

APN: 1220-28-000-005

RECORDING REQUESTED BY:  
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name FREDERICK W. DRESSLER TRUSTEE  
Street P.O. BOX 188  
Address GARDNERVILLE, NV 89460  
City,State  
Zip

Order No. 00089919-201-LS

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0305 PG-00132 RPTT: 0.00



(SPACE ABOVE THIS LINE FOR RECORDERS USE)

### AFFIDAVIT OF SUCCESSOR TRUSTEE

I, FREDERICK W. DRESSLER, 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 NOVEMBER 10, 1998, and all amendments thereto, LOLAMARY DRESSLER executed the FREDERICK AND LOLAMARY DRESSLER FAMILY TRUST ("Trust").

(2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of LOLAMARY DRESSLER.

(3) LOLAMARY DRESSLER died on FEBRUARY 13, 2005, a resident of Douglas, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said LOLAMARY DRESSLER.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.

(5) The following described real property is part of the trust estate:

See Exhibit A attached hereto and made a part hereof.

(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.

Exhibit A

All that real property situate in the County of Douglas , State of Nevada, described as follows:

All that certain lot, piece or parcel or land situate in the County of Douglas, State of Nevada, described as follows:

Township 12 North, Range 20 East, M.D.B. & M., Section 28: West ½ of the Northeast ¼.

NOTE (NRS 111.312): The above metes and bounds description appeared previously in that certain QUITCLAIM DEED, recorded in the office of the County Recorder of Douglas County, Nevada on APRIL 6, 1998, in Book 498, Page 825, as Document No. 436638, of Official Records.



Affidavit of Successor Trustee – Page 2

Executed on 2/23/05, at MINDEN NV.

Frederick W. Dressler  
FREDERICK W. DRESSLER, Successor Trustee

STATE OF NEVADA

COUNTY OF Douglas } SS

This instrument was acknowledged before me  
on 2/23/05.

by Frederick W Dressler

Lori Mae Silva  
Notary Public



**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<br>1. L <sup>olamary</sup> W <sup>ilson</sup> D <sup>RESSLER</sup>  |  |   | DATE OF DEATH (Month, Day, Year)<br>2. February 13, 2005             |   |                                  | COUNTY OF DEATH<br>3a. Douglas  |  |
| CITY, TOWN OR LOCATION OF DEATH<br>3b. Gardnerville   |  | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)<br>3c. 1000 Dressler Lane  |  | If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)<br>3e.   |                                  | SEX<br>4. Female  |  |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify)<br>5. White  |  | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.<br>6. |  | AGE—Last Birthday (Years)<br>7a. 78   |                                  | UNDER 1 YEAR<br>MOS : DAYS<br>7b. :   |  |
| STATE OF BIRTH (if not U.S.A., name country)<br>9a. California  |  | CITIZEN OF WHAT COUNTRY<br>9b. U.S.A.   |  | Decedent's Education. Specify highest grade completed.<br>10. 12  |                                  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>11. Married  |  |
| SOCIAL SECURITY NUMBER<br>13. ██████████-3353   |  | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)<br>14a. Homemaker  |  | KIND OF BUSINESS OR INDUSTRY<br>14b. Own Home   |                                  |   |  |
| RESIDENCE—STATE<br>15a. Nevada  |  | COUNTY<br>15b. Douglas  |  | CITY, TOWN, OR LOCATION<br>15c. Gardnerville  |                                  | STREET AND NUMBER<br>15d. 1000 Dressler Ln.   |  |
| FATHER—NAME<br>16. George A. Wilson   |  | MOTHER—MAIDEN NAME<br>17. Bertha Mehrten  |  | DATE OF BIRTH (Mo., Day, Yr.)<br>8. September 2, 1926   |                                  |   |  |
| INFORMANT—NAME (Type or Print)<br>18a. Frederick Dressler   |  |   |  | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)<br>18b. 1000 Dressler Lane, Gardnerville, Nevada 89410   |                                  |   |  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>19a. Cremation   |  | CEMETERY OR CREMATORY—NAME<br>19b. Walton's Sierra Crematory  |  | LOCATION City or Town State<br>19c. Carson City Nevada  |                                  |   |  |
| FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such)<br>20a. <i>Jimmy Demozio</i>  |  | FUNERAL DIRECTOR LICENSE NUMBER<br>20b. 09  |  | NAME AND ADDRESS OF FACILITY<br>20c. 1478 4th St., Minden, Nevada 89423   |                                  |   |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.<br>(Signature and Title) <i>A. Miller M.D.</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.<br>(Signature and Title) _____ |                                  |   |  |
| DATE SIGNED (Mo., Day, Yr.)<br>21b. 2/16/05   |  | HOUR OF DEATH<br>21c. 2142  |  | DATE SIGNED (Mo., Day, Yr.)<br>22b. _____   |                                  | HOUR OF DEATH<br>22c. _____   |  |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br>21d. _____   |  |   |  | PRONOUNCED DEAD (Mo., Day, Yr.)<br>22d. ON _____  |                                  | PRONOUNCED DEAD (Hour)<br>22e. AT _____   |  |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)<br>23a. Andrea Miller, M.D., 1374 Bridle Way, Minden, NV 89423 |  |   |  |   |                                  | LICENSE NUMBER<br>23b. 8912   |  |
| REGISTRAR<br>24a. (Signature) <i>Hera R. Kochamp</i>  |  |   | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)<br>24b. February 16, 2005 |   |                                  | DEATH DUE TO COMMUNICABLE DISEASE<br>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  |  |   |  |   |                                  |   |  |
| PART I  |  | (a) <i>cardiac arrest</i>   |  |   | Interval between onset and death |   |  |
|   |  | DUE TO, OR AS A CONSEQUENCE OF:   |  |   | Interval between onset and death |   |  |
|   |  | (b) <i>congestive heart failure</i>   |  |   | Interval between onset and death |   |  |
|   |  | 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 1.  |                                  | AUTOPSY (Specify Yes or No)<br>26. No   |  |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)<br>28a.   |  | DATE OF INJURY (Mo., Day, Yr.)<br>28b.  |  | HOUR OF INJURY<br>28c. M  |                                  | DESCRIBE HOW INJURY OCCURRED<br>28d.  |  |
| INJURY AT WORK (Specify Yes or No)<br>28e.  |  | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)<br>28f.   |  | LOCATION.<br>28g.   |                                  | STREET OR R.F.D. No. CITY OR TOWN STATE   |  |

STATE REGISTRAR

No. 277083

56952

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: FEB 16 2005

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BK- 0305  
PG- 135

