



Lot 14 in Block F as shown on the map of Round Hill Village, Unit No. 4, filed in the office of the County Recorder of Douglas County, Nevada on April 25, 1966 as Document No. 31837

Together with all that portion of Apache Way as shown on the map of Round Hill Village Unit No. 4, filed for record on April 25, 1966, as Document No. 31837, more particularly described as follows:

Beginning at the most Southerly corner of Lot 14, Block F in said Unit No. 4; thence South 29° 22' 48" West 22.32 feet; thence North 44° 45' 07" West 134.44 feet; thence North 39° 34' 52" East 44.63 feet (North 39° 38' 30" East record); thence along a curve to the Northeast with a radius of 20 feet; a central angle of 87° 54' 49" (87° 53' 49" record) and an arc length of 30.69 feet (30.68 feet record), the chord of said curve bears South 04° 22' 33" East 27.76 feet; thence along a curve concave to the Southwest with a radius of 525 feet, a central angle of 12° 12' 49" (12° 14' 01" record) and an arc length of 111.91 feet (112.10 feet record); the chord of said curve bears South 42° 12' 30" East 111.70 feet to the Point of Beginning.

The Basis of Bearing of this description is identical with that of the Record of Survey filed for record on July 26, 1993, as Document No. 313400 in the Office of the County Recorder of Douglas County, State of Nevada.

Per N.R.S. 111.312, this legal description was previously recorded on February 22, 1995, in Book 0295, Page 3204 as Document No. 356638, Official Records, Douglas County, State of Nevada.

Dated this 13 day of December, 2005.

Debbie Ann Milosevich Co-Trustee  
Debbie Ann Milosevich, as Co-Trustee of  
The Rosa Peterson Revocable Trust dated  
December 5, 1994

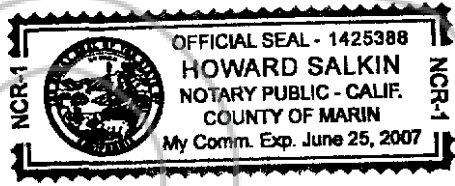
Anita Marie Milosevich Co-Trustee  
Anita Marie Milosevich, as Co-Trustee of  
The Rosa Peterson Revocable Trust dated  
December 5, 1994



STATE OF CALIFORNIA )  
 : ss.  
COUNTY OF MARIN )

On 12/13/05 before me, Howard Salkin personally appeared, DEBBIE ANN MILOSEVICH \_\_\_\_\_ personally known to me or  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 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 acted, executed the instrument.

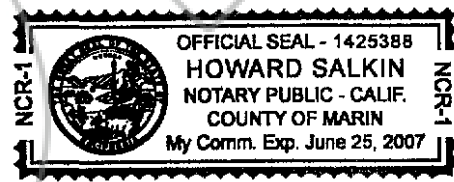
WITNESS my hand and official seal.  
\_\_\_\_\_  
NOTARY PUBLIC



STATE OF CALIFORNIA )  
 : ss.  
COUNTY OF MARIN )

On 12/13/05 before me, Howard Salkin personally appeared, ANITA MARIE MILOSEVICH \_\_\_\_\_ personally known to me or  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 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 acted, executed the instrument.

WITNESS my hand and official seal.  
\_\_\_\_\_  
NOTARY PUBLIC



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

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH LIST UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER: [ ] STATE FILE NUMBER: [ ]

DECEASED—NAME First Middle Last: 1. Rosa C Peterson

DATE OF DEATH (Month, Day, Year): 2. December 25, 2003

COUNTY OF DEATH: 3a. Douglas

CITY, TOWN OR LOCATION OF DEATH: 3b. Zepher Cove

HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): 3c. 277 Elks Point Road

If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify): 3e.

SEX: 4. Female

RACE—(e.g., White, Black, American Indian, etc.) (Specify): 5. White

Was Decedent of Hispanic Origin? Specify  yes  no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.

AGE—Last Birthday (Years): 7a. 82

UNDER 1 YEAR: 7b. MOS : DAYS

UNDER 1 DAY: 7c. HOURS : MINS

DATE OF BIRTH (Mo., Day, Yr.): 8. 04/11/1921

STATE OF BIRTH (If not U.S.A., name country): 9a. Norway

CITIZEN OF WHAT COUNTRY: 9b. USA

Decedent's Education. Specify highest grade completed. 10. 15

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 11. Never Married

SURVIVING SPOUSE (If wife, give maiden name): 12.

SOCIAL SECURITY NUMBER: 13. [REDACTED] 9915

USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): 14a. Beautician

KIND OF BUSINESS OR INDUSTRY: 14b. Cosmetics / Hair

RESIDENCE—STATE: 15a. NV

COUNTY: 15b. Douglas

CITY, TOWN, OR LOCATION: 15c. Zepher Cove

STREET AND NUMBER: 15d. 277 Elks Point

INSIDE CITY LIMITS (Specify Yes or No): 15e. No

FATHER—NAME First Middle Last: 16. Axel Peterson

MOTHER—MAIDEN NAME First Middle Last: 17. Olone A Aarsnes

INFORMANT—NAME (Type or Print): 18a. Anna Peterson

MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 18b. 277 Elks Point Rd. Zepher Cove, NV 89448

BURIAL, CREMATION, REMOVAL, OTHER (Specify): 19a. Removal

CEMETERY OR CREMATORY—NAME: 19b. Nor-Cal Crematory

LOCATION City or Town State: 19c. Sacramento, CA

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): 20a. *James Lee*

FUNERAL DIRECTOR LICENSE NUMBER: 20b. 62

NAME AND ADDRESS OF FACILITY: 20c. Neptune 720 Buol Ln. Pahrump, NV 89048

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) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

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) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

21b. 1/13/04 21c. 1652

22b. 22c.

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print): 23a. Steven L Brooks M.D. 155 HW 50 State Line, NV 89449

LICENSE NUMBER: 23b. 5124

REGISTRAR: 24a. *[Signature]*

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 24b. January 26, 2004

DEATH DUE TO COMMUNICABLE DISEASE: 24c. YES  NO

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I (a) Colon Cancer DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: Months

(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death:

(c) DUE TO, OR AS A CONSEQUENCE OF: 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

WAS CASE REFERRED TO CORONER (Specify Yes or No): 27. No

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.

DATE OF INJURY (Mo., Day, Yr.): 28b.

HOUR OF INJURY: 28c.

DESCRIBE HOW INJURY OCCURRED: 28d.

INJURY AT WORK (Specify Yes or No): 28e.

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 28f.

LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE: 28g.

STATE REGISTRAR

No.244110

00668

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.

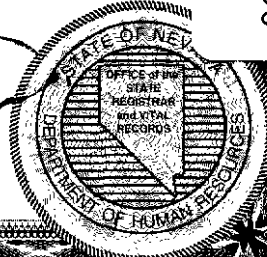
DATE ISSUED:

FEB - 5 2004

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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