

20-

OFFICIAL RECORD

Requested By:
GEORGE M KEELE ESQ

✓ WHEN RECORDED MAIL TO:
GEORGE M. KEELE, ESQ.
1692 County Road, #A
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 7 Fee: 20.00
BK-1005 PG- 6982 RPIT: 0.00

APN: 1219-16-002-012



AFFIDAVIT OF PAMELA K. VERHAEGEN

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, PAMELA K. VERHAEGEN, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of her own personal knowledge:

1. Rene J. Verhaegen and Margaret E. Verhaegen created the Rene J. Verhaegen and Margaret E. Verhaegen 1986 Intervivos Trust dated August 27, 1986.

2. On October 14, 1995, Rene J. Verhaegen and Margaret E. Verhaegen executed the First Amendment to the Rene J. Verhaegen and Margaret E. Verhaegen 1986 Intervivos Trust dated August 27, 1986, which amendment among other matters designated Pamela K. Verhaegen as a successor trustee, in the event the original co-trustees should fail to qualify or cease to act as Trustees of the above-referenced Intervivos Trust.

3. On January 7, 2001, Rene J. Verhaegen and Margaret E. Verhaegen executed the Second Amendment to the Rene J.

Verhaegen and Margaret E. Verhaegen 1986 Intervivos Trust dated August 27, 1986.

4. In the Second Amendment, Rene J. Verhaegen and Margaret E. Verhaegen appointed me, Pamela K. Verhaegen, as an intervivos co-trustee of the Rene J. Verhaegen and Margaret E. Verhaegen 1986 Intervivos Trust dated August 27, 1986, as amended.

5. Among other duties and rights held by me under the Rene J. Verhaegen and Margaret E. Verhaegen 1986 Intervivos Trust dated August 27, 1986, as amended, was the right to invest the trust funds in real property, and "any such act of a single Co-Trustee shall be binding upon all of the Co-Trustees." (Second Amendment to The Rene J. Verhaegen and Margaret E. Verhaegen 1986 Intervivos Trust Agreement, p. 2, ¶ G.)

6. Rene J. Verhaegen died in Indio, Riverside County, California, on April 29, 2002.

7. Margaret E. Verhaegen died in Rancho Mirage, Riverside County, California, on November 17, 2004.

8. Certified copies of the death certificates of Rene J. Verhaegen and Margaret E. Verhaegen are attached hereto as Exhibits A and B, respectively.

9. The Rene J. Verhaegen and Margaret E. Verhaegen 1986 Intervivos Trust dated August 27, 1986, as amended, at paragraph C.3 of Section EIGHTH thereof, authorizes and directs me, the undersigned, upon the death of the latter of Rene J. Verhaegen and Margaret E. Verhaegen, to distribute to Pamela K.

Verhaegen the rest, residue and remainder of the assets in the Rene J. Verhaegen and Margaret E. Verhaegen 1986 Intervivos Trust, including the real property in Douglas County, Nevada, known as Lot 19 in Block 4, JOB'S PEAK RANCH UNIT 1, commonly referred to as Assessor's Parcel No. 1219-16-002-012.

10. I have nothing further to say at this time.

Pamela K. Verhaegen
PAMELA K. VERHAEGEN

SIGNED AND SWORN TO (or affirmed)
before me on October 14, 2005,
by PAMELA K. VERHAEGEN.

