" type="checkbox"/> Inpatient ER/Outpatient DDA OTHER Nursing Home Residence Other (Specify)		9. COUNTY OF DEATH Miami-Dade	
9a. FACILITY NAME (If not institution, give street and number) Mt Sinai Hospital & Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Miami Beach	
10. DECEDECENT'S USUAL OCCUPATION Contractor		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SURVIVING SPOUSE (If wife, give maiden name) Jeanette Aranow		13. RESIDENCE - STATE Florida	
13b. COUNTY Miami-Dade		13c. CITY, TOWN, OR LOCATION Sunny Isles Beach	
13d. STREET AND NUMBER 300 Bayview Drive #407		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Puerto Rican, etc.) No	
15. RACE - American Indian, Black, White, etc. Specify: White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 11	
17. FATHER'S NAME (First, Middle, Last) Henry Seligman		18. MOTHER'S NAME (First, Middle, Maiden Surname) Carrie Nussbaum	
19a. INFORMANT'S NAME (Type/Print) Jeanette A. Seligman		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 300 Bayview Drive #407 Sunny Isles Beach, FL 33160	
20a. METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Entombment		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Star of David Memorial Gardens North Lauderdale, Florida	
20c. LOCATION - City or Town, State		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
21b. LICENSE NUMBER (or Licensee) 4002		21c. NAME AND ADDRESS OF FACILITY Star of David Memorial Chapel 33068 7701 Bailey Road North Lauderdale, Florida	
22a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		23a. 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 as stated. (Signature and Title) <i>[Signature]</i>	
22b. DATE SIGNED (Mo., Day, Yr.) 3/27/02		22c. HOUR OF DEATH 2:45 P.M.	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23b. DATE SIGNED (Mo., Day, Yr.)	
23c. MEDICAL EXAMINER'S CASE #		24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Frederick Rosenbloom, M.D. 4302 Alton Rd #720 Miami Beach, Florida 33140	
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>[Signature]</i>		25b. LOCAL REGISTRAR SIGNATURE AND DATE <i>[Signature]</i> APR 08 2002	
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac arrest - acute MI Sequelae of acute myocardial infarction AS40		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No	
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) No		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No	
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes No		30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED	
30b. DATE OF SURGERY (Mo., Day, Year)		31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.	
32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY	
32c. INJURY AT WORK? (Yes or No)		32d. DESCRIBE HOW INJURY OCCURRED	
32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

Maurice Darden

APR 09 2002 Registrar

WARNING: 13510473

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10-98)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

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BK 120396
4459



EXHIBIT "A"

The land referred to herein is situate in Douglas County, State of Nevada, and is described as follows:

Lot 1-C, as set forth on Parcel Map No. 2 for P-K Construction Inc., filed for record in the office of the Douglas County Recorder on February 29, 1988, in Book 288, Page 3967, as Document No. 173298 and by Certificate of Amendment recorded May 9, 1988, in Book 588, Page 1215, as Document No. 177756, of Official Records.

Assessor's Parcel No. 1220-24-401-013

COOPER

0599164

BK 1203 PG 04460