

REQUESTED BY
Dale Coulam
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

A.P.N. 1320-29-113-004

2004 SEP 20 AM 8:33

RECORDING REQUESTED BY:

WERNER CHRISTEN
RECORDER

ANN B. SAYLOR

\$ 16.00 PAID BC DEPUTY

MAIL TAX STATEMENTS &
RECORDED DEED TO GRANTEE:

ANN B. SAYLOR
1776 LANTANA DR.
MINDEN, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, **ANN B. SAYLOR**, hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true. I am over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

I am the person named as **ANN B. SAYLOR**, one of the initial two Co-Trustees designated in **The Saylor Family Trust U/D/T 10-04-00**, wherein **LARRY E. SAYLOR** and **ANN B. SAYLOR** were named as Co-Trustees.

By Grant, Bargain, Sale Deed recorded on November 15, 2000, as Document No. 0503394, said Trust holds title to a certain parcel of real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 429, as shown on the official plat of WINHAVEN, UNIT NO. 6, filed for record in the office of the County Recorder of Douglas County, Nevada, on August 4, 1994, in Book 894 of Official Records at Page 692, as Document No. 343273.

That **LARRY E. SAYLOR** is the identical person as decedent **LARRY E. SAYLOR** named in that certain Certificate of Death, a certified copy of which is attached hereto as Exhibit "A" and by this reference incorporated herein.

I am the surviving wife of said decedent, **LARRY E. SAYLOR** who died on the 4th day of July, 2004, and I am the remaining Co-Trustee of The Saylor Family Trust. I hereby accept the appointment as sole Trustee and I agree to assume and perform all of the fiduciary duties as sole Trustee under said Trust.

Dated this 28th day of July, 2004.



ANN B. SAYLOR

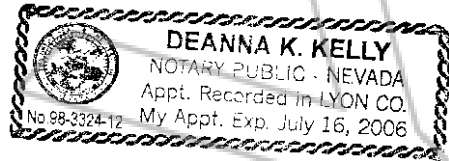
0624449

BK0904PG07162

STATE OF NEVADA)
 : ss.
County of Carson)

This instrument was acknowledged before me
on the 28 day of ~~August~~^{July}, 2004,
by ANN B. SAYLOR.

Deanna K. Kelly
Notary Public



C O R P

0624449

BK0904PG07163

STATE OF NEVADA

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Larry E. SAYLOR		2. July 4, 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/Emet. Rm. Inpatient (Specify)
3b. Minden		3c. 1776 Lantana Dr.	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. 73	September 22, 1930
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. California	9b. U.S.A.	10. 14 Years	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	
13. [REDACTED]-1414	14a. Engineer	14b. Aero space Industry	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Minden	15d. 1776 Lantana Dr.
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Thomas Saylor		17. Marion Howard	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Ann Saylor - Wife		18b. 1776 Lantana Dr. Minden, Nevada 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 as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. [Signature]	20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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]		(Signature and Title) [Signature]	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 7/8/04		21c. 0842	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22b.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423		22c.	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. [Signature]	24b. July 9, 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
(a) respiratory arrest			Interval between onset and death
(b) pulmonary embolus			Interval between onset and death
(c) lung cancer			Interval between onset and death
PART I 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. 267671

24295

CERTIFIED COPY OF VITAL RECORDS

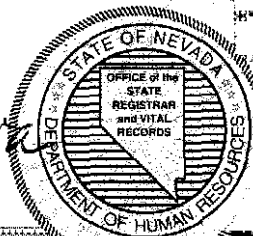
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JUL 09 2004

STATE REGISTRAR

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



[Signature]