

16.00

Assessor's Parcel Number:
APN 29-223-101 New APN 1220-22-210-213

Recording Requested by:
Gail A. Stewart

WHEN RECORDED MAIL TO

Gail A. Stewart
C/O Grace Lea Chang
80 S. Lake Avenue, Suite 600
Pasadena, CA 91101

Title Order No.
Escrow No.

DOC # 0682680
08/21/2006 10:38 AM Deputy: CF

OFFICIAL RECORD
Requested By:
LAW OFFICE OF GRACE LEA
CHANG

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0806 PG- 7883 RPTT: 0.00



TITLE: AFFIDAVIT - DEATH OF A TRUSTEE



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AFFIDAVIT - DEATH OF A TRUSTEE

STATE OF CALIFORNIA
County of Los Angeles }ss.

Gail A. Stewart, of legal age, being first duly sworn, deposes and says:

That Graham W. Bennett, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Graham W. Bennett, named as one of the parties in that certain GRANT DEED dated 8/28/2002, executed by GRAHAM W. BENNETT to GRAHAM W. BENNETT, as trustee of the BENNETT TRUST, and recorded on 9/23/2002, located in the Official Records of Douglas County, Nevada, covering the following described real property in Douglas, in said County, State of Nevada:

"Lot 67 as shown on the Map of Gardnerville Ranchos Unit #6 filed for Record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, at Page 1026, as File No. 66512."

Commonly known as:

773 Bluerock Rd., Gardnerville, NV 89410
APN 29-223-101 New 1220-22-210-213

Executed on August 17, 2006, at Pasadena, California
(City and State)

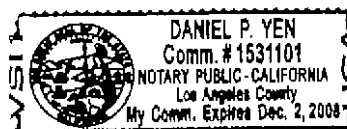
Gail A Stewart
Gail A Stewart, trustee of the Bennett Trust

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 17th day of August, 2006, by Gail A. Stewart, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Stamp or Seal

Seal D. P. Yen, Notary Public
Signature Daniel P. Yen, Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GRAHAM		2. MIDDLE W.		3. LAST (Family) BENNETT	
4. DATE OF BIRTH month/day 01/01/1915		5. AGE Yrs. 91		6. SEX M	
7. DATE OF DEATH month/day 05/20/2006		8. HOUR (24 Hours) 0520		9. DEEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
10. SOCIAL SECURITY NUMBER 3463		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) NEVER MARRIED	
13. EDUCATION - Highest Level (See worksheet on back) H.S. GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DEEDENT'S OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TRUCK DRIVER	
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) BAKERY		17. YEARS IN OCCUPATION 30		18. DEEDENT'S RESIDENCE (Street and number or location) 809 NOVELDA RD.	
19. CITY ALHAMBRA		20. COUNTY/PROVINCE LOS ANGELES		21. ZIP CODE 91601	
22. YEARS IN COUNTY 91		23. STATE/PROVINCE COUNTRY CA.		24. INFORMANT'S NAME, RELATIONSHIP GAIL STEWART - NIECE	
25. INFORMANT'S MAILING ADDRESS (Street and number or P.O. box number, city or town, state, ZIP) 1643 WINSTON WAY UPLAND, CA. 91784		26. NAME OF FATHER - FIRST GEORGE		27. LAST BENNETT	
28. NAME OF MOTHER - FIRST ROSA		29. MIDDLE COX		30. BIRTH STATE CANADA	
31. DISPOSITION DATE month/day 05/26/2006		32. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF LOS ANGELES COUNTY		33. TYPE OF DISPOSITION(S) CR/SEA	
34. NAME OF FUNERAL ESTABLISHMENT ARMSTRONG FAMILY MALLOY-MITTEN		35. LICENSE NUMBER FD-380		36. SIGNATURE OF LOCAL REGISTRAR <i>Bayno</i>	
37. DATE month/day 5/25/2006		38. SIGNATURE OF EMBALMER NOT EMBALMED		39. LICENSE NUMBER	
40. PLACE OF DEATH RESIDENCE		41. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA		42. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
43. COUNTY LOS ANGELES		44. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 809 NOVELDA RD.		45. CITY ALHAMBRA	
46. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular thrombosis without showing the etiology. DO NOT ABBREVIATE. METASTATIC PROSTATE CANCER		47. THIS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		48. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
49. IMMEDIATE CAUSE (Final disease or condition resulting in death) METASTATIC PROSTATE CANCER		50. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		51. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		53. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		54. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		56. IF FEMALE, FREQUENT IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		57. SIGNATURE AND TITLE OF REGISTRAR <i>Bayno</i>	
58. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THIS OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE ONSET STATED. 09/20/2005 05/07/2006		59. LICENSE NO. USER C36824		60. DATE month/day 05/22/2006	
61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE WILLIAM REITLY M.D. 3699 WILSHIRE BL., L.A., CA. 90010		62. MANNER OF DEATH <input type="checkbox"/> Nature <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		63. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
64. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		65. INJURY DATE month/day		66. HOUR (24 Hours)	
67. DESCRIBE HOW INJURY OCCURRED (Provide which resulted in injury)		68. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		69. SIGNATURE OF CORONER / DEPUTY CORONER	
70. DATE month/day		71. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		72. STATE REGISTRAR	

BK- 0806
 PG- 7885
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This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Bayno VC DATE ISSUED **MAY 26 2006**

Director of Health Services and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

