

A.P.N. 1220-01-002-025

When recorded Mail To:
John J. Wittrig
870 Rojo
Gardnerville, NV 89460

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0405 PG- 1658 RPTT: 0.00



AFFIDAVIT - DEATH OF TRUSTEE

The undersigned being first duly sworn, deposes and says:

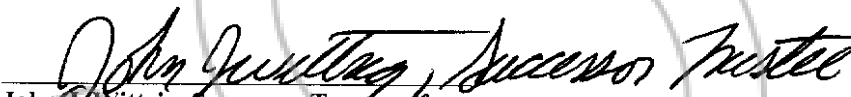
That **FONTELLA LORENA KIRK**, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **FONTELLA L. KIRK, Trustee of THE 2003 KIRK AND DUTTON TRUST, dated January 29, 2003**, named as one of the parties in that certain Short Form Deed of Trust and Assignment of Rents dated May 10, 2003, recorded as Instrument No. 0578873, June 4, 2003 Official Records of Douglas County, Nevada, covering the following described property in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF FOR LEGAL DESCRIPTION

TRUSTOR: ROGER H. THACHER

Dated: March 28, 2005

WITNESS my hand this 31st day of March, 2005.


John J. Wittrig, Successor Trustee of
THE 2003 KIRK AND DUTTON TRUST

STATE OF NEVADA
COUNTY OF DOUGLAS

On March 31, 2005, personally appeared before me, a Notary Public, John J. Wittrig who acknowledged that he executed the above instrument.


Notary Public

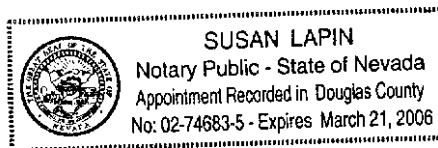


EXHIBIT "A"

The land referred to in this report is situate in Douglas County, State of Nevada, and is described as follows:

A parcel of land located in the Southwest 1/4 of the Southeast 1/4 of Section 1, Township 12 North, Range 20 East, M.D.B. & M., in Douglas County, Nevada, described as follows:

BEGINNING at a point on the West boundary of the said Southwest 1/4 of the Southeast 1/4 of Section 1, Township 12 North, Range 20 East, from which the South 1/4 corner of said section Bears South 0°01'12" East, 320.00 feet;

thence South 89°52'03" East, 280.00 feet;

thence on a curve to the left from a tangent bearing South 0°07'57" West with a radius of 50 feet, through an angle of 104°56'22" for a length of 91.58 feet;

thence South 42°29'35" West, 292.94 feet;

thence North 89°52'03" West, 200.00 feet to the POINT OF BEGINNING.

TOGETHER WITH an easement for a road located in the Southwest 1/4 of the Southeast 1/4 of Section 1, Township 12 North, Range 20 East, M.D.B. & M., known as the Black Sage Circle, 50 feet wide, being 25 feet on each side of the center line of a cul-de-sac at the Northwest end of a 50 foot radius described as follows:

BEGINNING at a point in the center line of the Fish Springs Road from which the South 1/4 corner of said Section 1 bears South 44°19'12" West 897.84 feet;

thence running North 44°48'25" West, 421.32 feet to the center of the cul-de-sac, including the 50 foot radius cul-de-sac.

Per NRS 111.312, this legal description was previously recorded on November 15, 2002, in Book 1102, at Page 6667, as Document No. 557956, of Official Records.

Assessor's Parcel No. 1220-01-002-025



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

2004 0013170

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Fontella Lorena KIRK		2. September 23, 2004	3a. Carson City
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/Emer. Rm. Inpatient (Specify)
3b. Carson City		3c. 2120 E. Long Street #121	3e. 6
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)
5. White		6.	7a. 99
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Kansas		9b. U.S.A.	10. 12
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. ██████████ 2571		14a. Investor	14b. Investments
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Carson City	15c. Carson City	15d. 2120 E. Long St.
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. John Knox Campbell		17. Lottie Frances Chelf	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. John Wittrig - DPOA		18b. 870 Rojo Way, Gardnerville, Nevada 89460	
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. <i>[Signature]</i>		20b. 217	20c. FitzHenry's Funeral Home 01 833 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>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 9-27-01		21c. 2350	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22c.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Robert L. McDonald, M.D., 200 Bath St., Carson City, NV 89703		23b. 6433	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>	24b. September 29, 2004	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>Respiratory Failure</i>	Interval between onset and death: <i>Days</i>	
	(b) <i>Stage 4 Lung Cancer</i>	Interval between onset and death: <i>Months</i>	
	(c) <i>Malignant Pleural Effusion</i>	Interval between onset and death: <i>Months</i>	
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)
			26. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
28a.		28b.	28c. M
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	DESCRIBE HOW INJURY OCCURRED
28e.		28f.	28d.
		LOCATION.	STREET OR R.F.D. No.
		CITY OR TOWN	STATE
		28g.	27. No

BK- 0405
PG- 1660
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STATE REGISTRAR

No. 274398

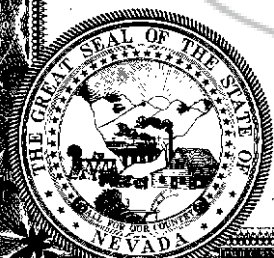
55364 CERTIFIED COPY OF VITAL RECORDS

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: MAR 29 2005

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE