

OFFICIAL RECORD

Requested By:
JOSEPH W TILLSON

Document Transfer Tax - \$0 - #5
Assessor's Parcel No. 1420-18-214-105

Douglas County - NV
Werner Christen - Recorder

Page: 1 of 3 Fee: 16.00
BK-0806 PG- 8506 RPTT: 0.00

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:
MONIQUE T. BRULHART, Trustee
P.O. Box 9413
South Lake Tahoe, CA 96158



The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

STATE OF CALIFORNIA)
) s.s.
COUNTY OF EL DORADO)

MONIQUE T. BRULHART , of legal age, being first duly sworn, deposes and says:

That LEON BRULHART , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain and Sale Deed dated April 14, 2004, executed by Mitchell Shaw and Vicki Shaw, husband and wife as joint tenants, to Leon Brulhart and Monique T. Brulhart, Trustees of the Brulhart Family Trust Dated June 11, 1992, wherein the decedent is a settlor of the Brulhart Family Trust dated June 11, 1992, as well as a beneficiary and co-trustee under said trust; it being further acknowledged that MONIQUE T. BRULHART is the surviving trustee and beneficiary under said declaration of trust on the death of Leon Brulhart .

The original Grant, Bargain, Sale Deed aforementioned is recorded as Document No.0611601, on April 28, 2004 in Book 0404, at Page 14069 in the Official Records of Douglas County, State of 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

Dated: 7-13-06

Monique T. Brulhart
MONIQUE T. BRULHART

State of California)
County of El Dorado)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) before me on this 13th day of July, 2006, by MONIQUE T. BRULHART, personally known to me (or ~~proved to me on the basis of satisfactory evidence~~) to be the person who appeared before me.

Joann Tillson

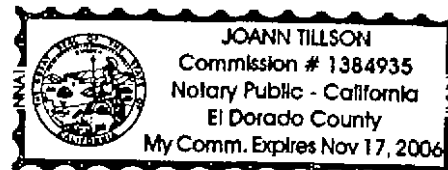
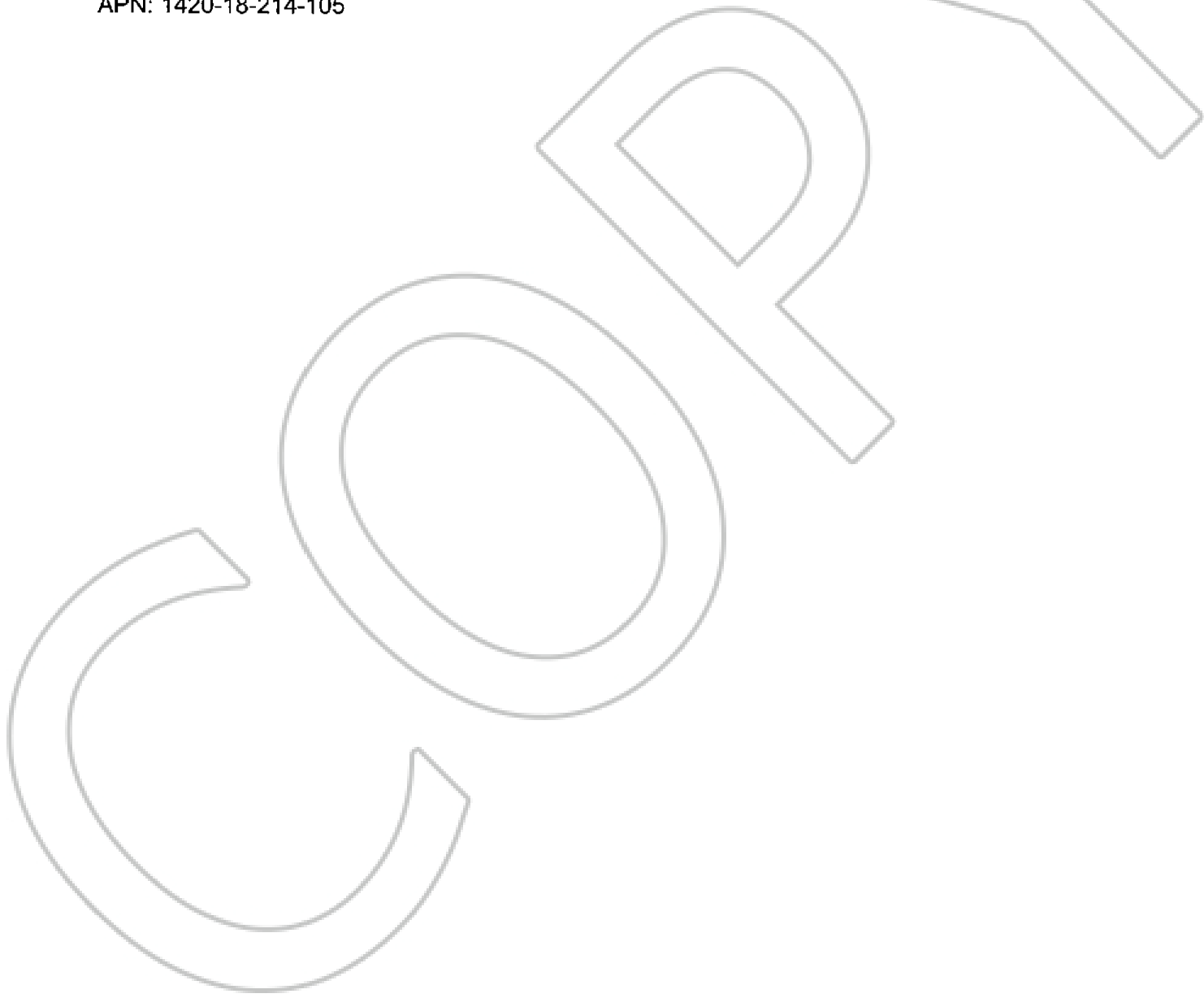


