

OFFICIAL RECORD  
Requested By:  
KALICKI & SCHULZE LLP

1320-31-501-007

APN: 25-541-26

RECORDING REQUESTED BY:

✓ Kalicki & Schultz LLP.  
9590 Prototype Court, Suite 400  
Reno, NV 89521

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0505 PG-03318 RPTT: 0.00



WHEN RECORDED MAIL TO:

Joseph M. Schwartz  
C/O Richard P. Schulze, JD, MBA  
9590 Prototype Court, Suite 400  
Reno, NV 89521

MAIL TAX STATEMENTS TO:

Joseph M. Schwartz  
1672 Mackland  
Minden, NV 89423

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AFFIDAVIT OF SUCCESSOR TRUSTEE

I, JOSEPH M. SCHWARTZ, 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 March 11, 1994, SHIRLEY R. SCHWARTZ and I executed the JOSEPH M. SCHWARTZ AND SHIRLEY R. SCHWARTZ REVOCABLE TRUST ("Trust").

(2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of SHIRLEY R. SCHWARTZ.

(3) SHIRLEY R. SCHWARTZ died on October 10, 2003, at Carson City, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said SHIRLEY R. SCHWARTZ.

(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 April 20 - 2005, at MINDEN, Nevada.

Joseph M. Schwartz  
JOSEPH M. SCHWARTZ, Successor Trustee

STATE OF NEVADA )

ss:

COUNTY OF DOUGLAS )

On 4-20- 2005, before me, VICKI BUSSEY, personally appeared JOSEPH M. SCHWARTZ, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.

Vicki Bussey  
Signature of Notary

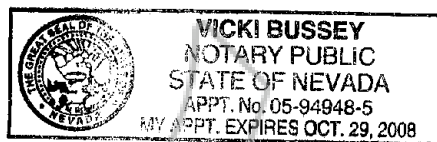


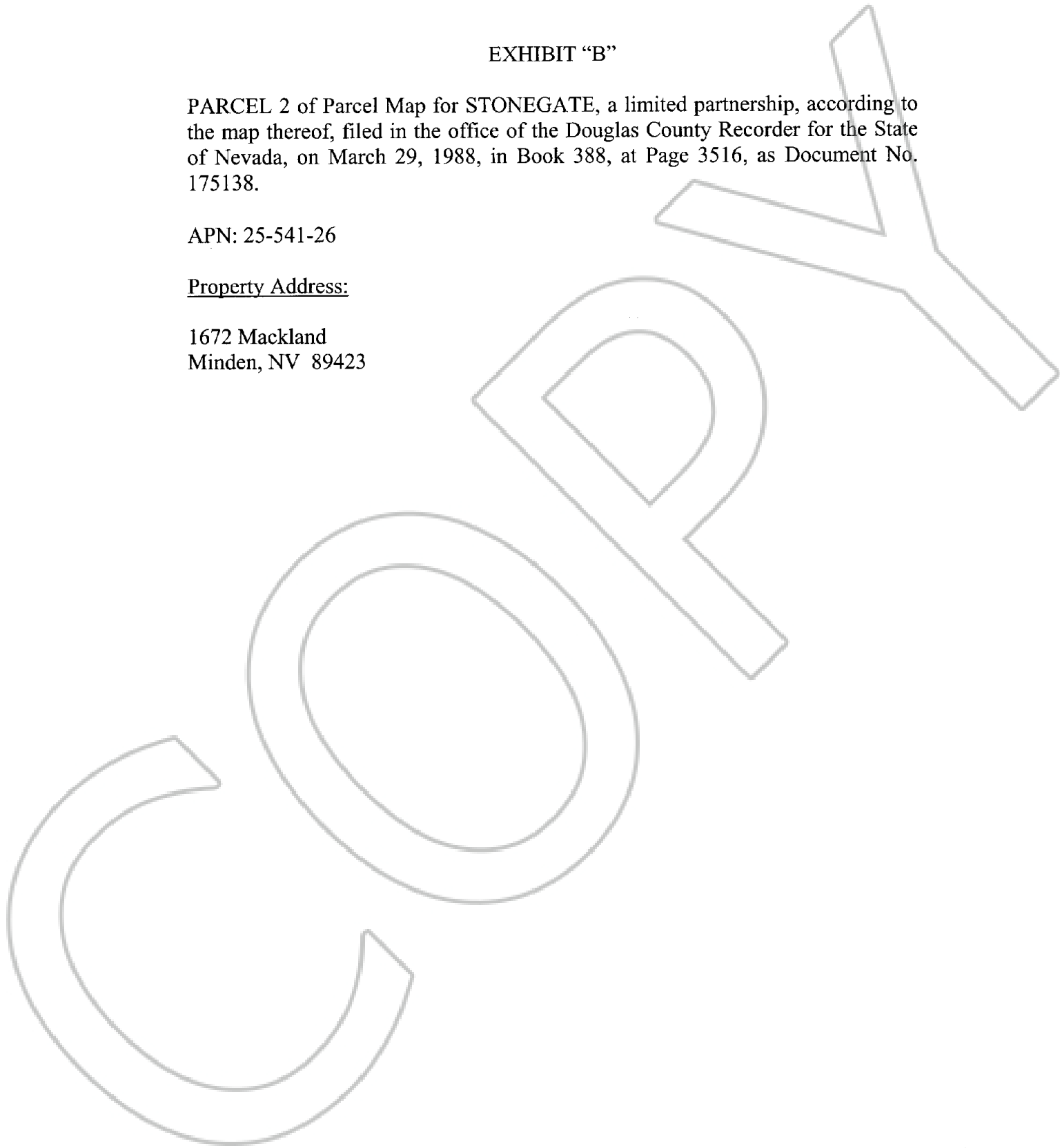
EXHIBIT "B"

