

APN: 1420-28-211-018
RECORDING REQUESTED BY:
LSI, A Division of Chicago Title Insurance
Company
Prepared by LSI

When Recorded Mail To:
Ruth Strand
1270 La Sierra Ct
Minden, NV 89423
Prepared by: LSI
Escrow No. 1872398-PN

91884-99

DOC # 0668484
02/23/2006 03:17 PM Deputy: GB

OFFICIAL RECORD
Requested By:
WESTERN TITLE COMPANY INC

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0206 PG- 7357 RPTT: 0.00



SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada

COUNTY OF Douglas

Ruth Lee Strand, being of legal age, and first duly sworn, deposes and says:

1. That Gary Strand the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust dated May 18, 2002 executed by Gary Strand and Ruth Lee Strand, as Trustor(s).

2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 1270 La Sierra Ct., Minden, NV 89423, which property is described in the deed which was signed by Gary Strand, Successor Trustee as Grantor(s) and recorded as Instrument No. 0552740 of Official Records on September 23, 2002. The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:
In the City of Minden, County of Douglas, State of California,.

3. I, am the named Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.

4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of Nevada that the foregoing is true and correct.

Executed on September 23, 2002 at Minden

Nevada


Ruth Lee Strand

STATE OF ~~CALIFORNIA~~ ^{NEVADA}
COUNTY OF DOUGLAS

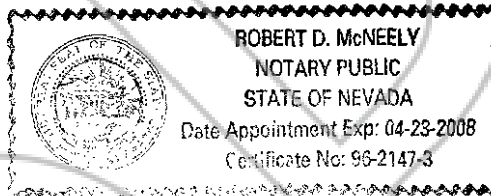
ON 2-11-06 before me,
ROBERT D. McNEELY personally appeared

RUTH LEE STRAND

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Signature Robert D. McNeely



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)	COUNTY OF DEATH
1. Gary Duane STRAND		2. July 22, 2004	3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)
3b. Minden		3c. 1270 La Sierra Court	4. 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.	AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 64	8. February 14, 1946
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. California	9b. U.S.A.	10. 15	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. ████████-3431	14a. Dispatcher	14b. Automotive Industry	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Minden	15d. 1270 La Sierra Court
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Dean A. Strand		17. Evangeline M. Alves	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Ruth Strand		18b. 1270 La Sierra Court Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. Cremation	19b. Carson Sierra Crematory	19c. Carson City Nevada	
FUNERAL DIRECTOR—SIGNATURE (or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>Jammi Dermody</i>	20b. 09	20c. Society 1614 N. Curry St. Carson City, NV. 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) <i>A. Miller, MD</i>		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 7/22/04		22b.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 11:03		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Andrea Miller M.D. 1374 Bridle Way Minden, Nevada 89423		23b. 8912	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>Kristine Kane</i>	24b. July 29, 2004	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I	(a) <i>Cardiopulmonary arrest</i>	Interval between onset and death	
	(b) <i>Cancer of mouth</i>	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
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No	
ACC., SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 260317

40123

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.

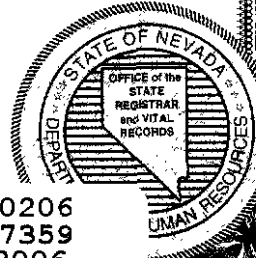
DATE ISSUED: JUL 29 2004

STATE REGISTRAR

This copy is not valid unless prepared on engraved



BK- 0206
PG- 7359



Legal Description

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 32 in Block B, as shown on the map of SARATOGA SPRINGS ESTATES UNIT NO. 4, filed for record in the office of the Douglas County Recorder on May 19, 2000, in Book 0500, as Document No. 492337, Official Records.

