

APN: 1320-33-813-013

RECORDING REQUESTED BY:
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name Diana Cannon
Street 291 Canon Del Sol
Address
City, State LA SELVA, CA 95706
Zip

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0906 PG- 0425 RPTT: 0.00



Order No. 005006-LMS

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, DIANA LEE CANNON, 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 OCTOBER 31, 2005, and all amendments thereto, GERALD P. TUNNEY executed the THE GERALD P. TUNNEY LIVING TRUST ("Trust").
- (2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of GERALD P. TUNNEY
- (3) GERALD P. TUNNEY died on 11/15/2005, a resident of, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said GERALD P. TUNNEY
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.
- (5) The following described real property is part of the trust estate:

(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 8/30/06 at Watsonville Cal. at enter City, State here.

Diana Lee Cannon
DIANA LEE CANNON, Successor Trustee

STATE OF NEVADA

COUNTY OF _____ } SS

This instrument was acknowledged before me
on _____.

by DIANA LEE CANNON

SEE ATTACHED
Notary Public

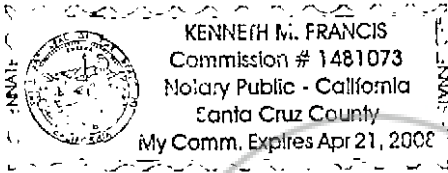
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of SANTA CRUZ } ss.

On AUGUST 30th 2006 before me, KENNETH M. FRANCIS, NOTARY
Date Name and Title of Officer (a.g., "Jane Doe, Notary Public")
personally appeared DIANA LEE CANNON
Name(s) of Signer(s)

personally known to me
 proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that he she/they executed the same in his her/their authorized capacity(ies), and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

[Signature]
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit of Successor Trustee
Document Date: AUGUST 30th 2006 Number of Pages: 2

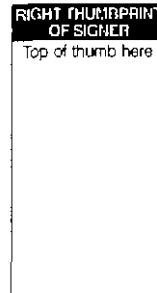
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

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

2005 0016851

TYPE OR PRINT IN PERMANENT BLACK INK
CEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REVERSED COMPLETION OF SOURCE ITEMS
MENTS
POSITION
ARTIFIER
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH TAKING THE UNDERLYING CAUSE LAST
USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Gerald Patrick TUNNEY		2. November 15, 2005		3a. Carson City		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emar. Rm. Inpatient (Specify)		SEX	
3b. Carson City		3c. Carson Tahoe Hospital		3e. 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)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		8.		7a. 82		8. November 7, 1923	
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)	
9a. Idaho		9b. U.S.A.		10. 16		12. SURVIVING SPOUSE (If wife, give maiden name)	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY (Specify)		17. Widowed	
13. 6542		14a. Attorney		14b. Legal/Law		17. 841	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1347 E. Wales Ct.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e. No	
		16. Michael Joseph Tunney		17. Helen Ebert			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Diana Cannon		18b. 291 Canon Del Sol Watsonville, California 95076					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Carson Sierra Crematory		19c. Carson City Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 09		20c. Society 1614 N. Curry St. Carson City, NV 89703			
21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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]		11/17/05		19:20		[Signature]	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. 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. Ned Jaleel D.O. 775 Fleischmann Way Carson City, NV 89703		23b. 1090					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. November 17, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		(a) Bladder Cancer		Interval between onset and death			
PART I DUE TO, OR AS A CONSEQUENCE OF:		(b)		Interval between onset and death			
PART I DUE TO, OR AS A CONSEQUENCE OF:		(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Bladder Cancer AFIB		AUTOPSY (Specify Yes or No)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28. 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	
28e.		28f.		28g.			

STATE REGISTRAR

No. 321328

130086

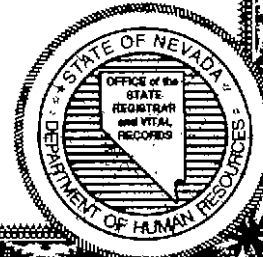
CERTIFIED COPY OF VITAL RECORDS

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: AUG - 2 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

BK- 0906
PG- 428
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0683615

Legal Description

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

Lot 20, in Block C, of FINAL SUBDIVISION MAP #1006-5 for CHICHESTER ESTATES, PHASE 5, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 9, 1999, in Book 499, Page 1900, as Document No. 465394.

