

APN 1318-10-314-013

Recording Requested by:

✓ F.S. RICKY MAVEETY, ESQ.
P.O. BOX 124979
San Diego, CA 92112-4979

REQUESTED BY
F.S. Ricky Maveety
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JUN 15 PM 2:43

WERNER CHRISTEN
RECORDER

\$18⁰⁰ PAID *KJ* DEPUTY

AFFIDAVIT -- DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

The undersigned, of legal age, being first duly sworn, deposes and says:

1. JOHN SIGWALD MONSOS and ELIE TROST MONSOS, as trustors, have heretofore entered into a trust agreement dated 12/27/90, pursuant to which was established the Revocable Living Trust of John Sigwald Monsos and Elie Trost Monsos.
2. Pursuant to the terms of the trust, JOHN SIGWALD MONSOS and ELIE TROST MONSOS were named as the original trustees. ELIE TROST MONSOS died on December 7, 2000.
3. The trust provides that upon the death of JOHN SIGWALD MONSOS and ELIE TROST MONSOS, MARIT ELIE MONSOS CHILL, now known as MARIT ELIE MONSOS shall act as trustee of said trust.
4. JOHN S. MONSOS died on 3/6/04, as evidenced by a certified copy of his certificate of death which is attached hereto as Exhibit "A" and incorporated herein by reference.
5. JOHN S. MONSOS, mentioned in the attached certified copy of certificate of death, is the same person as the trustee pursuant to the terms of the Revocable Living Trust of John Sigwald Monsos and Elie Trost Monsos.
6. MARIT ELIE MONSOS is filing this affidavit with the Douglas County Recorder to establish the succession of MARIT ELIE MONSOS as trustee pursuant to the aforesaid trust, and to enable her to administer and distribute real estate pursuant to the terms of such trust.
7. The trust estate includes an interest in real property located in Douglas County, Nevada, which is more fully described on Exhibit "B" attached hereto and incorporated herein by reference.

MAIL TAX STATEMENTS TO: Ms. Marit Monsos, 954 Bienvenida Ave., Pacific Palisades, CA 90272

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8. Titleholder of the foregoing real property until the death of JOHN S. MONSOS was JOHN SIGWALD MONSOS, trustee of the MONSOS TRUST DATED DECEMBER 27, 1990 Sub Trust B. As a result of the death of JOHN S. MONSOS, the successor titleholder is MARIT ELIE MONSOS, trustee of the Trust of John Sigwald Monsos and Elie Trost Monsos dated December 27, 1990.

Dated: 6-5-04

Marit Elie Monsos
MARIT ELIE MONSOS

SUBSCRIBED AND SWORN TO before me this 5th day of June, 2004.

[Signature]
NOTARY PUBLIC



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) JOHN		2. MIDDLE S.		3. LAST (Family) MONSOS	
AKA, ALSO KNOWN AS -- (Include full AKA (FIRST, MIDDLE, LAST))					
4. DATE OF BIRTH mm/dd/yyyy 09/09/1917		5. AGE Yrs. 86		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY MN		10. SOCIAL SECURITY NUMBER ██████████ 1417		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 03/06/2004		8. HOUR (24 Hours) 0200	
15. EDUCATION -- Highest Level/Degree (see worksheet on back) BACHELOR'S		14/15. WAS DECEDENT SPANISH-SPANIC/LATINO? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ADVERTISING AGENCY		19. YEARS IN OCCUPATION 40
20. DECEDENT'S RESIDENCE (Street and number or location) 954 BIENVENEDA AVE.					
21. CITY PACIFIC PALISADES		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90272	
24. YEARS IN COUNTY 59		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME RELATIONSHIP MARIT MONSOS DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 954 BIENVENEDA AVE. PACIFIC PALISADES, CA. 90272		
28. NAME OF SURVIVING SPOUSE -- FIRST SIGWALD		29. MIDDLE J.		30. LAST (Maiden Name) MONSOS	
31. NAME OF FATHER -- FIRST LILLI		32. MIDDLE UNK		33. LAST (Maiden) EDLUND	
34. BIRTH STATE NORWAY		35. NAME OF MOTHER -- FIRST		36. BIRTH STATE SWEDEN	
37. DISPOSITION DATE mm/dd/yyyy 03/23/2004		38. PLACE OF FINAL DISPOSITION CRYSTAL LAKE CEMETERY, CRYSTAL LAKE, MN			
41. TYPE OF DISPOSITION(S) CR/TR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT ARMSTRONG FAMILY MALLOY-MITTEN		45. LICENSE NUMBER FD380		46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas L. Williams</i>	
47. DATE mm/dd/yyyy 03/19/2004					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 954 BIENVENEDA AVE.		106. CITY PACIFIC PALISADES	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. METASTATIC SQUAMOUS CELL CANCER LUNG		Time Interval Between Onset and Death (AT) MOS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)		(B)		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(C)		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)		(E)		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, LUNG CANCER,					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (a) mm/dd/yyyy 02/--/2000 Decedent Last Seen Alive (b) mm/dd/yyyy 03/01/2004		115. SIGNATURE AND TITLE OF CERTIFIER <i>Jeffrey S. Goldsmith</i>		116. LICENSE NUMBER A062681	
117. DATE mm/dd/yyyy 03/12/2004		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JEFFREY S GOLDSMITH, MD 1131 WILSHIRE BLVD #100, SANTA MONICA, CA 90401			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER <i>Thomas L. Williams</i>		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENSUS TRACER *090706637*	

