

OFFICIAL RECORD

Requested By:

DONALD L. FRETHERY

RECORDING REQUESTED BY:

KEVIN C. THURBER, Esq.

WHEN RECORDED MAIL TO:

✓ Donald Lynn Frethy

✓ C/O Thurber Law Offices

P O Box 582

Santa Clara CA 95052-0582

A.P.N. 07-204-04

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0506 PG- 9451 RPTT: 0.00



APN: 1318-23-810-029

Space above this line for recorder's use
AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)
COUNTY OF SOLANO)

Donald Lynn Frethy, being of legal age, first duly sworn, deposes and says:

I, Donald Lynn Frethy, am the successor trustee pursuant to the Frethy Family Trust dated March 13, 1996.

That Patricia Eileen Frethy, decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Patricia Eileen Frethy in that certain Quitclaim Deed dated March 13, 1996, to Donald Lynn Frethy and Patricia Eileen Frethy, as Trustees and Trustees of the Frethy Family Trust dated March 13, 1996, and recorded on May 28, 1996, as Document No. 388714, Book 0596, Page 4700, Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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

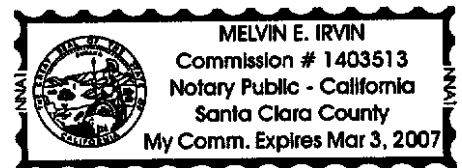
Dated: May 15, 2006

COUNTY OF SOLANO)
STATE OF CALIFORNIA)

Donald Lynn Frethy
DONALD LYNN FRETHERY

SUBSCRIBED AND SWORN TO before me,
Melvin E. Irvin, a Notary Public in and for
said State, this 15th day of May 2006, appeared
Donald Lynn Frethy, personally known to me or proved on
the basis of satisfactory evidence to be the person who
appeared before me.

