

REQUESTED BY
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IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 MAY 17 PM 12: 52

WERNER CHRISTEN
RECORDER

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APN# 1420-07-815-008

Recording Requested By

Name Buford C. Lewis

Address 255 Pine Lake Drive

City/State/Zip Eagle Point, OR 97524

Affidavit-Death of Trustee

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed

0613359

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A.P.N.: 1420-07-815-008

File No.: 143-2130274 (MO)

Affidavit - Death of Trustee

State of Oregon)
)ss.
County of Jackson)

Buford C. Lewis ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of California:

1. **Rachel A. Lusk** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **June 15, 2001** at **Carson City, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **June 8, 2001** executed by **Rachel A. Lusk** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain Sale dated 6-8-01 -- which was recorded as Instrument No. 0524242 in Book 1001, Page 0860 of Official Records of Douglas County, California as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: May 5, 2004

DECLARANT:

Buford C. Lewis
Buford C. Lewis

Dated: _____

Buford C. Lewis

SUBSCRIBED AND SWORN TO before me the undersigned, a Notary Public in and for said County and State, this 7th day of May, 2004.

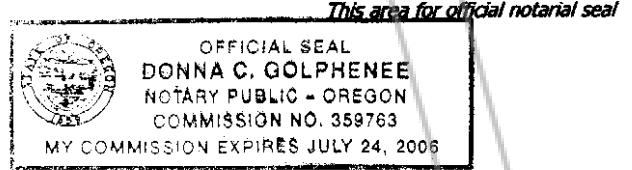
WITNESS my hand and official seal.

Signature Donna C. Golphenee

My Commission Expires: 7-24-06

Notary Name: Donna C Golphenee

Notary Registration Number: 359763



Notary Phone: 541-734-2608

County of Principal Place of Business: Jackson

0613359

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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			
DECEDENT	1. DECEASED—NAME First Middle Last Rachel Ann LUSK		2. DATE OF DEATH (Month, Day, Year) June 15, 2001	3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) Carson-Tahoe Hospital		
	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes. no if yes.	7a. AGE—Last Birthday (Years) 60	7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS
	8. DATE OF BIRTH (Mo., Day, Yr.) June 20, 1940		3e. Inpatient		4. Female
PARENTS	9a. STATE OF BIRTH (If not U.S.A., name country) Kentucky		9b. CITIZEN OF WHAT COUNTRY U.S.A.		
	10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
	13. SOCIAL SECURITY NUMBER 7075		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary		
	14b. KIND OF BUSINESS OR INDUSTRY Aviation		12. SURVIVING SPOUSE (if wife, give maiden name)		
DISPOSITION	15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		
	15c. CITY, TOWN, OR LOCATION Indian Hills		15d. STREET AND NUMBER 977 Hillside		
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		18. FATHER—NAME First Middle Last Oakley Lewis		
	17. MOTHER—MAIDEN NAME First Middle Last Maude Cottongim		18a. INFORMANT—NAME (Type or Print) Buford C. Lewis		
CERTIFIER	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		
	19c. LOCATION City or Town State Carson City, Nevada		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		
	20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home 833 N. Edmonds Dr., Carson City, Nevada 89701		
	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) <i>[Signature]</i>		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>		
CAUSE OF DEATH	21b. DATE SIGNED (Mo., Day, Yr.) 6 18 01		21c. HOUR OF DEATH 2130		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) John K. Bower, M.D., 844 W. Nye Lane #201, Carson City, NV 89703		21e. PRONOUNCED DEAD (Mo., Day, Yr.)		
	21f. PRONOUNCED DEAD (Hour)		22b. DATE SIGNED (Mo., Day, Yr.)		
	22c. PRONOUNCED DEAD (Hour)		22d. ON		
22e. AT		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			
23b. LICENSE NUMBER 6493		24a. REGISTRAR (Signature) <i>[Signature]</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 18, 2001		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Widely metastatic invasive bladder carcinoma		Interval between onset and death 6 months			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		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.		26. AUTOPSY (Specify Yes or No) No			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY			
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)			
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

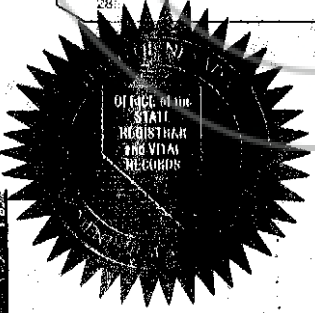
No. 183718

STATE REGISTRAR

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

Date Issued: JUN 18 2001 613359

[Signature]
State Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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