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This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Director of Health Services and Registrar *Thomas L. Williams* DATE ISSUED 234 MAR 19 2004

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

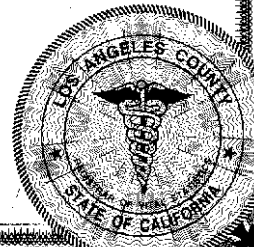


EXHIBIT B

Access Easement

Description of an easement for ingress and egress over the Northwesterly portion of Lot 107, Zephyr Knolls Unit Number 4, Official Records of Douglas County, Nevada, Being more fully described as follows:

Beginning at the Northwesterly corner of Lot 107, Zephyr Knolls Unit Number 4, Official Records of Douglas County, Nevada, said corner lying on the Easterly right-of-way line of Inspiration Drive; thence along the line common to Lots 106 and 107 South $87^{\circ} 37' 15''$ East 31.00 feet; thence South $85^{\circ} 04' 40''$ West 31.43 feet to the Easterly right-of-way line of Inspiration Drive; thence along said right-of-way through a curve concave to the West a central angle of $05^{\circ} 05' 35''$ with radius of 45.00 feet an arc length of 4.00 feet to the point of beginning.

The Grantees, their heirs and assigns shall have full right to use said easement described above as access easement and to improve said access easement for driveway and roadway access purposes for the benefit of Lot 106 as shown on the said map of Zephyr Knolls Unit Number 4.

The parties agree that this easement shall supercede the reference to a road easement referred to in that certain deed recorded as Document Number 20232 in the office of the County Recorder on June 19, 1962 in Book 12 of Official Records, at Page 140.

The Grantees, their heirs and assigns shall further have the right to use such easement, if required, for utility purposes.

This easement shall be binding on the heirs and assigns of the Grantors and Grantees forever.

Retaining Wall and Footing Easement

Description of an easement for access road retaining wall and footing over the Northwesterly portion of Lot 107, Zephyr Knolls Unit Number 4, Official Records of Douglas County, Nevada, being more fully described as follows:

Commencing at the Northwesterly corner of Lot 107, Zephyr Knolls Unit Number 4, Official Records of Douglas County, Nevada, said corner lying on the Easterly right-of-way line of Inspiration Drive; thence along the line common to Lots 106 and 107 South $87^{\circ} 37' 15''$ East 31.00 feet to the true point of beginning; thence continuing South $87^{\circ} 37' 15''$ East 23.61 feet; thence South $85^{\circ} 04' 40''$ West 55.62 feet to the Easterly right-of-way line of Inspiration Drive; thence along said right-of-way through a curve concave to the West a central angle of $03^{\circ} 56' 41''$ with radius of 45.00 feet and an arc length of 3.10 feet; thence North $85^{\circ} 04' 40''$ East 31.43 feet to the point of beginning.

The easement described above as retainer wall and footing easement shall be used for the purposes of retaining wall and footing easement and related purposes only.

