

APN: 1022-16-001-005

RECORDING REQUESTED BY:
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name ERNEST ZUMWALT SUCCESSOR
TRUSTEE
Street 3039 Kootenai Rd.
Address
City, State Sandpoint, ID 83864
Zip

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0605 PG- 5230 RPTT: 0.00



Order No. 00091098-201-LS

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, ERNEST ZUMWALT, 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 September 24, 2002 amendments thereto, executed the DELBERT ZUMWALT, Trustee of THE DELBERT ZUMWALT SEPARATE PROPERTY TRUST ("Trust").

(2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of DELBERT ZUMWALT.

(3) DELBERT ZUMWALT died on 3/16/05, a resident of Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said DELBERT ZUMWALT, TRUSTEE.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.

(5) The following described real property is part of the trust estate:

See Exhibit A attached hereto and made a part hereof.

(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.

Affidavit of Successor Trustee – Page 2

Executed on 6/8/05, at 11:10 A.M.

Ernest M. Zumwalt - Trustee
ENERST ZUMWALT, Successor Trustee

STATE OF IDAHO
COUNTY OF BONNER } SS

This instrument was acknowledged before me
on June 8-05,

by _____
[Signature]

Notary Public

JEANE B. FONTAINE
Notary Public
State of Idaho

MY COMMISSION EXPIRES
November 24, 2006
BONDED THRU NOTARY PUBLIC UNDERWRITERS

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Delbert W. ZUMWALT		2. March 16, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Wellington		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. 1441 Breccia Rd.		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		a. April 10, 1919	
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)	
6. No		7a. 85	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		11. Widowed	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. U.S.A.		12. No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)	
13. 1966		14a. Track Driver	
RESIDENCE—STATE		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		14b. Trucking Industry	
CITY, TOWN OR LOCATION		STREET AND NUMBER	
15c. Wellington		15d. 1441 Breccia Rd.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last	
15e. Yes		16. Edwin T. Zumwalt	
MOTHER—MAIDEN NAME First Middle Last		17. Pearl L. Riewerts	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Ernest M. Zumwalt - Brother		18b. P.O. Box 1914, Sandpoint, Idaho 83854	
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. Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. <i>[Signature]</i>		21b. 3/17/05	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21c. 16:10		22a. ON	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Dr. Miller, no		22b. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423		22c. AT	
REGISTRAR		LICENSE NUMBER	
24a. <i>[Signature]</i>		23b. 8912	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. March 18, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART I (a) Cardiac arrest		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) ortic stenosis		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and 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)	
26. No		27. No	
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. No		28b. No	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d. No	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. No		28f. No	
LOCATION		STREET OR R.F.D. No.	
28g. No		CITY OR TOWN	
STATE		STATE	

STATE REGISTRAR

No. 283660

53895

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 18 2005

STATE REGISTRAR

This copy is not valid unless pre-



BK- 0605
PG- 5232

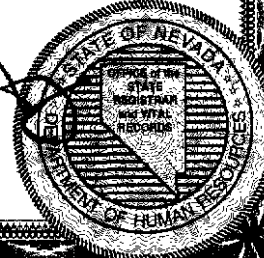


Exhibit A

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 26, in Block S, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

