

OFFICIAL RECORD

Requested By:

MARQUIS TITLE

A.P.N. 1319-33-002-023

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

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0405 PG- 1662 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, 2004, recorded as Instrument No. 0613706 on May 21, 2004, Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Parcel 3, as set forth on Parcel Map for MARGIE JOHNSON filed for record in the office of the Douglas County Recorder on March 27, 2003, as Document No. 571535, in Book 0303, at Page 13526, Official Records of Douglas County, Nevada.

Dated: March 28, 2005

TRUSTOR:

DONALD WRIGHT, A MARRIED MAN

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

John J. Wittrig, Successor Trustee
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.

[Signature]
Notary Public

SUSAN LAPIN
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 02-74883-5 - Expires March 21, 2006

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

20040013170

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Fontella Lorena KIRK		2. September 23, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Carson City		3a. Carson City	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. 2120 E. Long Street #121		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. White		7a. 99	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS	
6.		7b. :	
STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
9a. Kansas		December 11, 1904	
CITY OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9b. U.S.A.		11. Widowed	
Decedent's Education. Specify highest grade completed.		SURVIVING SPOUSE (If wife, give maiden name)	
10. 12		12.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. ██████████ 2571		14a. Investor	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Carson City	
COUNTY		STREET AND NUMBER	
15b. 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	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Carson City, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 217		20c. FitzHenry's Funeral Home 01	
21a. 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) <i>[Signature]</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 9-27-01		22b. :	
HOUR OF DEATH		HOUR OF DEATH	
21c. 2350		22c. :	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Robert L. McDonald, M.D., 200 Bath St., Carson City, NV 89703		22e. AT	
LICENSE NUMBER		REGISTRAR	
23b. 6433		24a. <i>[Signature]</i>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24b. September 29, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO COMMUNICABLE DISEASE		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
PART I		(a) <i>Respiratory Failure</i>	
(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <i>Stage 4 lung cancer</i>		: Days	
(b) DUE TO, OR AS A CONSEQUENCE OF:		: Months	
(c) <i>Malignant Pleural Effusion</i>		: Months	
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		27. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	
27. No		28a.	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b.		28c. M	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

BK- 0405
PG- 1663
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0640965

STATE REGISTRAR

No. 274398

55361

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