EXHIBIT "A"
LEGAL DESCRIPTION

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

Lot 73, in Block E, as shown on the Official Map of SILVERADO HEIGHTS SUBDIVISION, filed for record in the Office of the County recorder of Douglas County, Nevada, on September 18, 1978, in Book 978, Page 1176, as Document No.25326 and Certificate of Amendment of the final plat of said subdivision, recorded August 23, 1979, in Book 879 of Official Records, at Page 1725, as Document No.35885, and Certificate of Amendment of the final plat of said subdivision recorded October 12, 1979, in Book 1079, at Page 1039, as Document No. 37638, Official Records, Douglas County, Nevada.

APN: 1420-18-214-105



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH **3200509000807**

STATE FILE NUMBER		FEDERAL REGISTRATION NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
LEON				BRULHART	
4. DATE OF BIRTH		5. AGE Yrs	6. SEX	7. DATE OF DEATH	
11/18/1924		80	M	10/10/2005	
8. BIRTH STATE/FOREIGN COUNTRY		9. SOCIAL SECURITY NUMBER	11. SEVERAL IN U.S. ARMED FORCES	12. MARITAL STATUS (at Time of Death)	13. HOUR (of Death)
FRANCE		9700	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MARRIED	1120
14. EDUCATION - Highest Level Completed (Indicate Institution on back)		15. WAS DECEDENT HISPANIC/LATINO(A) (Specify if yes, see instruction on back)		16. DECEDENT'S RACE - (Up to 2 races may be listed (see instruction on back))	
8		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, hotel construction, employment agency, etc.)		19. YEARS OF OCCUPATION
MEAT CUTTER			RETAIL GROCERY		65
20. DECEDENT'S RESIDENCE (Street and number or location)					
847 ELK POINT DR.					
21. CITY		22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTRY	25. STATE/FOREIGN COUNTRY
SO. LAKE TAHOE		EL DORADO	96158	35	CALIFORNIA
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S ADDRESS (Street and number or road route number, city or town state, ZIP)		
MONIQUE T. BRULHART - WIFE			P.O. BOX 9413, SO. LAKE TAHOE, CA 96158		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	30. LAST (English Name)		
MONIQUE		T.	DIOMKE		
31. NAME OF FATHER - FIRST		32. MIDDLE	33. LAST		
LEO			BRULHART		
34. NAME OF MOTHER - FIRST		35. MIDDLE	36. LAST		
HELEN			PFUND		
37. BIRTH STATE		38. BIRTH STATE			
SWITZERLAND		SWITZERLAND			
39. DEPOSITION DATE (month/day)		40. PLACE OF FINAL DEPOSITION			
10/14/2005		HAPPY HOMESTEAD CEMETERY, SO. LAKE TAHOE, CA			
41. TYPE OF DEPOSITION		42. SIGNATURE OF CEMETARIAN		43. LICENSE NUMBER	
CR/BU		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. DEPOSITION LOCAL REGISTRATION	47. DATE	
McFARLANE MORTUARY		ED-1180	5111 KKK RD	10/12/2005	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
BARTON MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> HOME <input type="checkbox"/> OTHER		104. DEATH REPORTED TO CORONER	
105. CITY		106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		107. DEATH REPORTED TO CORONER	
EL DORADO		2170 SOUTH AVE.		SO. LAKE TAHOE	
108. CAUSE OF DEATH		109. MANNER OF DEATH		110. DEATH REPORTED TO CORONER	
RESPIRATORY FAILURE		111. MANNER OF DEATH		112. DEATH REPORTED TO CORONER	
SLEEP APNEA		113. MANNER OF DEATH		114. DEATH REPORTED TO CORONER	
115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But NOT HERE LISTED AS UNDERLYING CAUSE OF DEATH)		116. SIGNATURE AND TITLE OF CERTIFIER		117. DATE	
HYPERTENSION; POLYCYTHEMIA		GARY H. COOPER, MD, P.O. BOX 19546, SO. LAKE TAHOE, CA 96151		10/10/2005	
118. WAS OPERATION PERFORMED FOR ANY CONDITION LISTED ON THIS CERTIFICATE?		119. IF PEOPLE PRESENT IN LAST YEAR		120. SIGNATURE AND TITLE OF CORONER / DEPUTY CORONER	
NO		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK		G19546	
121. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HEAR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		122. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HEAR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		123. HOURS OF DEATH	
02/04/1998		10/10/2005		124. HOURS OF DEATH	
125. MANNER OF DEATH		126. PLACED AT DEATH		127. DATE	
Natural		Home		10/10/2005	
128. PLACE OF DEATH (e.g., home, retirement site, nursing home, etc.)		129. SIGNATURE OF CORONER / DEPUTY CORONER		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
131. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		132. LOCATION OF INJURY (Street and number, if location, and city, and ZIP)		133. DATE	
				10/10/2005	
134. SIGNATURE OF CORONER / DEPUTY CORONER		135. DATE		136. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E		0220			

BK- 0806
PG- 8508
0682783 Page: 3 OF 3 08/22/2006

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

000092174

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 10/18/2005

Sheela R. Kenney, D.O.
SHELDON R. MERRICK, D.D.
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE