

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0405 PG- 9534 RPTT: 0.00



APN: 1320-33-817-042  
WHEN RECORDED RETURN TO:  
DAWN ELLERBROCK, ESQ.  
ALLISON, MacKENZIE, RUSSELL,  
PAVLAKIS, WRIGHT & FAGAN, LTD.  
P.O. Box 646  
Carson City, NV 89702

MAIL TAX STATEMENTS TO:  
MARY L. JANUARY, Trustee  
1380 Brooke Way  
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA        )  
                                  : ss.  
CARSON CITY            )

MARY L. JANUARY, being first duly sworn, deposes and says:

1. That MARGARET C. DRAKE died on November 29, 2004; and a copy of the Certificate of Death is attached hereto as Exhibit "A" and incorporated herein by this reference.

2. That MARGARET C. DRAKE was one of the Co-Trustees of "THE DRAKE FAMILY TRUST," dated May 25, 2000; the owner of all that certain real property situate in the county of Douglas, state of Nevada, commonly known as 1380 Brooke Way, Gardnerville, Nevada 89410, being Assessor's Parcel Number 1320-33-817-042, as more particularly described in that certain Deed, dated November 2, 2004, recorded in the Official Records of the county of Douglas, state of Nevada, as Document No. 0628381, in Book 1104, at Page 1846, and being more particularly described as follows:

See Exhibit "A" attached hereto and made a part hereof.

3. MARY L. JANUARY is the currently acting Trustee of THE DRAKE FAMILY TRUST, dated May 25, 2000.

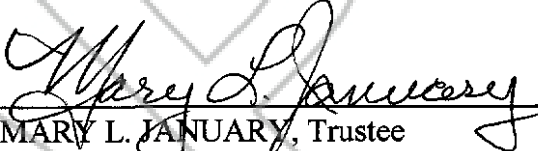
4. That as of this date, the said trust has not been revoked and Affiant is the sole currently acting Trustee thereof.

5. That this Affidavit has been executed in Carson City, state of Nevada.

6. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

DATED April 22, 2005.

  
MARY L. JANUARY, Trustee

On April 22, 2005, before me, Loretta Evenson,

a notary public, personally appeared MARY L. JANUARY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person (or entity upon behalf of which the person acted), executed the instrument.

WITNESS my hand and official seal.


