

Recording Requested By:

MYRON SUGARMAN, ESQ.

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-1205 PG-13111 RPTT: 0.00

When Recorded Mail To:



**Cooley Godward LLP
101 California Street, 5th Floor
San Francisco, CA 94111-5800**



SPACE ABOVE FOR RECORDER=S USE

CERTIFICATION OF TRUST

(Nevada Revised Statutes 164.410)

To any and all concerned:

The undersigned hereby certifies that he is the duly appointed and acting Trustee of THE SCHLANGEN REVOCABLE TRUST u/a/d February 5, 1999 (the "Trust") and is qualified and has the power to act as such Trustee.

The Trust was initiated and created by MARILYN P. SCHLANGEN and WILLIAM M. SCHLANGEN, for their benefit. MARILYN P. SCHLANGEN and WILLIAM M. SCHLANGEN were the original Co-Trustees of the Trust. The Trust provides that should either original Co-Trustee become unable, because of death, incompetency or other reason, to serve as Trustee, then the other Co-Trustee shall serve as successor sole Trustee.

MARILYN P. SCHLANGEN died on February 9, 2004, as shown on the certified copy of Certificate of Death attached hereto and incorporated herein by reference, and is the same person as is named as the initial Co-Trustee of THE SCHLANGEN REVOCABLE TRUST, u/a/d February 5, 1999, and is the same person as MARILYN P. SCHLANGEN named as a Grantee in that certain Deed dated July 29, 1999 executed by WILLIAM M. SCHLANGEN and MARILYN P. SCHLANGEN, husband and wife as joint tenants with right of survivorship, to WILLIAM M. SCHLANGEN and MARILYN P. SCHLANGEN, Trustees of THE SCHLANGEN REVOCABLE TRUST, u/a/d February 5, 1999, recorded as Document Number 0474099, Book 0899, Page 1629, on August 9, 1999, Official Records of the Douglas County Recorder, regarding the following described property situated in the City of Glenbrook, County of Douglas, State of Nevada, commonly known as 1974 Pray Meadow Road [aka 1974 Lincoln Highway], Assessor's Parcel Number 1418-11-311-003 [identified as 01-170-08 on prior deed]:

Lot 71, in Block D, as shown on the second Amended Map of Glenbrook Subdivision Unit 2, filed for record in the Office of the County Recorder, Nevada on January 30, 1980 in Book 180, Page 1512, as Document No. 41035, of Official Records of Douglas County, Nevada.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

The Trust has not been revoked, modified, or amended in any manner, other than set forth above, which would cause the representations in this certification to be incorrect. This certification is being signed by all currently acting Trustees of the Trust.

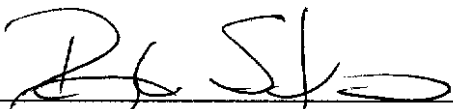
I hereby declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct and that this certification is executed this 23rd day of December, 2005, at Santa Rosa, California.


WILLIAM M. SCHLANGEN, Trustee

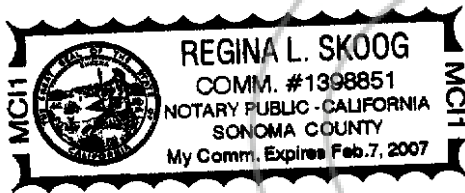
State of California)
) ss.
County of)

On December 23, 2005, before me, Regina L Skoog, Notary Public, personally appeared WILLIAM M. SCHLANGEN, 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 that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



Notary Public 1398851
Commission Number: 2-7-07
My Commission Expires:



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-2004-49-000447

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS) VS-11 (REV 1/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
MARILYN		P.		SCHLANGEN	
AKA ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs. IF UNDER ONE YEAR: Months Days Hours Minutes
				07/11/1934	69 69
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
CA		2688		12. MARITAL STATUS (at Time of Death) Married	
13. EDUCATION -- Highest Level/Degree (see worksheet on back) Master's		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back) YES <input type="checkbox"/>		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) White	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION
Educational Consultant			Public Education Consulting		20
20. DECEDENT'S RESIDENCE (Street and number or location)					
1000 Buckeye Rd.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	24. YEARS IN COUNTY
Kenwood		Sonoma		95452	32
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP			
CA		William M. Schlangen - Husband			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		1000 Buckeye Rd, Kenwood, CA 95452			
28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE		30. LAST (Maiden Name)	
William		Matheson		Schlangen	
31. NAME OF FATHER -- FIRST		32. MIDDLE		33. LAST	
Charles		John		Patterson	
34. BIRTH STATE		35. NAME OF MOTHER -- FIRST		36. MIDDLE	
WA		Elfreda		Marie	
37. BIRTH STATE		38. LAST (Maiden)		39. MIDDLE	
MN		Klingborg			
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)			
RES: William M. Schlangen, 1000 Buckeye Rd., Kenwood, CA 95452		CR/RES			
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
Not Embalmed				Daniels Chapel of the Roses	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
FD209		MARY MADDEX-GONZALEZ, M.D. M.M.		02/10/2004	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IR <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Own Residence					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
Sonoma		1000 Buckeye Rd.		Kenwood	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or expiration (expiration without showing the etiology, DO NOT ABBREVIATE.		108. DEATH REPORTED TO CORONER? First Interval Between Death and Death: (M) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (D) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (N) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (O) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		109. BIOPSY PERFORMED? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (B) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (C) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (D) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
IMMEDIATE CAUSE: (A) (Final disease or condition resulting in death)		Glioblastoma Multiforme		14 mos 04-0172	
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					
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)				113A. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
Craniotomy, 01/09/2003					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER Decedent Attended Since: _____ Decedent Last Seen Alive: _____		116. LICENSE NUMBER	
		James F. Stone, MD		G059065	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
06/07/2003		James F. Stone, MD., 110 Doctors Park Dr., Santa Rosa, CA 95405		02/10/2004	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. INJURED AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		120. INJURY DATE mm/dd/yyyy	
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					
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
123. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
124. SIGNATURE OF CORONER / DEPUTY CORONER		125. DATE mm/dd/yyyy		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				5112	
				CENSUS TRACT	

0664648 Page: 4 OF 4 12/30/2005 BK-1205 PG-13114

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SONOMA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sonoma County Clerk-Recorder.

DATE ISSUED **DEC 10 2005**

This copy not valid unless prepared on engraved border, displaying the date, seal and signature of the Clerk-Recorder.

000220433

EEVE T. LEWIS
EEVE T. LEWIS, CLERK-RECORDER
SONOMA COUNTY, CALIFORNIA

