

17-

1320-30-311-024

APN: 17-304-03

RECORDING REQUESTED BY:

✓ Anderson & Dorn, Ltd.  
294 East Moana Lane, Ste, B27  
Reno, NV 89502

WHEN RECORDED MAIL TO:

GERTRUDE BERKOWITZ  
862 Mahogany Drive  
Minden, NV 89423

MAIL TAX STATEMENTS TO:

GERTRUDE BERKOWITZ  
862 Mahogany Drive  
Minden, NV 89423

REQUESTED BY  
*Anderson + Dorn*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 APR 15 AM 11:43

WERNER CHRISTEN  
RECORDER

\$ 170 PAID 32 DEPUTY

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, GERTRUDE BERKOWITZ, 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 July 10, 1997, MAYNARD Z. BERKOWITZ and I executed the BERKOWITZ LIVING TRUST ("Trust").

(2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of MAYNARD Z. BERKOWITZ.

(3) MAYNARD Z. BERKOWITZ died on January 18, 2004, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said MAYNARD Z. BERKOWITZ.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole 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 March 29, 2004, at Reno, Nevada.

*Gertrude Berkowitz*  
Gertrude Berkowitz, Successor Trustee

0610286

BK0404PG07082

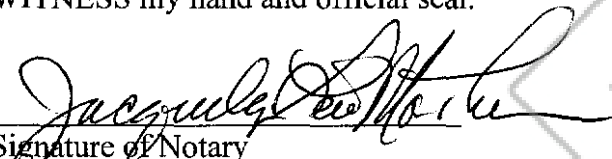
STATE OF NEVADA )

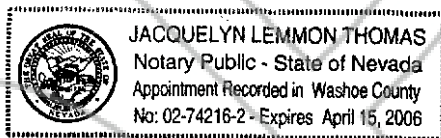
SS:

COUNTY OF WASHOE )

On March 29 2004, before me, Jacquelyn L. Thomas, personally appeared GERTRUDE BERKOWITZ, 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.

  
Signature of Notary



0610286

BK0404PG07083

CERTIFICATION OF VITAL RECORD

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE LYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Maynard		Z. BERKOWITZ		2. January 18, 2004		3a. Douglas	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)		SEX	
3b. Minden		3c. 862 Mahogany Drive		3e.		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 74		8. May 21, 1929	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education: Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Pennsylvania		9b. U.S.A.		10. 14		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. ██████████ 9294		13a. Engineer		14b. Computer/Electronics		12. Gertrude J. Gluck	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Minden		15d. 862 Mahogany Dr.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME		MOTHER—MAIDEN NAME		15e. Yes	
		16. Samuel Berkowitz		17. Rose Gross			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS		(Street or R.F.D. No., City or Town, State, Zip)			
18a. Gertrude J. Berkowitz - Wife		18b. 862 Mahogany Drive, Minden, NV 89423					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town State	
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 217		20c. FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, NV 89701			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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) <i>[Signature]</i>		21b. 1/20/04		21c. 0815		(Signature and Title) <i>[Signature]</i>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)		22d. ON	
21d. Andrea Weed, D.O., 1007 N. Curry #300, Carson City, NV 89703		22b. ON		22c. AT		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		23a. Andrea Weed, D.O., 1007 N. Curry #300, Carson City, NV 89703		23b. LICENSE NUMBER		23c. D0675	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. January 20, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
PART I (a) Metastatic prostate cancer						months	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b)						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c)						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. NO		27. NO			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 251998

I2072

CERTIFIED COPY OF VITAL RECORDS

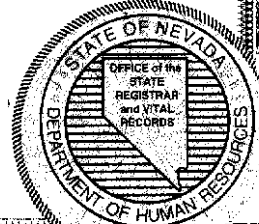
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: JAN 20 2004