Witness my hand and official seal

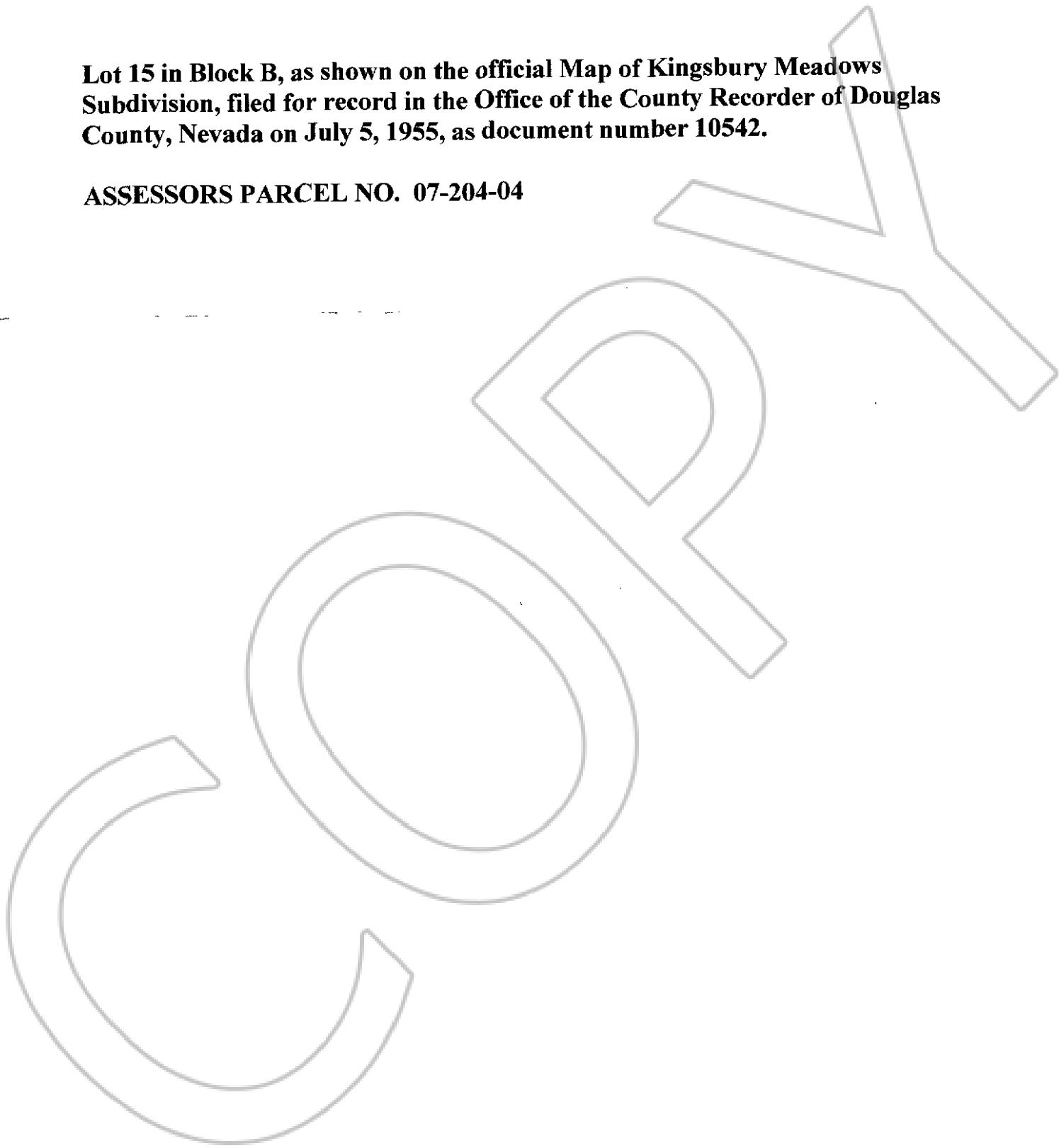


Melvin E. Irvin
MELVIN E. IRVIN, Notary Public

EXHIBIT "A"

Lot 15 in Block B, as shown on the official Map of Kingsbury Meadows Subdivision, filed for record in the Office of the County Recorder of Douglas County, Nevada on July 5, 1955, as document number 10542.

ASSESSORS PARCEL NO. 07-204-04



**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

	LOCAL FILE NUMBER	STATE FILE NUMBER				
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Patricia Eileen FRETHERY		DATE OF DEATH (Month, Day, Year) 2. March 26, 2005	COUNTY OF DEATH 3a. Clark		
	CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Univertisty Medical Center	If Hosp. or Inst. indicate DOA, OP/Emer. Firm. Inpatient (Specify) 3e. Inpatient	SEX 4. Female	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 69	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Washington		CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Donald L. Frethy
	SOCIAL SECURITY NUMBER 13. ██████████ 2835		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Homemaker		KIND OF BUSINESS OR INDUSTRY 14b. Own Home	
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Stateline	STREET AND NUMBER 15d. Cottonwood Lane 185	INSIDE CITY LIMITS (Specify Yes or No) 15e.	
PARENTS	FATHER—NAME First Middle Last 16. George Frank Pepper			MOTHER—MAIDEN NAME First Middle Last 17. Mary Margaret Lytle		
	INFORMANT—NAME (Type or Print) 18a. Donald L. Frethy			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 185 Cottonwood Lane, Stateline, Nevada 89449		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Memory Gardens Crematory		LOCATION City or Town State 19c. Las Vegas Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Michael J. Handley</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 107	NAME AND ADDRESS OF FACILITY 20c. Bunkers Mortuary 925 N. Las Vegas Blvd., Las Vegas, Nevada 89101		
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>			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>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.) 21b. 3/29/05			HOUR OF DEATH 21c. 8:23 pm		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22b.		
				PRONOUNCED DEAD (Hour) 22c.		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. <i>Alok Saxena MD, 1800 W. Charleston Las Vegas NV 89102</i>			LICENSE NUMBER 23b. 6690			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. MAR 29 2005		DEATH DUE TO COMMUNICABLE DISEASE 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>pneumonia</i>	DUE TO, OR AS A CONSEQUENCE OF:			
	(b) <i>acute respiratory failure</i>	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
	(c) <i>encephalopathy</i>	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
CAUSE OF 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) 25. 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. M	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. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

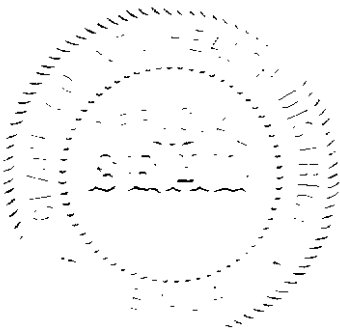
No. 283197

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

[Signature]



SEAL

Date Issued: APR 04 2005

BK- 0506
PG- 9453
0675701 Page: 3 of 3 05/24/2006

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573