

OFFICIAL RECORD

Requested By:
ANDERSON & DORN LTD

This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0606 EG- 5139 RPTT: 0.00




Ginny Casazza, Legal Assistant
ANDERSON & DORN, LTD.

APN: 021-051-33

RECORDING REQUESTED BY:

Anderson & Dorn, Ltd.
500 Damonte Ranch Parkway, Ste, 860
Reno, NV 89521

WHEN RECORDED MAIL TO:

SUSAN CHOQUETTE, TRUSTEE
1405 Porter Drive
Minden, Nevada 89423

MAIL TAX STATEMENT TO:

SUSAN CHOQUETTE, TRUSTEE
1405 Porter Drive
Minden, Nevada 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, SUSAN CHOQUETTE, 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 January 14, 1999, JEFF CHOQUETTE and I executed the Choquette Living Trust ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of JEFF CHOQUETTE.
- (3) JEFF CHOQUETTE died on January 27, 2006, at Carson City, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said JEFF CHOQUETTE.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.

(5) The following described real property is part of the trust estate: See Exhibit "B" attached.

(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.

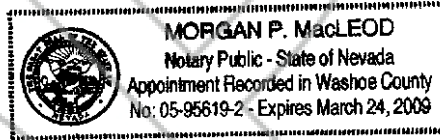
(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

Executed on May 8TH, 2006, at Douglas, Nevada.

Susan Choquette
SUSAN CHOQUETTE, Trustee

STATE OF NEVADA)
 Douglas) SS:
COUNTY OF WASHOE)
 mn)



SUBSCRIBED AND SWORN TO before me
by SUSAN CHOQUETTE
this 8TH day of May, 2006.

Morgan P MacLeod
Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

TYPE OR PRINT IN PERMANENT INK
PRECEDENT
IF DEATH OCCURRED IN INSTITUTION OR HOSPITAL, REGARDING COMPLETION OF PRECEDENCE ITEMS
RENTS
POSITION
CERTIFIER
CONDITIONS ANY ONE GAVE CAUSE TO IMMEDIATE CAUSE UNDERLYING THE LAST
CAUSE OF DEATH

| | | | | | |
|---|---|--|--|--|----------------------------------|
| LOCAL FILE NUMBER | | DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | STATE FILE NUMBER |
| 1. Jeffrey Brian CHOQUETTE | | | | 2. January 27, 2006 | 3a. Carson City |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) | | If Hosp. or Inst. indicate DCA, OP/Emer. Rm. Inpatient (Specify) | SEX |
| 3b. Carson City | | 3. Carson Tahoe Regional Medical Center | | 3a. Inpatient | 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 | DATE OF BIRTH (Mo., Day, Yr.) |
| 5. White | 6. | 7a. 66 | 7b. : | 7c. : | April 29, 1939 |
| 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. California | 9b. U.S.A. | 10. 12 | 11. Married | 12. Susan M. Houps | |
| SOCIAL SECURITY NUMBER | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | KIND OF BUSINESS OR INDUSTRY | | | |
| 13. 556-46-0020 | 14a. Owner/Operator | 14. Office Supply Manufacturing | | | |
| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | STREET AND NUMBER | INSIDE CITY LIMITS (Specify Yes or No) | |
| 15a. Nevada | 15b. Douglas | 15c. Minden | 15d. 1405 Porter Dr. | 15e. No | |
| FATHER—NAME First Middle Last | MOTHER—MAIDEN NAME First Middle Last | | | | |
| 16. Leon Victor Choquette | 17. Genevieve Lona Marie Rath | | | | |
| INFORMANT—NAME (Type or Print) | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | | | |
| 18a. Susan M. Choquette | 18b. 1405 Porter Drive, Minden, Nevada 89423 | | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | CEMETERY OR CREMATORY—NAME | LOCATION City or Town State | | | |
| 19a. Cremation | 19b. Walton's 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>[Signature]</i> | 20b. 09 | 20c. 1281 N. Roop St., Carson City, Nevada 89706 | | | |
| To be Completed by CERTIFYING PHYSICIAN | 21a. To the best of my knowledge, death occurred at the time, date and place as due to the cause(s) stated. (Signature and Title) | | 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 | | DATE SIGNED (Mo., Day, Yr.) |
| | 21b. 11/30/06 | | 21c. 22:45 | | 22b. 22c. |
| | 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) | | | | | LICENSE NUMBER |
| 23a. Dr. Todd Pitts 1000 N. Division St #200 Carson City NV | | | | | 23b. 8280 |
| REGISTRAR | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | DEATH DUE TO COMMUNICABLE DISEASE | | | |
| 24a. <i>[Signature]</i> | 24b. January 30, 2006 | 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) | Myocardial Infarction | | | | Interval between onset and death |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death |
| PART I (b) | Aortic Dissection | | | | Interval between onset and death |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death |
| PART II (c) | OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | |
| 26. No | | | | | 27. No |
| ACC., SUICIDE, HOM., UNDET., 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 |
| 29a. | 28f. | 28g. | | | |

STATE REGISTRAR

No. 334381



BK- 0606
PG- 5141

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100666

CERTIFIED COPY OF VITAL RECORDS

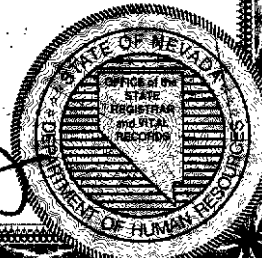


This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JAN 30 2006

[Signature]
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

EXHIBIT "B"

LEGAL DESCRIPTION:

PARCEL 1 OF PARCEL MAP NO. 7 FOR D.N.S. VENTURES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON FEBRUARY 2, 1995, IN BOOK 295, PAGE 155, AS DOCUMENT NO. 355414

APN: 21-051-33

PROPERTY ADDRESS:

1405 Porter Drive, Minden, Nevada 89423

