

RECORDING REQUESTED
AND RETURN TO:
Robert E.J. Gallagher and Sarah R. Abelson
1758 Foxglove Ct.
Minden, Nevada 89423

DOC # 0649828
07/18/2005 10:32 AM Deputy: KLJ
OFFICIAL RECORD
Requested By:
SARAH R ABELSON

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0705 PG- 7754 RPTT: 0.00



MAIL TAX STATEMENTS TO:
Robert E.J. Gallagher and Sarah R. Abelson
~~1758 Foxglove Ct.~~ 5732 Hillstone
Minden, Nevada ~~89423~~ Olympia WA 98516

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE**

A.P.N. 1320-29-117-054, Douglas County, Nevada

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

The undersigned, Robert E.J. Gallagher and Sarah R. Abelson being first duly sworn, depose and say that, Betty J. Gallagher, Trustee of THE GALLAGHER FAMILY TRUST dated December 10, 1996, is the same Betty J. Gallagher as indicated in the attached certified copy of Certificate of Death and the same Betty J. Gallagher named as one the parties in that certain Grant, Bargain and Sale Deed dated January 5, 2004, executed by Robert E.J. Gallagher & Betty J. Gallagher, husband and wife as joint tenants, to Robert E.J. Gallagher & Betty J. Gallagher, Co-Trustees of THE GALLAGHER FAMILY TRUST dated December 10, 1996, recorded as Document No. 8601339, Book 0104, Page 01475, on January 6, 2004, of Official Records of the County of Douglas, State of Nevada, covering the following described real property:

UNIT 162, AS SHOWN ON THE OFFICIAL PLAT OF WINHAVEN, UNIT NO. 5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON FEBRUARY 10, 1994 IN BOOK 294 OF OFFICIAL RECORDS AT PAGE 1845, AS DOCUMENT NO. 329790.

Robert E.J. Gallagher and Sarah R. Abelson, further declares that, as a result of the death of Betty J. Gallagher, they are the Co-Trustees of the above-mentioned Trust.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this affidavit is executed on the date and place indicated below.

Executed on 6/23/05, in the City of Gardnerville, County of Douglas, State of Nevada.

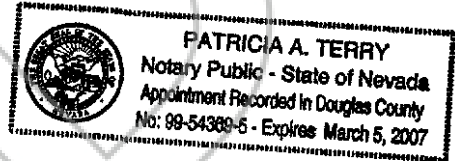
Robert E. J. Gallagher
Robert E.J. Gallagher

(see attachment)
Sarah R. Abelson

Subscribed and Sworn to before me

This 23 day of June, 2005

WITNESS my hand and official seal



[Signature]
Notary Public for said State

State of Washington
County of Thurston

[Signature]
Sarah R. Abelson

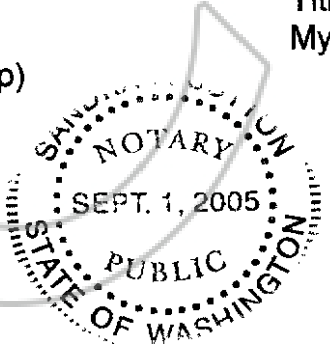
Signed and sworn to (or affirmed) before me on June 20, 2005 by
(date)

Sarah R. Abelson
(Name of person making statement)

Date: 6/20/05

[Signature]
Notary Public
Title: Notary
My appointment expires: 9-1-05

(Seal or stamp)



Sandra L. Sutton
Notary
County of Thurston
State of Washington

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 115 IMAGE 239

1893

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Betty Jacquilin GALLAGHER			DATE OF DEATH (Month, Day, Year) 2. July 24, 2004		COUNTY OF DEATH 3a. Washoe			
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DDA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient		SEX 4. Female		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 60		UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) December 1, 1943
	STATE OF BIRTH (If not U.S.A., name country) 8a. West Virginia		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12 Years		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (if wife, give maiden name) 12. Robert E. J. Gallagher
PARENTS	SOCIAL SECURITY NUMBER 13. ██████████ 2391		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Sales Rep.		KIND OF BUSINESS OR INDUSTRY 14b. Food				
	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Minden		STREET AND NUMBER 15d. 1758 Foxglove Ct.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
DISPOSITION	FATHER—NAME First Middle Last 16. William Edward Romans			MOTHER—MAIDEN NAME First Middle Last 17. Sarah G. Nierman					
	INFORMANT—NAME (Type or Print) 18a. Sarah Abelson - Daughter				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 5732 Hill St. N.E., Olympia, WA 98516				
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City, Nevada				
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217		NAME AND ADDRESS OF FACILITY 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) <i>[Signature]</i>				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>				
	DATE SIGNED (Mo., Day, Yr.) 21b. 7/29/04		HOUR OF DEATH 21c. 0753		DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.				PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. Robert B. Richeson M.D., 236 W. Sixth #100, Reno, NV 89503				LICENSE NUMBER 23b. 6747				
CAUSE OF DEATH	REGISTRAR 24a. (Signature) <i>[Signature]</i> Dep.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 30, 2004		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <i>Subarachnoid Hemorrhage</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Hypertension</i> DUE TO, OR AS A CONSEQUENCE OF: (c) _____				Interval between onset and death Interval between onset and death 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. 26. No				AUTOPSY (Specify Yes or No) 27. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.		
NUMBER AT WORK (If No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR

No. 271878

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: AUG 10 2004

WARNING: IT IS ILLEGAL TO ALTER



BK- 0705
PG- 7756