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APN: 1318-10-417-018

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05/09/2006 10:39 AM Deputy: KLJ
OFFICIAL RECORD
Requested By:
ALLING & JILLSON LTD

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0506 PG- 3637 RPTT: 0.00



**RECORDING REQUESTED BY 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

**NOTICE OF DEATH OF TRUSTEE
AND APPOINTMENT OF SUCCESSOR TRUSTEE**

COMES NOW LYNDA KALIN, being first duly sworn deposes and says:

1. ANDREW J. KALIN was the Grantor and initial Trustee of the Andrew J. Kalin 2003 Trust, u/d/t dated March 6, 2003;
2. That ANDREW J. KALIN, as trustee of the Andrew J. Kalin 2003 Trust, acquired title to the certain real property commonly known as 607 Don Drive, Zephyr Heights, Douglas County, Nevada, Assessor's Parcel Number 1318-10-417-018, previously recorded on that certain deed dated April 24, 2003, as Document No. 0574541, in Book 0403, Page 11834, in the Official Records of Douglas County, Nevada.
3. That ANDREW J. KALIN died in Douglas County, Nevada, on or about January 19, 2005. The State of Nevada issued a Death Certificate, No. 280457, a copy of which is attached hereto as **Exhibit A** and incorporated herein by reference; and
4. That pursuant to Section 1.5 of the trust instrument which states, in pertinent part: "Successor Trustees: If I am not serving as trustee, I appoint JUDI OLEVERIA, STEVEN KALIN or LYNDA KALIN as successor trustee . . ."

NOW, THEREFORE, be it known the undersigned, LYNDA KALIN is acting as Successor Trustee of the Andrew J. Kalin Trust, u/d/t dated March 6, 2003.

IN WITNESS WHEREOF, this document was executed at Sacramento County, California, on this 28th day of APRIL 2006.

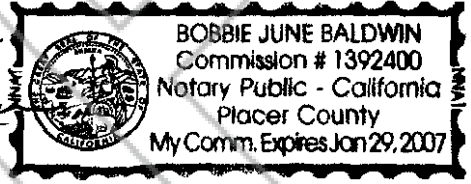
Lynda Kalin
LYNDA KALIN, Successor Trustee

STATE OF CALIFORNIA)
) ss.
COUNTY OF SACRAMENTO)

On the 28th day of April 2006, before me, a notary public, personally appeared LYNDA KALIN, 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 she executed it freely and voluntarily and for the purposes mentioned in it.

WITNESS my hand and official seal.

Bobbie June Baldwin
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

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Andrew Joseph KALIN		2. January 19, 2005		3a. Douglas	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicates DOA, OP/Emr. Pm. Inpatient (Specify)	SEX
3b. Zephyr Cove		3c. 607 Don Drive		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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
5. White		6.	7a. 78	7b. :	7c. :
DATE OF BIRTH (Mo., Day, Yr.)		8. March 5, 1926			
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)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. Switzerland	9b. U.S.A.	10. 12	11. Never Married	12.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. ██████████ 7883		14a. Owner/Operator		14b. Grocery Store	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Zephyr Cove	15d. 607 Don Drive	15e. Yes	
FATHER—NAME		MOTHER—MAIDEN NAME			
16. Daniel Kalin		17. Anna Annen			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Lynda Kalin, niece		18b. 5831 8th Ave. Sacramento, California 95820			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Removal/Cremation		19b. Valley Crematory		19c. San Joaquin California	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		20b. 217		20c. 833 N. Edmonds Dr. Carson City, Nevada 89701	
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>Richard Nils Peterson M.D.</i>		(Signature and Title) <i>[Signature]</i>			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 1-21-05		21c. 1800		22b. :	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		Tahoe, CA		LICENSE NUMBER	
23a. Richard Nils Peterson, M.D., 2130 Lake Tahoe Blvd., South Lake		96150		23b. 8128	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>[Signature]</i>		24b. January 21, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
PART I (a) Acute cardio pulmonary Arrest		minutes			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Cardiac arrythmia		minutes			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Hypertension		years			
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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
		26. No		27. Yes	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c.	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.			

STATE REGISTRAR

No. 280457

31739

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:

JAN 21 2005

STATE REGISTRAR

This copy is not valid unless prepared



BK- 0506
PG- 3639
05/09/2006

