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APN: 1319-03-414-043

RECORDING REQUESTED BY:

Anderson & Dorn, Ltd.
500 Damonte Ranch Parkway, Ste, 860
Reno, NV 89521

WHEN RECORDED MAIL TO:

Dolores M. Hart
2457 Genoa Meadows Circle
Genoa, Nevada 89411

DOC # 0636401
02/10/2005 09:52 AM Deputy: BC
OFFICIAL RECORD
Requested By:
ANDERSON & DORN

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0205 PG- 3495 RPTT: 0.00



AFFIDAVIT OF SUCCESSOR TRUSTEE

I, DOLORES M. HART 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 August 30, 1999, Barrett C. Hart executed the BARRETT C. HART LIVING TRUST ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of BARRETT C. HART.
- (3) BARRETT C. HART died on January 1, 2005 at Reno, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said BARRETT C. HART
- (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 January 13, 2005, at Reno, Nevada.

Dolores M Hart
Dolores M Hart, Successor Trustee

SUBSCRIBED AND SWORN TO before me this 13th day of January, 2005.

Kathryn Hicks
Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 116 IMAGE 907

115

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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 UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Barrett Catlin HART		2. DATE OF DEATH (Month, Day, Year) January 1, 2005		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		3e. Inpatient (Specify) Inpatient	
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		5. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		6. SEX Male	
7. AGE—Last Birthday (Years) 72		8. UNDER 1 YEAR MOS : DAYS		9. UNDER 1 DAY HOURS : MINS	
10. DATE OF BIRTH (Mo., Day, Yr.) February 29, 1932		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Dolores Emery	
13. STATE OF BIRTH (If not U.S.A., name country) California		14. CITIZEN OF WHAT COUNTRY U.S.A.		15. Decedent's Education. Specify highest grade completed. 16	
16. SOCIAL SECURITY NUMBER 0685		17. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Sales Engineer		18. KIND OF BUSINESS OR INDUSTRY Semiconductor Equipment	
19. RESIDENCE—STATE COUNTY Nevada Douglas		20. CITY, TOWN, OR LOCATION Genoa		21. STREET AND NUMBER 2457	
22. FATHER—NAME First Middle Last Edward Studley Hart, Jr.		23. MOTHER—MAIDEN NAME First Middle Last Mary Catlin		24. INSIDE CITY LIMITS (Specify Yes or No) No	
25. INFORMANT—NAME (Type or Print) Dolores Hart		26. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 442 Genoa, Nevada 89411			
27. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		28. CEMETERY OR CREMATORY—NAME Walton's		29. LOCATION City or Town State Carson City, Nevada	
30. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		31. FUNERAL DIRECTOR LICENSE NUMBER 109		32. NAME AND ADDRESS OF FACILITY Capitol City Cremation & Burial Society 1614 N. Curry St, Carson City, NV 89703	
33. To be completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred on the <u>1/1/2005</u> at <u>1750</u> and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		34. To be completed by Coroner's Office 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>		35. DATE SIGNED (Mo., Day, Yr.) 1/1/2005	
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) John C. Hansen		37. PRONOUNCED DEAD (Mo., Day, Yr.) ON		38. PRONOUNCED DEAD (Hour) AT	
39. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) John C. Hansen 115 Pringle Way #1002 Reno, NV 89502		40. REGISTRAR <i>[Signature]</i> Dep.		41. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 18, 2005	
42. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Choleraystitis DUE TO, OR AS A CONSEQUENCE OF: (c) _____		43. INTERVAL BETWEEN ONSET AND DEATH		44. LICENSE NUMBER 10132	
45. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. ACC. SUICIDE HOM., UNDET., OR PENDING INVEST.		46. AUTOPSY (Specify Yes or No) No		47. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
48. DATE OF INJURY (Mo., Day, Yr.) 28b.		49. HOUR OF INJURY 28c. M		50. DESCRIBE HOW INJURY OCCURRED 28d.	
51. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		52. LOCATION 28g.		53. STREET OR R.F.D. No. CITY OR TOWN STATE	



STATE REGISTRAR

No. 277279

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

[Signature]

JAN 26 2005

Deputy Registrar: _____

Date: _____

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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PG- 3496
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EXHIBIT "B"

Legal description:

Lot 61, Block C, as set forth on the final map for GENOA LAKES PHASE 4, a Planned Unit Development, recorded May 8, 2000 in Book 500 of Official Records at Page 1613, Douglas County, Nevada, as Document No. 491480.

Property Address: 2457 Genoa Meadows Circle, Genoa, Nevada 89411

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