

APN: 1320-30-812-004

RECORDING REQUESTED BY:
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name DALE GERTZEN
Street 1199 Kimmestling Rd.
Address Gardnerville, NV 89460
City, State
Zip

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0506 PG- 6637 RPTT: 0.00



Order No. 00092326-201-LS

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, DALE J. GERTZEN, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated MAY 4, 1994, and all amendments thereto, EMILY I. GERTZEN executed the THE DALE J. GERTZEN AND EMILY I GERTZEN FAMILY TRUST DATED MAY 4, 1994 ("Trust").
- (2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of EMILY I. GERTZEN.
- (3) EMILY I GERTZEN died on SEPTEMBER 20, 2003, a resident of MINDEN, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said EMILY I. GERTZEN.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.
- (5) The following described real property is part of the trust estate:

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

Lot 4, in Block A, as set forth on the Final Map of MOUNTAIN GLEN, PHASE I, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 28, 1987, in Book 1287, Page 3712, as Document No. 169542.

- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.
- (7) No other person has a right to the interest of the Trust in the described property.
- (8) The described property shall be transferred to me as Successor Trustee.

Affidavit of Successor Trustee – Page 2

Executed on May 10, 2006, at MINDEN NV.

DALE J. GERTZEN

DALE J. GERTZEN, Successor Trustee

STATE OF NEVADA

COUNTY OF DOUGLAS

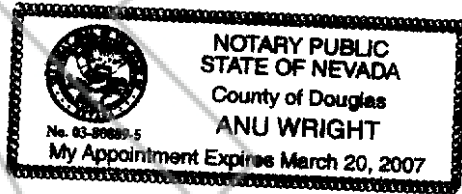
} SS

This instrument was acknowledged before me

on May 12, 2006

by DALE J. GERTZEN

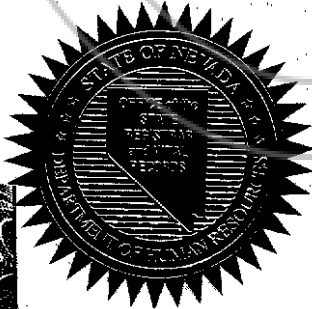
Anu Wright
Notary Public



STATE OF NEVADA

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 First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	1.	Emily I. GERTZEN	2. September 20, 2003	3a. Carson City
DECEDENT	3b. Carson City	3c. Mountain View Care Center	3e. Inpatient	4. Female
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White	6. <input type="checkbox"/> No	7a. 77	8. June 16, 1926
	9a. California	10. U.S.A.	11. Married	12. Dale Gertzen
	13. 7363	14a. Computer Programmer	14b. Computer Industry	
PARENTS	15a. Nevada	15b. Douglas	15c. Minden	15d. Aspen Grove Cir. 1010
	16. Hubert Janclaes	17. Anna Gasselmann		
	18a. Dale Gertzen - Husband	18b. 1010 Aspen Grove Cir, Minden, Nevada 89423		
DISPOSITION	19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada	
	20a. <i>[Signature]</i>	20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
CERTIFIER	21a. <i>[Signature]</i>		22a. <i>[Signature]</i>	
	21b. 9/22/03	21c. 1225	22b. <i>[Signature]</i>	22c. <i>[Signature]</i>
	21d. David S. Hoskins M.D., 1664 Hwy 395 #201, Minden, NV 89423		22d. ON	22e. AT
CAUSE OF DEATH	23a. <i>[Signature]</i>	24b. September 23, 2003	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (a) Widely Metastatic Adenocarcinoma of the Rectum		Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
	(c) OTHER SIGNIFICANT CONDITIONS—Coronary Artery Disease, Dementia, Ch. A Fib		Interval between onset and death	
	26a. <i>[Signature]</i>	26b. 28b.	26c. 28c.	26d. 28d.
	28e. <i>[Signature]</i>	28f. 28f.	28g. 28g.	28h. 28h.



STATE REGISTRAR

No. 242961

[Signature]

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **SEP 23 2003**

State Registrar

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