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

*[Signature]*  
STATE REGISTRAR

0610286  
BK 6401 06-7084  
N.I.D.R. 7.0.0.1



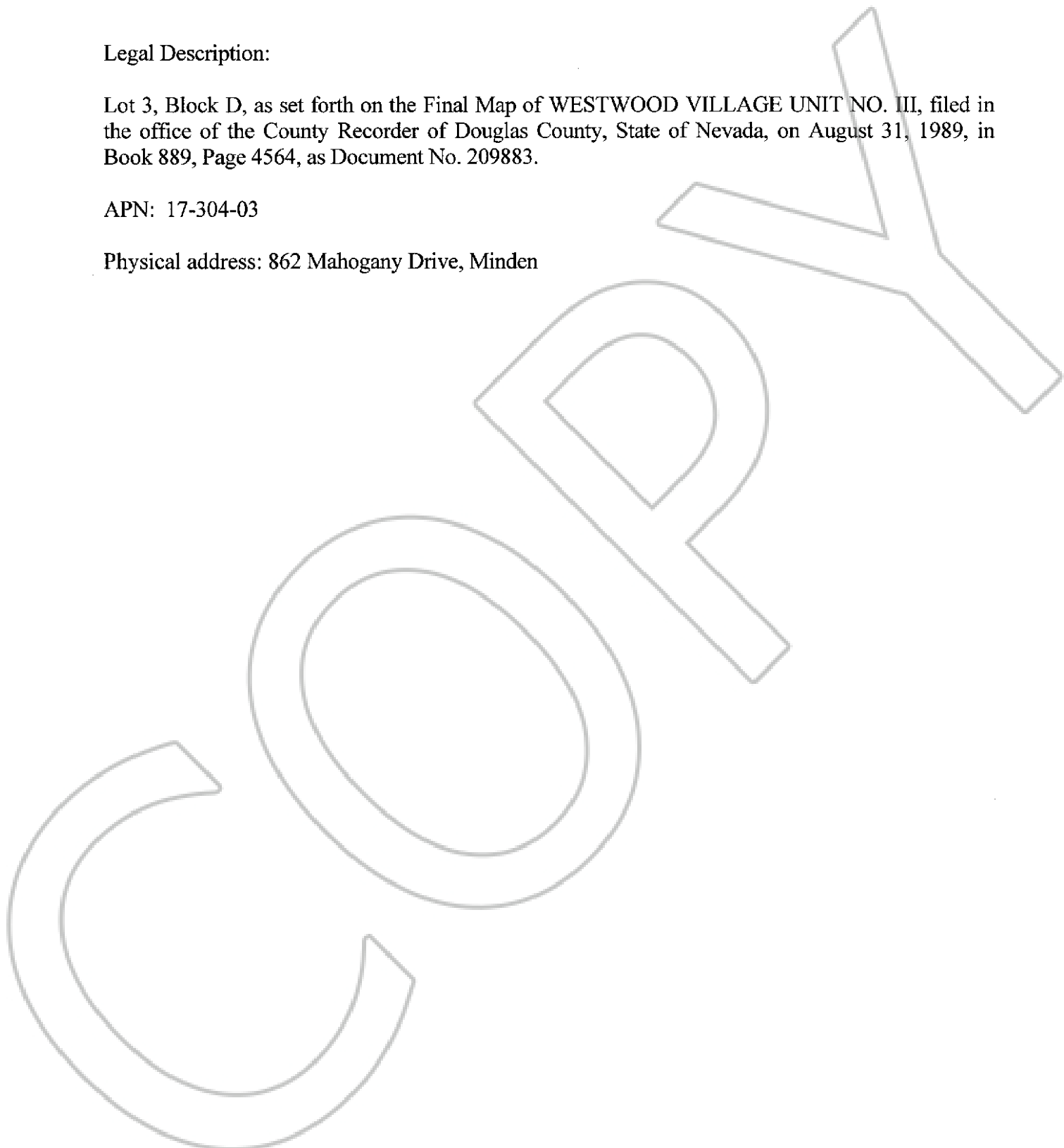
**Exhibit B**

**Legal Description:**

Lot 3, Block D, as set forth on the Final Map of WESTWOOD VILLAGE UNIT NO. III, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 31, 1989, in Book 889, Page 4564, as Document No. 209883.

APN: 17-304-03

Physical address: 862 Mahogany Drive, Minden



0610286

BK 0404 PG 07085