DOC # 0659747 11/02/2005 04:05 PM Deputy: KLJ OFFICIAL RECORD Requested By: WESTERN TITLE COMPANY INC

APN: 1418-10-710-002

RECORDING REQUESTED BY:

United Title & Escrow 2120 Main Street, Suite 160 Huntington Beach, CA 92648

AND WHEN RECORDED MAIL TO:

Ronald D. Alling, Esq. c/o ALLING & JILLSON, LTD. 276 Kingsbury Grade, Suite 2000 Post Office Box 3390 Lake Tahoe, Nevada 89449-3390 Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: BK-1105 PG- 1499 RPTT:

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NOTICE OF DEATH OF TRUSTEE AND APPOINTMENT OF SUCCESSOR TRUSTEE

COMES NOW PAUL BELDEN, being first duly sworn deposes and says:

- 1. ENIDE B. ALLISON was the Grantor and initial Trustee of The Enide B. Allison Living Trust, u/d/t dated July 14, 1988;
- 2. That ENIDE B. ALLISON acquired title to the certain real property more particularly described as follows:

Lot 13, Block A, as shown on the map of GLENBROOK UNIT NO. 2, filed in the Office of the Recorder of Douglas County, Nevada, on May 26, 1978, and also as shown on the amended plat of Glenbrook Unit No. 2, filed in the Office of the Recorder of Douglas County, Nevada, on October 13, 1978, and as shown on the Second Amended Map of Glenbrook Unit No. 2 filed on January 30, 1980, Douglas County, Nevada, records.;

APN: 1418-10-710-002

3. That ENIDE B. ALLISON died in Douglas County, Nevada, on or about May 17, 2005. The State of Nevada issued a Death Certificate, No. 282055, a copy of which is attached hereto as **Exhibit A** and incorporated herein by reference; and

4. That pursuant to the trust instrument which states, in pertinent part: "Upon the death or inability to act of the Grantor, PAUL BELDEN, of Orange, California, shall act as Successor Trustee of this Trust Agreement and all trusts created herein..."

NOW, THEREFORE, be it known as of May 17, 2005, the undersigned, PAUL BELDEN is acting as Successor Trustee of The Enide B. Allison Living Trust, u/d/t dated July 14, 1988, as amended.

IN WITNESS WHEREOF, this document was executed at Orange County, California, on this 20 Wday of October 2005.

PAUL BELDEN, Successor Trustee

STATE OF CALIFORNIA) ss. COUNTY OF ORANGE)

On the 20th day of October 2005, before me, a notary public, personally appeared PAUL BELDEN, personally known to me (proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me he executed it freely and voluntarily and for the purposes mentioned in it.

WITNESS my hand and official seal.

NOTARY PUBLIC



SIMPE 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
DECE	ASED-NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1.	Enide	Valene	ALLISON	² May 17, 2005	3ª Douglas
	TOWN OR LOCATION OF D	MEATH HOSPITAL OR OTH	ER INSTITUTION -Name (if not either, gi	Till. N Dauell, Jopoony,	\ \ \
3b.	Glenbrook		ake Mill Road	3e. Last UNDER 1 YEAR UNDER 1 DAY	4. Fema. DATE OF BIRTH (Mo., Day, Yr.
RACE	(e.g., White, Black, America Indian, etc.) (Specify)	en Was Decedent of Hispanic C specify Mexican, Cuban, Pus	nto Rican, etc.	ay (Years) MOS DAYS HOURS MIN	
5.	White	6. CHIZEN OF WHAT COL	7a. 7		SURVIVING SPOUSE (If wife, give malde
	E OF BIRTH U.S.A., name country)	TRY	grade completed.	WIDOWED, DIVORCED	12.
98.	Oklahoma L SECURITY NUMBER	96. U.S.A.	3 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
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13. RESID	DENCE-STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
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	REVALUA ER NAME First	Marida			fiddle Last
16.	Cecil		Belden 17	Mary	Sager
	FEMANT-NAME (Type or Pris	nd)	MAILING ADDRESS	(Street of R.F.D. No., City of Town, S	
18a.	Wayne All:	ison	18b. 6085 Lake	: Geneva Dr. Reno, N	
BURN	AL, CREMATION, REMOVAL	OTHER (Specify) CEMET	ERY OR CHEMATORY NAME (18)	· (名)	City or Town State
19a.	Cremation	8.33	Carson Sierra Crem	natory 196 Carson	
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20a.)		MARIA A DOM	09 Society	AALA No Corry St. Car	son City, NV 89
3	21a To the best of my thou due to the grand(s) sta	visition, almost recognised at the days	and place and	ZZa. On the basis of examination and/of laves at the time, date and place and due to the	ngazion, in my opinion destri occurred le cause(s) and manner stated.
ହିଛ	(Signature and Title)	>	V	S (Signature and Title)	<u> </u>
藍	DATE SIGNED (Mo., D	ay, Yr.) HOUR OF	DEATH		OUR OF DEATH
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/	(b)	CONSEQUENCE OF:			• Interval between onset and de
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1_	(c)	CONDITIONS Conditions condition	ting to death but not resulting in the under	ving cause given in Part 1. AUTOPSY (Spe	city WAS CASE REFERRED TO
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OFF P (Spec 26s	TENEXNIG INVEST.	/ /	28c. M 28d. Im. street factory, office LOCATION.	STREET OR R.F.D. No. CIT	Y OR TOWN STATE



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- 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:

This copy is not valid unless (

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0659747 Page: 3 Of 3 11/02/2005

BK- 1105 PG- 1501

