

APN: 1220-16-510-037
(Old APN: 0000-27-430-060)

**RECORDING REQUESTED BY & AFTER
RECORDING MAIL THIS AFFIDAVIT TO:**

Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0505 PG-04579 RPTT: 0.00



MAIL TAX STATEMENTS TO:

✓ Helen E. Maple
1565-A Virginia Ranch Rd., #112
Gardnerville, NV 89410

AFFIDAVIT - DEATH OF TRUSTEE

Helen E. Maple and B. Jane Lommel, both being of legal age, being first duly sworn, both declare under penalty of perjury:

1. We hereby declare that Glen E. Maple died on January 3, 2005 (see attached certified copy of his Certificate of Death). We also hereby declare and affirm that the decedent, Glen E. Maple is the same person as Glen E. Maple, Trustee of the Glen E. Maple Trust, dated August 9, 1985 (as amended). We further declare that Glen E. Maple signed that certain Trust Transfer Deed, dated May 7, 1992, and recorded on May 7, 1992, in Book 592, Page 1323, Document No. 278172 of the official records of Douglas County, Nevada, granting the property described below to the Glen E. Maple Trust dated August 9, 1985:

Lot 428, as shown on the map of resubdivision of Lots 91-A & B, 92 -A & B, 93 through 96 and 221 through 232, Gardnerville Ranchos Unit No. 2, recorded July 10, 1967, in Book 51, Page 222, Document No. 37049 of Official Records of Douglas County, State of Nevada.

APN: 1220-16-510-037, (Old APN: 0000-27-430-060)

2. The above stated affirmation is provided under penalty of perjury in Douglas County Nevada, and is dated May 11, 2005.

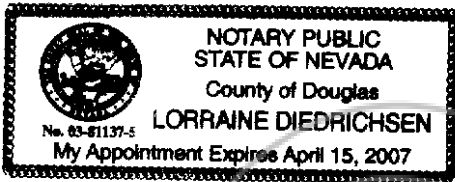
Helen E. Maple TTEE
Helen E. Maple, Successor Trustee

STATEMENT OF NOTARY PUBLIC

State of Nevada)
County of Douglas)

Signed and sworn to before me on May 11, 2005 by HELEN E. MAPLE. I declare under penalty of perjury that the persons whose names are subscribed to this instrument appear to be of sound mind and under no duress, fraud or undue influence.

Lorraine Diedrichsen
NOTARY PUBLIC



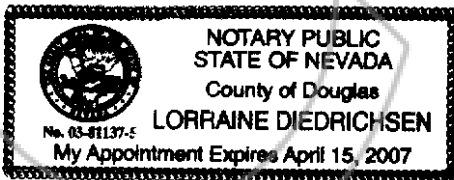
B. Jane Lommel TTEE
B. Jane Lommel, Successor Trustee

STATEMENT OF NOTARY PUBLIC

State of Nevada)
County of Douglas)

Signed and sworn to before me on May 11, 2005 by B. JANE LOMMEL. I declare under penalty of perjury that the persons whose names are subscribed to this instrument appear to be of sound mind and under no duress, fraud or undue influence.

Lorraine Diedrichsen
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

PRINT IN PERMANENT INK
IDENTIFIED IN DEATH BOOK FOR RECORDATION OF DEATH ITEMS
MENTS
SITION
IFIER
CTIONS
Y GAVE
TO
DATE
SE
G THE
LAST
SE OF
ATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Glen Ernest MAPLE		2. DATE OF DEATH (Month, Day, Year) January 3, 2005	
3. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3a. COUNTY OF DEATH Douglas	
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 952 Starlight Ct.		4. SEX Male	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 91		7b. UNDER 1 YEAR MOS : DAYS :	
7c. UNDER 1 DAY HOURS : MINS :		8. DATE OF BIRTH (Mo., Day, Yr.) April 9, 1913	
9a. STATE OF BIRTH (If not U.S.A., name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 8 Years		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
12. SURVIVING SPOUSE (If wife, give maiden name) Helen Jennings		13. SOCIAL SECURITY NUMBER -5861	
14a. USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) Operating Engineer		14b. KIND OF BUSINESS OR INDUSTRY Engineering	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 952 Starlight Ct	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Lester E. Maple	
17. MOTHER—MAIDEN NAME First Middle Last Mary E. Whitacre		18a. INFORMANT—NAME (Type or Print) Helen E. Maple - Wife	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 952 Starlight Ct. Gardnerville, NV 89460		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	
20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410		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>	
21b. DATE SIGNED (Mo., Day, Yr.) 1-6-05		21c. HOUR OF DEATH 1418	
21d. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print)		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>	
22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Mark T. Brune M.D., 1701 County Rd #H, Minden, NV 89423		23b. LICENSE NUMBER 7134	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 7, 2005	
24c. DEATH DUE TO COMMUNICABLE DISEASE NO		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
PART I (a) Cardiac Failure DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Coronary artery D. severe-severe DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death	
PART II 28. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)	
28c. HOUR OF INJURY M 28c.		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION		28h. STREET OR R.F.D. No.	
28i. CITY OR TOWN		28j. STATE	

STATE REGISTRAR

No. 280405

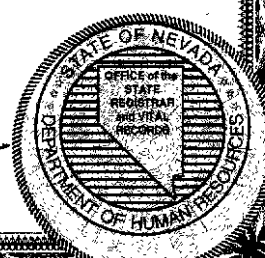
32890

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: **JAN - 7 2005**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 0505
PG- 4581
Page: 3 of 3
05/11/2005
0644071