

OFFICIAL RECORD
Requested By:
KALICKI & SCHULZE LLP

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0705 PG-10664 RPTT: 0.00



APN:25-541-26
RECORDING REQUESTED BY:
Kalicki & Schulze, LLP
9590 Prototype Court, Suite 400
Reno, NV 89521

WHEN RECORDED MAIL TO:
Nancy Leonard
C/O James A. Kalicki
9590 Prototype Court, Suite 400
Reno, NV 89521

MAIL TAX STATEMENT TO:
Nancy Leonard
3737 W. Buena Vista
Fresno, CA 93711

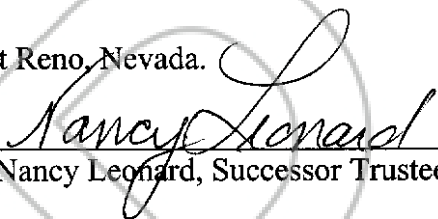
AFFIDAVIT OF SUCCESSOR TRUSTEE

I, NANCY LEONARD, 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, JOSEPH M. SCHWARTZ and SHIRLEY R. SCHWARTZ 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 the surviving trustee, JOSEPH M. SCHWARTZ.
- (3) JOSEPH M. SCHWARTZ died on July 4, 2005, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said JOSEPH M. 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 this 14th of July, 2005, at Reno, Nevada.



Nancy Leonard, Successor Trustee

STATE OF NEVADA

COUNTY OF WASHOE

On July 14, 2005, before me, a notary public in and for the State of Nevada, personally appeared NANCY LEONARD, 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 she executed the same in her authorized capacity, and that by her 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.



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

Prior Recorded Document: DATE: May 9, 2005; DOCUMENT: Affidavit
Successor Trustee (Shirley R. Schwartz death); RECORDING NO.: 0643881



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	DECEASED—NAME	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		1. Joseph M. SCHWARTZ	2. July 4, 2005	3a. Douglas
		CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)	SEX
		3b. Minden	3c. 1672 Mackland Avenue	4. Male
		RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)
		5. White	6. no	7a. 75
		STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education—Specify highest grade completed.
		9a. California	9b. U.S.A.	10. 14
		SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of Work Done During Major of Working Life, Even if Retired)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
		13. 1062	14a. Captain	11. Widowed
		RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION
		15a. Nevada	15b. Douglas	15c. Minden
		FATHER—NAME	MOTHER—MAIDEN NAME	
		16. Armand Schwartz	17. Philamina McLean	
		INFORMANT—NAME (Type or Print)	RELATIONSHIP TO DECEASED	ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
		18a. Nancy Leonard - Daughter	18b. 3737 W. Buena Vista, Fresno, California 93711	
		BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION—City or Town State
		19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada
		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
		20a. <i>[Signature]</i>	20b. 217	20c. FitzHenry's Carson Valley #8 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.	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>	(Signature and Title) <i>[Signature]</i>	
		DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	
		21b. 7-12-05	21c. 1500	
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
		21d. Robert McDonald M.D., 200 Bath St., Carson City, NV 89703	22b. ON	22c. AT
		REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
		24a. <i>[Signature]</i>	24b. 7-13-05	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	Interval between onset and death	
		(a) Aspiration Pneumonia	: Days	
		(b) Chronic Pulmonary Fibrosis	: Years	
		(c) Coronary Artery Disease	: Years	
		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
			26. No	27. No
		ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
		28a. 28b.	28c. 28d.	
		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. 28h.	

TYPE OR PRINT IN PERMANENT BLACK INK
 DECEASED
 IF DEATH OCCURRED IN INSTITUTION USE HANDBOOK REGARDING COMPLETION OF SOURCE ITEMS
 COMMENTS
 POSITION
 CERTIFIER
 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH
 USE OF DEATH

STATE REGISTRAR

No. 287014

073402

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:

JUL 13 2005

STATE REGISTRAR

This copy is not valid unless pre-



BK- 0705
PG- 10667