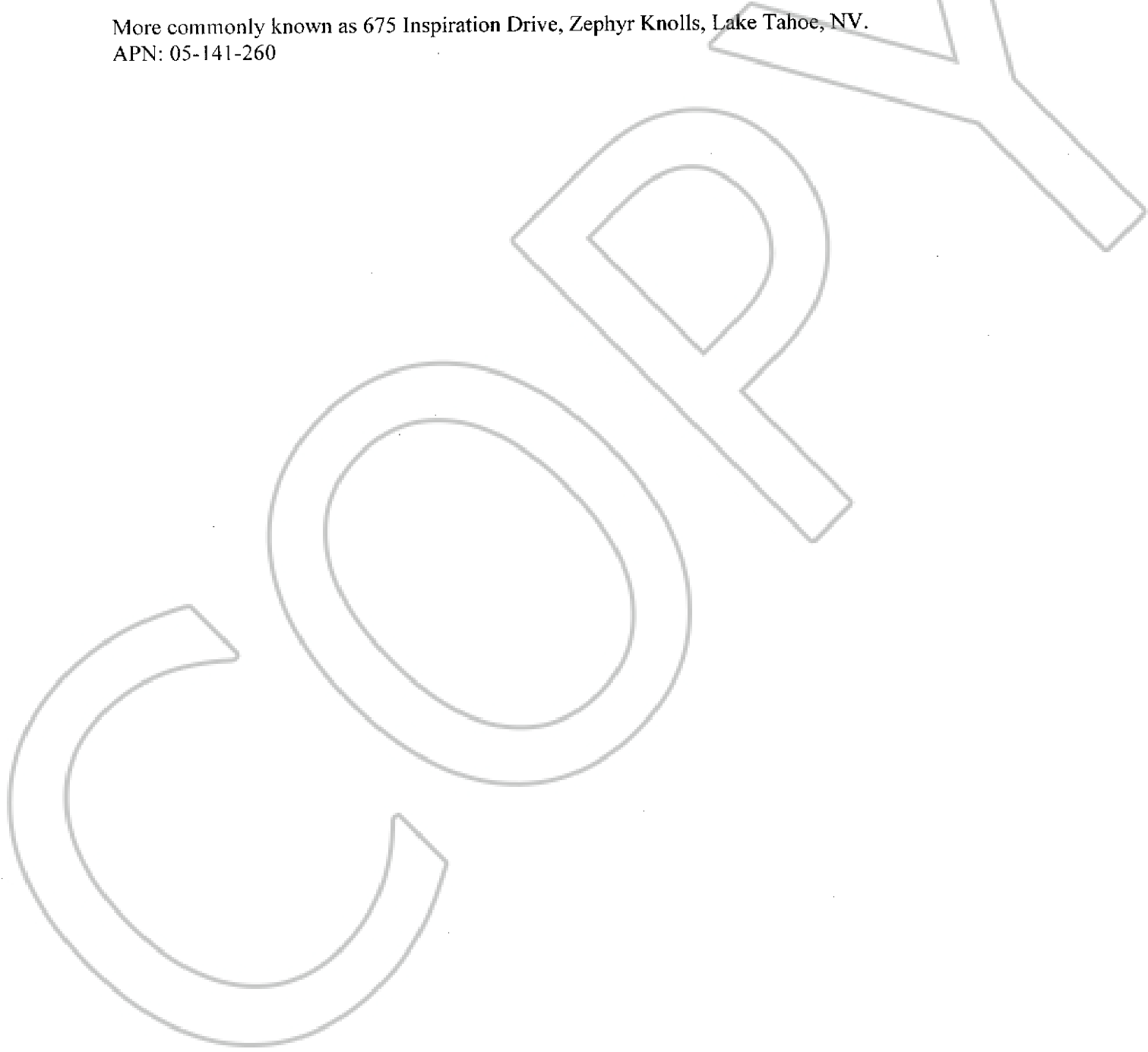
This easement shall be binding on the heirs and assigns of the Grantors and Grantees forever.

Legal Description

Per NRS 111.312, this legal description was previously recorded as Document Number 26361, in Book 1078, Page 1198. The Legal description was prepared by Martin Engineering, whose mailing address is Round Hill Professional building, Post Office Box 616, Zephyr Cove, Nevada 89448

Lot 106, as shown on the Official Map of Zephyr Knolls Subdivision Unit Number 4, filed in the Office of the County Recorder of Douglas County, State of Nevada, on October 14, 1957, as Document Number 12699.

More commonly known as 675 Inspiration Drive, Zephyr Knolls, Lake Tahoe, NV.
APN: 05-141-260



MAIL TAX STATEMENTS TO: Ms. Marit Monsos, 954 Bienvenida Ave., Pacific Palisades, CA 90272

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