PARCEL 2 of Parcel Map for STONEGATE, a limited partnership, according to the map thereof, filed in the office of the Douglas County Recorder for the State of Nevada, on March 29, 1988, in Book 388, at Page 3516, as Document No. 175138.

APN: 25-541-26

Property Address:

1672 Mackland  
Minden, NV 89423



# STATE OF NEVADA

## 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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH
	1.	Shirley R. SCHWARTZ		2. October 10, 2003		3a. Douglas
DECEDENT	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)	SEX
	3b. Minden		3c. 1672 Mackland Avenue		3e.	4. Female
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5. White	6.	7a. 75	7b.	7c.	8. January 10, 1928
PARENTS	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)	SURVIVING SPOUSE (if wife, give maiden name)	
	9a. California	9b. U.S.A.	10. 13 Years	11. Married	12. Joseph Schwartz	
DISPOSITION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
	13. <del>572-30-8876</del>	14a. Homemaker	14b. Own Home			
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a. Nevada	15b. Douglas	15c. Minden	15d. 1672 Mackland Ave.	15e. Yes	
CAUSE OF DEATH	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)		
	16. Harold D. Edis	17. Leanore Basaker		18a. Joe Schwartz - Husband		
CAUSE OF DEATH	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		BURIAL, CREMATION, REMOVAL, OTHER (Specify)			
	18b. 1672 Mackland Avenue, Minden, Nevada 89423		19a. Cremation		19b. FitzHenry's Crematory	
CAUSE OF DEATH	LOCATION City or Town State		CEMETERY OR CREMATORY—NAME			
	19c. Carson City, Nevada		19b. FitzHenry's Crematory			
CAUSE OF DEATH	FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
	20a. <i>[Signature]</i>		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410		
CAUSE OF DEATH	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)		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)			
	21b. 10 B 05		21c. 1218		22b. <i>[Signature]</i>	
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
	21b. 10 B 05		21c. 1218		22b. <i>[Signature]</i>	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
	21d.		22d. ON		22e. AT	
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER			
	23a. John Bower, M.D., 844 W. Nye Lane, #201, Carson City, NV 89703		23b. 6493			
CAUSE OF DEATH	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
	24a. <i>[Signature]</i>	24b. October 14, 2003	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
	PART I (a) Malignant lymphoma		: 2 yr			
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(b)		Interval between onset and death			
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(c)		Interval between onset and death			
CAUSE OF DEATH	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)		
	26. No		26. No	27. No		
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
	28a.	28b.	28c. M	28d.		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
	28e.	28f.	28g.			

No. 246133

STATE REGISTRAR



*[Signature]*  
Yvonne Sylva

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

Date Issued: OCT 14 2003

State Registrar

WARNING: IT IS ILLEGAL TO