

DOC # 0684436
09/13/2006 04:15 PM Deputy: CF

OFFICIAL RECORD

Requested By:

STRATEGIC WEALTH LEGAL

ADVISORS INC

Douglas County - NV

Werner Christen - Recorder

Page: 1 Of 5 Fee: 18.00
BK-0906 PG- 4426 RPTT: 0.00



PLEASE COMPLETE THIS INFORMATION

RECORDING REQUESTED BY:

ROBERT V. WITHROW

AND WHEN RECORDED MAIL TO:

✓ Strategic Wealth Legal Advisors, Inc.
2601 K Street
Sacramento, CA 95816

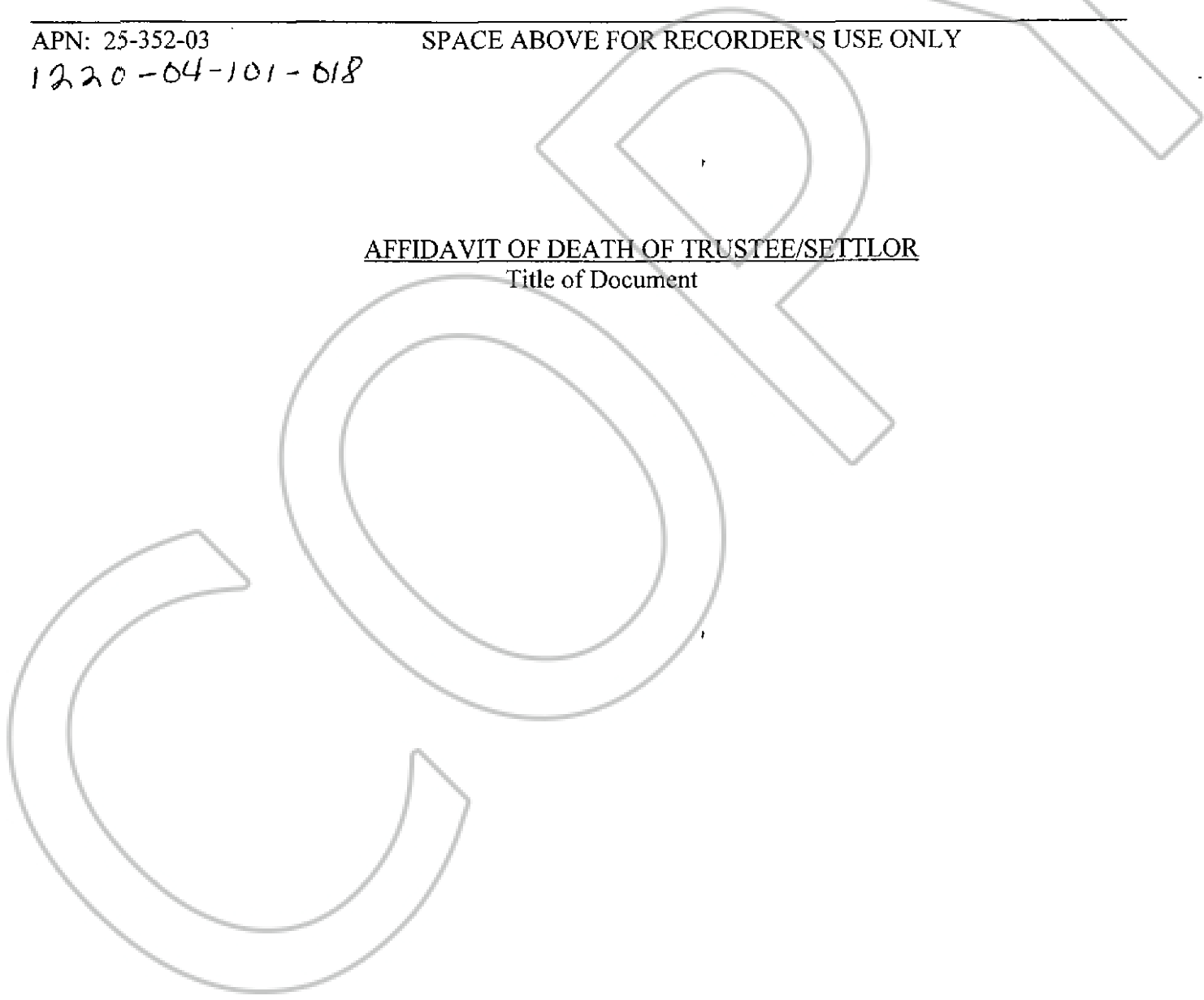
APN: 25-352-03

SPACE ABOVE FOR RECORDER'S USE ONLY

1220-04-101-018

AFFIDAVIT OF DEATH OF TRUSTEE/SETTLOR

Title of Document



RECORDING REQUESTED
BY AND WHEN RECORDED
RETURN TO:

STRATEGIC WEALTH LEGAL ADVISORS, INC.
2601 K Street
Sacramento, CA 95816

APN: 25-352-03

AFFIDAVIT OF DEATH OF TRUSTEE / SETTLOR

State of California) Name of Decedent: LINE B. WITHROW
)ss
County of Sacramento) Date of Death: April 30, 2006

ROBERT V. WITHROW, being of legal age, being first duly sworn, deposes and says:

That LINE B. WITHROW, the decedent mentioned in that attached certified copy of Certificate of Death, is the same person as LINE B. WITHROW, named as one of the parties in that certain Deed dated February 6, 1996, executed by ROBERT V. WITHROW and LINE B. WITHROW, as husband and wife, to ROBERT V. WITHROW and LINE B. WITHROW, as Trustees of the R and L WITHROW Revocable Trust, dated February 6, 1996, and recorded on March 20, 1996 Recorder's book number 0396, page number 3232, Official Records of DOUGLAS County, State of Nevada, which deed pertains to land more particularly described as follows:

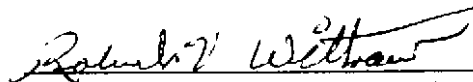
Legally described as: SEE ATTACHED EXHIBIT "A"

Commonly referred to as: 1289 Toler Avenue, Gardnerville, NV 89410

ROBERT V. WITHROW shall forthwith serve as sole trustee of the R and L WITHROW Revocable Trust, dated February 6, 1996.

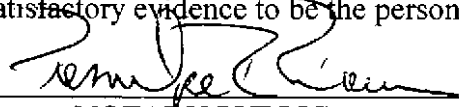
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: June 28, 2006


Robert V. Withrow, Successor Trustee

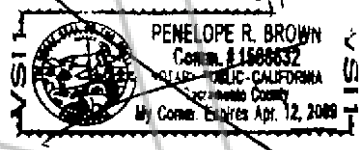
State of California)
County of Sacramento) ss

Subscribed and sworn to (or affirmed) before me on this 28th day of June, 2006,
by ROBERT V. WITHROW, personally known to me or proved to me on the basis of
satisfactory evidence to be the person(s) who appeared before me.



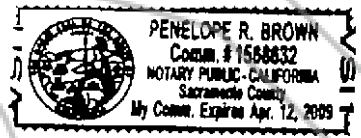
NOTARY PUBLIC

(SEAL)



MAIL TAX STATEMENTS TO:

Robert V. Withrow
1632 37th Street
Sacramento, CA 95836



COPIES

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3200634003843

| | | | | | |
|---|--|---|---|--|--|
| STATE FILE NUMBER | | DATE OF BIRTH | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEASED - FIRST (Given) | | 2. MIDDLE | | 3. LAST (Family) | |
| LINE | | B. | | WITHROW | |
| 4. DATE OF BIRTH <i>mm/dd/yyyy</i> 07/06/1938 | | | | | |
| 5. AGE Yrs. 67 | | | | | |
| 6. BIRTH STATE/FOREIGN COUNTRY Canada | | | | | |
| 7. SOCIAL SECURITY NUMBER 1181 | | | | | |
| 8. MARITAL STATUS (at Time of Death) Married | | | | | |
| 9. DATE OF DEATH <i>mm/dd/yyyy</i> 04/30/2006 | | | | | |
| 10. HOUR (24 Hour) 1820 | | | | | |
| 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK | | | | | |
| 12. EDUCATION - Highest Level (degree) Bachelor's | | | | | |
| 13. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) White | | | | | |
| 14. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED Occupational Therapist | | | | | |
| 15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Health Care | | | | | |
| 16. YEARS IN OCCUPATION 20 | | | | | |
| 17. DECEASED'S RESIDENCE (Street and number or location) 1632 - 37th Street | | | | | |
| 21. CITY Sacramento | | 22. COUNTY/PROVINCE Sacramento | | 23. STATE/FOREIGN COUNTRY California | |
| 24. YEARS IN COUNTY 6 | | 25. STATE/FOREIGN COUNTRY California | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP Robert Withrow: Husband | | | 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1632 - 37th Street, Sacramento, CA. 95816 | | |
| 28. NAME OF SURVIVING SPOUSE - FIRST Robert | | 29. MIDDLE U, | | 30. LAST (Maiden Name) Withrow | |
| 31. NAME OF FATHER - FIRST Unknown | | 32. MIDDLE Unknown | | 33. LAST Unknown | |
| 34. BIRTH STATE Canada | | 35. NAME OF MOTHER - FIRST Unknown | | 36. BIRTH STATE Canada | |
| 37. LAST (Maiden) Unknown | | 38. BIRTH STATE Canada | | | |
| 39. DEPOSITION DATE <i>mm/dd/yyyy</i> 05/08/2006 | | 40. PLACE OF FINAL DEPOSITION Residence of Robert Withrow, 1632 - 37th Street, Sacramento, CA. 95816 | | | |
| 41. TYPE OF DEPOSITIONS CR/RES | | 42. SIGNATURE OF REGISTRAR Not Embalmed | | 43. LICENSE NUMBER | |
| 44. NAME OF FUNERAL ESTABLISHMENT Nicoletti, Cvilis & Herberger | | 45. LICENSE NUMBER FD 355 | | 46. SIGNATURE OF LOCAL REGISTRAR GLENNAH I TROCHET, MD | |
| 47. DATE <i>mm/dd/yyyy</i> 05/08/2006 | | | | | |
| 111. PLACE OF DEATH UCD MEDICAL CENTER | | 112. IF HOSPITAL, SPECIFY WARD <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/ED <input type="checkbox"/> OICU <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home, Etc <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | | 113. IF OTHER THAN HOSPITAL, SPECIFY ONE | |
| 114. COUNTY SACRAMENTO | | 115. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2315 STOCKTON BLVD | | 116. CITY SACRAMENTO | |
| 117. CAUSE OF DEATH Under the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal diseases such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. | | | | | |
| IMMEDIATE CAUSE (First disease or condition resulting in death) PENDING | | 108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 109. DEATH REPORT NUMBER 06-02509 | |
| 107. SEQUENTIALLY list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that inflicted the disease resulting in death) LAST | | 108. BODYSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 109. ALTOBPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 110. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) | | | | | |
| 113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK | | | | | |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. | | 115. SIGNATURE AND TITLE OF CERTIFIER | | 116. LICENSE NUMBER | |
| Decedent Attended Since Decedent Last Seen Alive | | HEATHER WOOD | | 117. DATE <i>mm/dd/yyyy</i> 05/04/2006 | |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | | 119. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER HEATHER WOOD, DEPUTY CORONER | | | |
| 118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. | | | | | |
| MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK | | 121. INJURY DATE <i>mm/dd/yyyy</i> | |
| 122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | 122. HOUR (24 Hour) | | | |
| 123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | | | | |
| 124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) | | | | | |
| 125. SIGNATURE OF CORONER / DEPUTY CORONER HEATHER WOOD | | 126. DATE <i>mm/dd/yyyy</i> 05/04/2006 | | 127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER HEATHER WOOD, DEPUTY CORONER | |

STATE REGISTRATION A B C CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA COUNTY OF SACRAMENTO } SS *012006000215317* *000785903*

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.
June 8, 2006

DATE ISSUED: _____ LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 0906
PG- 4429
0684436 Page: 4 Of 5 09/13/2006



EXHIBIT A

DESCRIPTION

All that certain lot, piece or parcel of land situate in the Town of Gardnerville, County of Douglas, State of Nevada, bounded and described as follows:

A parcel of land located in the Northwest ¼ of Section 4, Township 12 North, Range 20 East, M.D.B. & M., more particularly described as follows, to-wit:

COMMENCING at a point which bears South 88°10'50" East, a distance of 917.85 feet from the established 1/16 corner of Section 4, Township 12 North, Range 20 East, M.D.B.&M.; thence North 89°51'00" East along the Southerly line of Toler Avenue (formerly Douglas Avenue) 60 feet wide, a distance of 60.00 feet to the True Point of Beginning; said point being further described as the Northeast corner of the parcel of land conveyed to Ellen Dressler by Deed of Correction recorded February 3, 1975, in Book 275, Page 13, Document No. 77975, Official Records of Douglas County, Nevada; thence South 0° 09'090" East, a distance of 150 feet, to the Southwest corner of the herein described parcel; thence at a right angle Easterly, a distance of 50 feet to the Southeast corner of the parcel; thence at a right angle in a Northerly direction, a distance of 150 feet to the Northeast corner of the parcel; thence at a right angle Westerly, a distance of 50 feet to the Point of Beginning.

EXCEPT THEREFROM the Northerly 4 feet of said land for public thoroughfare as Quitclaim deeded to the Board of County Commissioners in Quitclaim Deed dated February 8, 1960, executed by Stanley and Kirstine Bray, husband and wife, et al, recorded February 10, 1960, in Book 1, Page 329, Document No. 15601, Official Records of Douglas County, Nevada.

ALSO FURTHER EXCEPTING THEREFROM any portion of said land thereof that may lie within the line of Toler Avenue (formerly Douglas Avenue), as it now exists.

"Per NRS 111.312, this legal description was previously recorded at Document No. 383708, Book 0396, Page #3231 and 3232, on March 20, 1996."