  
NOTARY PUBLIC

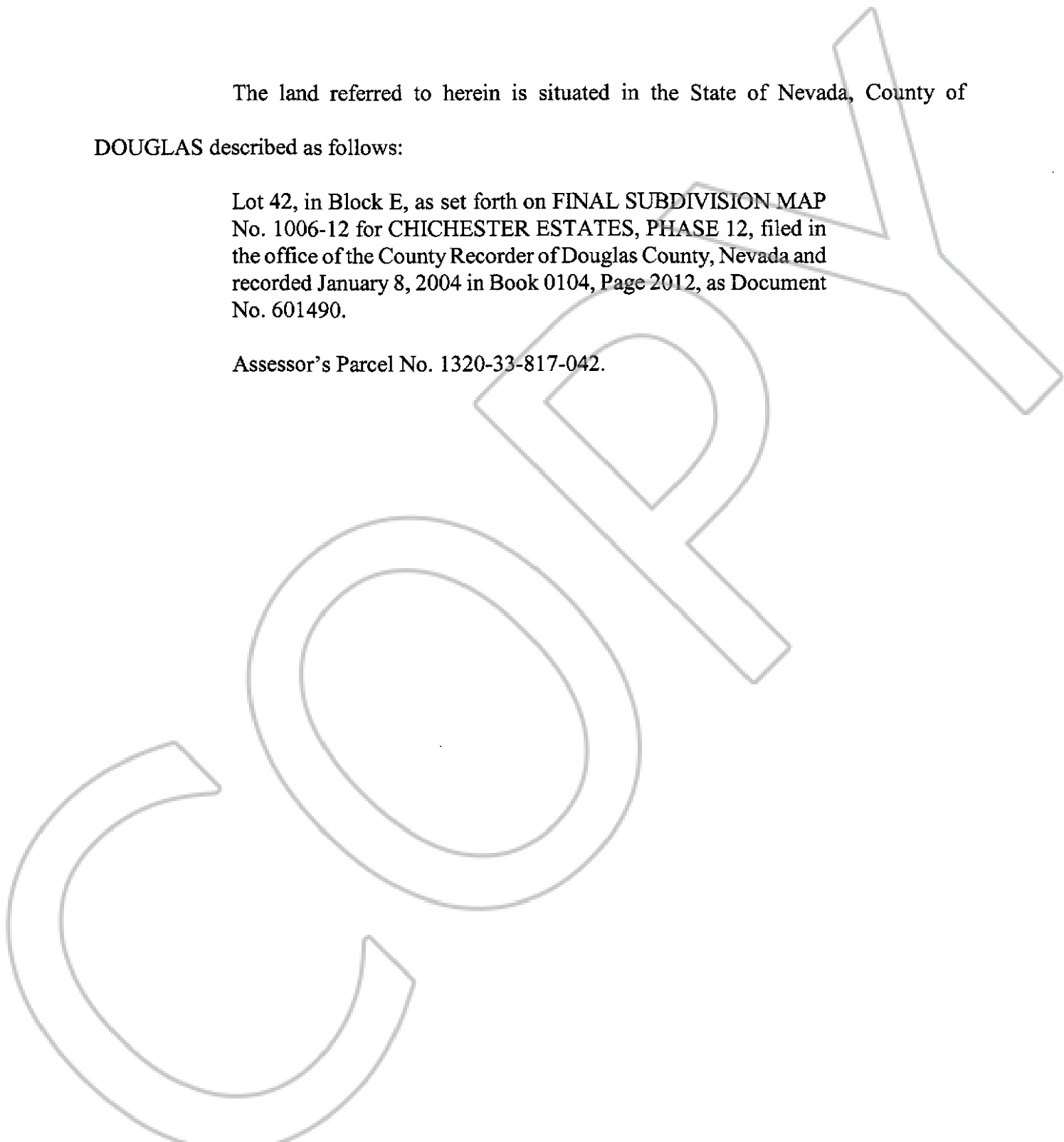


EXHIBIT "A"

The land referred to herein is situated in the State of Nevada, County of DOUGLAS described as follows:

Lot 42, in Block E, as set forth on FINAL SUBDIVISION MAP No. 1006-12 for CHICHESTER ESTATES, PHASE 12, filed in the office of the County Recorder of Douglas County, Nevada and recorded January 8, 2004 in Book 0104, Page 2012, as Document No. 601490.

Assessor's Parcel No. 1320-33-817-042.



# 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 416

LOCAL FILE NUMBER

3149

STATE FILE NUMBER

<b>TYPE OR PRINT IN PERMANENT BLACK INK</b>	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Margaret C. DRAKE		2. November 29, 2004		3a. Washoe
<b>DECEDENT</b>	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. Reno		3c. Washoe Medical Center		3e. Inpatient
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	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. 72	8. May 22, 1932
<b>PARENTS</b>	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. 12 Years	11. Widowed
<b>DISPOSITION</b>	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
	13. 7985		14a. Office Manager	14b. Magazine Industry	
<b>CERTIFIER</b>	RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada Douglas		15c. Gardnerville	15d. 1380 Brooke Way	15e. Yes
<b>CAUSE OF DEATH</b>	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		
	16. William R. Leigh		17. Olivia Wulfert		
<b>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST</b>	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Mary January - Daughter		18b. 1380 Brooke Way, Gardnerville, Nevada 89410		
<b>CAUSE OF DEATH</b>	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
	19a. Cremation		19b. FitzHenry's Crematory	19c. Carson City, Nevada	
<b>CAUSE OF DEATH</b>	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
	20a. <i>[Signature]</i>		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
<b>CAUSE OF DEATH</b>	21a. On the basis 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.		
	<i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 12/2/04		<i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b.		
<b>CAUSE OF DEATH</b>	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)
	21d.		21c. 0230		22c.
<b>CAUSE OF DEATH</b>	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER		
	23a. Janet Albright M.D., 1500 E. 2nd St. #206, Reno, NV 89502		23b. 7180		
<b>CAUSE OF DEATH</b>	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
	24a. <i>[Signature]</i> Dep.		24b. December 2, 2004	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>CAUSE OF DEATH</b>	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
	PART I (a) Arterial occlusion				
<b>CAUSE OF DEATH</b>	DUE TO, OR AS A CONSEQUENCE OF:				
	(b) multisystem organ failure				
<b>CAUSE OF DEATH</b>	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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)		
<b>CAUSE OF DEATH</b>	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	
<b>CAUSE OF DEATH</b>	28a.	28b.	28c.	28d.	
	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	STREET OR R.F.D. No.	CITY OR TOWN
<b>CAUSE OF DEATH</b>	28f.		28g.		

STATE REGISTRAR

No. 276546

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

Deputy Registrar: *[Signature]*

Date: DEC 10 2004



BK- 0405  
PG- 9537



BK- 0305  
PG- 10689

0639921 Page: 3 Of 3 03/24/2005