

16

OFFICIAL RECORD

Requested By:
SUSAN LINDRUD

Recording requested by &
when recorded mail this deed to:
Susan Lindrud
PO Box 382
Lodi, CA 95240-0382

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0805 PG-10794 RPTT: 0.00



Mail Tax Statements to:
Same as above

1318-22-002-099
APN# 7-112-11

AFFIDAVIT - DEATH OF TRUSTEE

Charles W. Orr, of legal age being first duly sworn, deposes and says that: Charles W. Orr and Mary Jane Orr, naming themselves as trustees under the UTA on September 29, 1992, established a revocable living trust titled:

Orr Family Trust created under the UTA on September 29, 1992

Subsequent to the establishment of the living trust on May 22, 2002, Charles W. Orr executed a notarized deed formally & validly transferring ownership interest of the real property to the above named living trust. Said deed was recorded on May 22, 2002 as Document #20714, in Book 13, Page 376. Said property is described as follows:

Douglas County, State of Nevada

The DOUGLAS CO ASSESSOR #1318-22-002-099, MORE PARTICULARLY DESCRIBED ON THE ATTACHED Exhibit "A", which is incorporated herein and made a part hereof.

Unfortunately, due to the death (verified by the attached copy of the death certificate -- the decedent being Charles W. Orr), the duty for managing the trust now falls to Susan Lindrud, the successor trustee -- who now has rightful signature power for transferring or encumbering all the property owned by the trust including said real property.

SUCCESSOR TRUSTEE STATEMENT

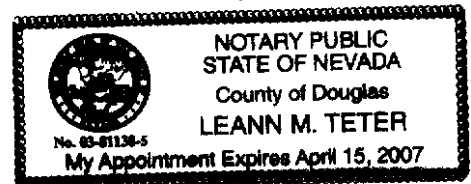
This is to verify that I am the named and rightful successor trustee of the above referenced trust, and that all the statements and exhibits are true and correct.

Dated: August 23, 2005 Signed: Susan Lindrud
Susan Lindrud

State of Nevada
County of Douglas

Subscribed and sworn to me, the undersigned a Notary Public in and for the State of Nevada on 8-23-05
Witness my hand and official seal.

Leann M. Teter
Notary Public



DOUGLAS COUNTY

GRANT, BARGAIN, SALE DEED

THIS INSTRUMENT WITNESSETH that CHARLES W. ORR and MARY JANE ORR, Husband and Wife

In consideration of \$ 10.00, the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and Convey to CHARLES W. ORR and MARY JANE ORR, trustees of the Orr Family Trust dated , 1992

and to the heirs and assigns of such Grantee forever, all that real property situated in the County of DOUGLAS, State of Nevada, bounded and described as follows:

Lot 3, Block 3, as shown on the map of Oliver Park Subdivision, filed in the office of the County Recorder of Douglas County, Nevada on February 2, 1959.
RPH
7-112-40

Together with all and singular the covenants, restrictions and appurtenances thereto belonging or in anywise appertaining, and any reversions, remainder, rents, issues or profits thereof.

Witness OUR hand this 29 day of SEPTEMBER, 1992.

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss

On SEPT 27, 1992 personally appeared before me, a Notary Public, Charles W. Orr and Mary Jane Orr

Charles W. Orr
CHARLES W. ORR
Mary Jane Orr
MARY JANE ORR

who acknowledged that they executed the above instrument.

Lester H. Benson
Notary Public



ORDER NO. _____
ESCROW NO. _____

WHEN RECORDED MAIL TO:
Charles W. Orr, Trustee
P.O. Box 2418
Stateline, NV 89449

The grantor(s) declare(s):
Documentary transfer tax is \$ -0- 58
() computed on the full value of property conveyed, or
() computed on full value less value of liens and encumbrances remaining at time of sale.

MAIL TAX STATEMENTS TO:
Charles W. Orr, Trustee
P.O. Box 2418
Stateline, NV 89449

FOR RECORDERS USE

REQUESTED BY
PACIFIC TITLE, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

92 OCT 13 11:16

SUZANNE BEAUREAU
AS RECORDER 290564
S. PAN. DEPUTY
BOOK 1092 PAGE 1939

0611677

BK 0404 PG 14576

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. Charles William ORR		2. August 4, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Stateline		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. 171 Irwin Dr.		3e. 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 If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6.	
AGE—Last Birthday (Years)		7a. 83	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. Widowed	
DATE OF BIRTH (Mo., Day, Yr.)		12. September 30, 1922	
STATE OF BIRTH (If not U.S.A., name country)		CITY OF BIRTH (If not U.S.A., name country)	
9a. Oregon		9b. U.S.A.	
CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
10. U.S.A.		10. 16 Years	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. 5734		14a. Supervisor	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Douglas	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15c. Stateline		15d. 171 Irwin Dr.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Victor M.W. Orr		17. Mary Rowena	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Susan Lindrud - P.O.A.		18b. P.O. Box 382, Lodi, California 95240	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR—NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. 217 Home, 1380 Hwy 395, Gardnerville, NV 89410	
21. 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. 8/10/05		22b. [Signature]	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21c. 0045		22c. [Signature]	
HOUR OF DEATH		HOUR OF DEATH	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Andrea L. Miller M.D., 1374 Bridle Way, Minden, Nevada 89423		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, Nevada 89423		23b. 8912	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. August 18, 2005	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Cardiac arrest		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) congestive heart failure		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, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	



0653074 Page: 3 Of 3 08/23/2005

BK- 0805
PG- 10796

No. 287076

079159

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: AUG 17 2005

[Signature]

STATE REGISTRAR

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