Mary E. Baldecchi
NOTARY PUBLIC

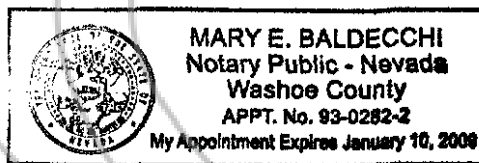


EXHIBIT A

DEATH CERTIFICATE OF
RENE JOHAN VERHAEGEN

COPY



COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK. PRINTING MEASURES, WHITENESS OF ALTERATIONS
VE-11 (REV. 1/00)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN)		3. LAST (FAMILY)	
RENE		VERHAEGEN	
2. MIDDLE		JOHAN	
4. DATE OF BIRTH M/M/D/CCYY		7. DATE OF DEATH M/M/DD/CCYY	
11/26/1910		04/29/2002	
5. AGE YRS		8. HOUR	
91		1620	
9. STATE OF BIRTH		11. MILITARY SERVICE	
BELGIUM		MARRIED	
10. SOCIAL SECURITY NO.		12. MARITAL STATUS	
6890		16	
14. RACE		18. USUAL EMPLOYER	
CAUCASIAN		LONG BEACH HARBOR DEPT.	
17. OCCUPATION		19. YEARS IN OCCUPATION	
CHIEF ENGINEER		20	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)		24. YRS IN COUNTRY	
42-625 CABALLEROS		15	
21. CITY		25. STATE OR FOREIGN COUNTRY	
BERMUDA DUNES		CALIFORNIA	
22. COUNTY		27. MAILING ADDRESS—(STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	
RIVERSIDE		42-625 CABALLEROS, BERMUDA DUNES, CA 92201	
23. ZIP CODE		28. NAME OF SURVIVING SPOUSE—FIRST	
92201		MARGARET	
29. YRS IN COUNTY		30. LAST (MAIDEN NAME)	
15		VERSTUYFT	
31. NAME OF FATHER—FIRST		32. MIDDLE	
ALFONS		VERHAEGEN	
33. LAST		34. BIRTH STATE	
VAN LOOCK		BEL	
35. NAME OF MOTHER—FIRST		36. MIDDLE	
JOSEPHINE		37. LAST (MAIDEN)	
38. BIRTH STATE		39. BIRTH STATE	
BEL		BEL	
39. DATE M/M/D/CCYY		40. PLACE OF FINAL DISPOSITION	
05/03/2002		ALL SOUL'S CEMETERY, 1400 CHERRY AVE., LONG BEACH CA 90807	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF FUNERAL DIRECTOR	
BURIAL		[Signature]	
43. LICENSE NO.		44. NAME OF FUNERAL DIRECTOR	
6387		FITZHENRY	
45. NAME OF FUNERAL HOME		46. LOCAL REGISTRAR	
FUNERAL HOME PALM DESERT CHAPEL RD-1511		[Signature]	
47. DATE M/M/D/CCYY		48. PLACE OF DEATH	
05/03/2002		J.F.K. MEMORIAL HOSPITAL	
49. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		102. IF HOSPITAL, CHECK ONE	
47-111 MONROE ST.		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER <input type="checkbox"/> DOA <input type="checkbox"/> CONV <input type="checkbox"/> HOSP <input type="checkbox"/> NURS <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
103. CITY		104. COUNTY	
INDIO		RIVERSIDE	
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORNER	
(A) RESPIRATORY ARREST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) PNEUMONIA		109. BIOPSY PERFORMED	
DUE TO (C)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (D)		110. AUTOPSY PERFORMED	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		111. USED IN DETERMINING CAUSE	
RENAL FAILURE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	
NO		04/18/2002	
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
[Signature]		6739760	
117. TYPE OF ATENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		118. DATE M/M/DD/CCYY	
ARON L. ROTMAN, MD		05/01/2002	
40-100 WASHINGTON ST. STE 115, BERMUDA DUNES CA 92201		119. MANNER OF DEATH	
		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	
120. INJURY AT WORK		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. INJURY DATE M/M/DD/CCYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION) AND CITY, ZIP		126. SIGNATURE OF CORONER OR DEPUTY CORONER	
		[Signature]	
127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
05/13/2002		[Signature]	
129. STATE REGISTRAR		130. FAX AUTH. #	
1169429		489227	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

DATE ISSUED

05/13/2002

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

Gary Feldman MD
Gary Feldman M.D.
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

BK- 1005
PG- 6986
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10/14/2005
0657881

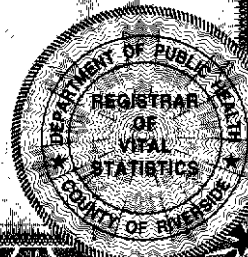


EXHIBIT B

DEATH CERTIFICATE OF
MARGARET ELIZABETH VERHAEGEN

COPY



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

300433011276

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES, WHITOUTS OR ALTERATIONS 9/11 (REV. 1/91)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARGARET		2. MIDDLE ELIZABETH		3. LAST (Family) VERHAEGEN	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/18/1917		5. AGE Yrs. 87	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 6313		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 11/17/2004		8. HOUR (24 Hours) 0308	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TELEPHONE OPERATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COMMUNICATIONS		19. YEARS IN OCCUPATION 25	
20. DECEDENT'S RESIDENCE (Street and number or location) 42-625 CABALLEROS DR.					
21. CITY BERMUDA DUNES		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92203	
24. YEARS IN COUNTY 18		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP PAMELA VERHAEGEN-DAUGHTER					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 5012 CHURCHILL AVE, WESTMINSTER CA 92683					
28. NAME OF SURVIVING SPOUSE - FIRST -		29. MIDDLE -		30. LAST (Spouse Name) -	
31. NAME OF FATHER - FIRST GEORGE		32. MIDDLE -		33. LAST VERSTUYFT	
34. BIRTH STATE TEXAS		35. NAME OF MOTHER - FIRST MARIA		36. MIDDLE -	
37. LAST (Mother) NOPPE		38. BIRTH STATE BELGIUM			
39. DISPOSITION DATE mm/dd/yyyy 11/24/2004		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK, 1500 E SAN ANTONIO, LONG BEACH CA 90807			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT FUNERAL HOME PALM DESERT CHAPEL		45. LICENSE NUMBER FD-1571		46. SIGNATURE OF LOCAL REGISTRAR <i>Gary Feldman MD</i>	
47. DATE mm/dd/yyyy 11/23/2004					
101. PLACE OF DEATH BRIGHTON GARDENS OF RANCHO MIRAGE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 72-201 COUNTRY CLUB DR		106. CITY RANCHO MIRAGE	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or conditions - that led to and caused death. DO NOT enter terms for events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) RENAL FAILURE Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST RESPIRATORY FAILURE RIGHT FOOT ISCHEMIA PERIPHERAL VASCULAR DISEASE		Time Interval Between Onset and Death (A) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BICPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since mm/dd/yyyy (A) 04/25/2004 (B) 11/16/2004		115. SIGNATURE AND TITLE OF CERTIFIER <i>Paul Biskar MD</i>		116. LICENSE NUMBER C51116	
117. DATE mm/dd/yyyy 11/19/2004		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PAUL BISKAR MD, 41-750 RANCHO LAS PALMAS, RANCHO MIRAGE CA 92270			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. # 149172	
				CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

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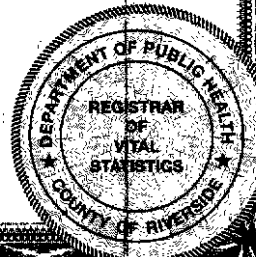
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DATE ISSUED **12/01/2004**

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



Gary Feldman MD
 Gary Feldman M.D., Local Registrar
 RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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 PG- 6988
 0657881 Page: 7 of 7 10/14/2005