

15'

OFFICIAL RECORD

Requested By:
ROLAND H WEISS

Quitclaim Deed

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0806 PG- 9535 RPTT: # 7

The undersigned grantor(s) declares(s):

Documentary transfer tax is \$ #7

Realty not sold.

In consideration of \$ 1.00, receipt of which is acknowledged

The Weiss Family Trust, Dated January 6, 1997, Roland H. Weiss, Trustee

does hereby quitclaim to The Weiss Family Trust, Dated January 6, 1997, Part B, Roland H. Weiss, Trustee

the real property in the County of Douglas, State of Nevada, described as:

All that portion of the Northwest 1/4 of Section 5, Township 12 North, Range 21 East, M.D.B. & M., County of Douglas, State of Nevada, further described as follows:

COMMENCING at the B.L.M. brass cap monument, the north 1/4 corner of Section 5, T.12N.,R.21E., M.D.B.&M.; thence southerly along the east section line of the N.W. quarter of said Section 5, S 1°13'46" W for 1048.78 feet to the True Point of Beginning; thence continuing S 1°13'46" W 226.97 feet to an iron pipe as shown on Amended Record of Survey Map for Roland Weiss, Document No. 112320, official records of Douglas County, Nevada; thence S 45°05'32" W for 17.12 feet to the beginning of a horizontal curve, the radius point of which bears S 28°30'00" W, 460.00 feet; thence northwesterly along said curve, through a central angle of 13°30'00" for 108.38 feet; thence N 75°00'00" W for 435.83 feet to the beginning of a horizontal curve, the radius point of which bears S 15°00'00" W, 360 feet; thence northwesterly along said curve, through a central angle of 13°12'49" for 83.02 feet; thence N 01°05'23" E for 68.34 feet; thence N 89°28'15" E for 619.09 feet to the True Point of Beginning of this description.

A.P.N. 1221-05-001-007

Witness My hand ON this 24th day of August, 2006

Roland H. Weiss, Trustee

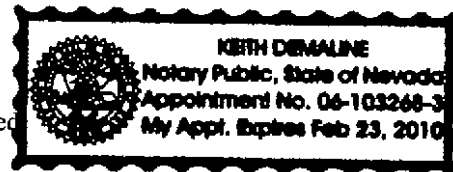
STATE OF NEVADA,
COUNTY OF CARSON City } SS.

Roland H. Weiss, Trustee
(Type or print names under signatures)

On August 24th, 2006,
personally appeared before me, a Notary Public,

Notarial Seal

Keth Demaline



personally known (or proved) to me to be the Person(s) whose name(s) is/are subscribed to the above instrument who acknowledged that he/she/they executed the instrument.

Signature [Signature]
(Notary Public)

WHEN RECORDED MAIL TO
Name: Roland H. Weiss, Trustee
Address: 3512 Cherokee Dr.
Carson City, NV. 89705

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 91 IMAGE 754

LOCAL FILE NUMBER
2051

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME 1 Margaret Leola WEISS		DATE OF DEATH (Month, Day, Year) 2 September 8, 1997		CITY OF DEATH 3a Washoe	
CITY, TOWN, OR LOCATION OF DEATH 3b Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not given, give street and number) 3c Washoe Medical Center		If Hosp. or Inst. indicate DOA, C-Death, or Inst. (Specify) 3d OP/Emer. Rm.	
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 <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc. 6		AGE—Last Birthday (Years) 7a 61	
STATE OF BIRTH (If not U.S.A., name country) 9a Oklahoma		CITIZEN OF WHAT COUNTRY 9b U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8 January 21, 1936	
SOCIAL SECURITY NUMBER 13 [REDACTED]-3289		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Nat'l Coordinating Team Member		KIND OF BUSINESS OR INDUSTRY 14b Retail Sales	
RESIDENCE—STATE 15a Nevada		CITY, TOWN, OR LOCATION 15c Carson City		STREET AND NUMBER 15d 2289 Fairmont Wy.	
FATHER—NAME 16 Douglas Holt		MOTHER—MAIDEN NAME 17 Dessie Williams		INSIDE CITY LIMITS (Specify Yes or No) 15e No	
INFORMANT—NAME (Type or Print) 18a Roland Weiss		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 2289 Fairmont Way, Carson City, Nevada 89706			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Lone Mountain Cemetery		LOCATION (City or Town, State) 19c Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b 25		NAME AND ADDRESS OF FACILITY 20c 1745 Sullivan Lane, Sparks, Nevada 89431	
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>		21c HOUR OF DEATH 0835		21b DATE SIGNED (Mo., Day, Yr.) September 12, 1997	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e PRONOUNCED DEAD (Mo., Day, Yr.) September 8, 1997		21f PRONOUNCED DEAD (Hour) 0835	
21g		21h		21i	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520				LICENSE NUMBER 23b WCC S. 35	
REGISTRAR 24a [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b September 12, 1997		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 1 (a) Multiple injuries		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
PART 1 (b) Blunt force motorcycle trauma		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
26 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1				AUTOPSY (Specify Yes or No) 26 Yes	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 Yes					
ACC. SUICIDE, HOW UNDET. OR PENDING INVEST (Specify) 28a Accident		DATE OF INJURY (Mo., Day, Yr.) 28b Sept. 8, 1997		HOUR OF INJURY 28c 0715	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 29 Highway		LOCATION 29a Intersection of Airport Road at Sherman Road, Carson City, Nevada		STREET OR R.F.D. No. CITY OR TOWN STATE	

BK- 0806
PG- 9536
Page: 2 Of 2
08/24/2006
0682990

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

Deputy Registrar: *[Signature]*

Date: **SEP 8 1997**