

Recording Requested By:

MYRON SUGARMAN, ESQ.

When Recorded Mail To:

Cooley Godward LLP
101 California Street, 5th Floor
San Francisco, CA 94111-5800

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0906 PG- 6184 RPTT: 0.00



SPACE ABOVE FOR RECORDER'S USE

CERTIFICATION OF TRUST

(Nevada Revised Statutes 164.410)

To any and all concerned:

The undersigned hereby certifies that she is the duly appointed and acting Trustee of THE SURVIVOR'S TRUST U/T McAULIFFE LIVING TRUST u/a/d December 25, 1981, as amended and restated October 16, 1987 (the "Trust") and is qualified and has the power to act as such Trustee.

The Trust is a subtrust under the trust instrument establishing THE McAULIFFE LIVING TRUST dated December 25, 1981, as amended and restated October 16, 1987 ("Trust Agreement") that MICHAEL FREDERIC MCAULIFFE and CATHY JEAN MCAULIFFE created for their benefit. MICHAEL FREDERIC MCAULIFFE and CATHY JEAN MCAULIFFE were the original Co-Trustees under the Trust Agreement. The Trust Agreement provides that should either original Co-Trustee cease to serve as Co-Trustee, the other Co-Trustee shall serve as sole Trustee.

MICHAEL FREDERIC MCAULIFFE died on March 4, 2001, as shown on the certified copy of Certificate of Death attached hereto and incorporated herein by reference.

The property being transferred to the Trust is the following described property situated in the City of Glenbrook, County of Douglas, State of Nevada, commonly known as 2143 Pray Meadow Road [formerly 19 Gold Links Road], Assessor's Parcel Number 1418-10-501-003 [identified as 01-160-12 on prior deed]:

A Parcel of land situated in and being a portion of the North ½ of Section 10 in T14N, R18E, MDB & M. described as follows to wit:

Beginning at the most Northerly corner of Lot 12, Block E, as shown on that certain map entitled Glenbrook Links, filed September 27, 1911, in Book B, Page 326; thence from said corner North 56°48'00" East 37.12 feet to a point on the Westerly line of Pray Meadow Road, 24 feet wide, and shown as Lot Q on the Map of Glenbrook Unit No. 3, recorded June 13, 1980 as Instrument No. 45299; thence along the Westerly line South 32°08'14" East 75.05 feet; thence South 56°48'00" West 163.73 feet; thence North 32°12' West 63.00 feet; thence North 56°48' East 140.00 feet to the true point of beginning. AP#01-160-12

Together with a with a fifty percent (50%) undivided interest in and to all improvements thereon and all the singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

The Trust has not been revoked, modified, or amended in any manner, other than as set forth above, which would cause the representations in this certification to be incorrect. This certification is being signed by all currently acting Trustees of the Trust.

I hereby declare under penalty of perjury under the laws of the State of Nevada, that the foregoing is true and correct and that this certification is executed this 1st day of September, 2006, at San Francisco California.

Cathy Jean McAuliffe, Trustee
CATHY JEAN MCAULIFFE, Trustee

State of California)
) ss.
County of)

On September, 2006, before me, Sandra Price, Notary Public, personally appeared CATHY JEAN MCAULIFFE, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Sandra Price

Notary Public
Commission Number:
My Commission Expires:



CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 20037 00394 1

STATE FILE NUMBER _____ USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00) LOCAL REGISTRATION NUMBER _____

1. NAME OF DECEDENT—FIRST (GIVEN) MICHAEL		2. MIDDLE FREDERIC		3. LAST (FAMILY) McAULIFFE	
4. DATE OF BIRTH M/M/DD/CCYY 08/16/1946		5. AGE YRS. 54		6. SEX M	
7. DATE OF DEATH M/M/DD/CCYY 03/04/2001		8. HOUR 0736			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. ████████-6966		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 16			
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER AON RISK SERVICES	
17. OCCUPATION INSURANCE BROKER		18. KIND OF BUSINESS INDUSTRIAL & CORP INSURANCE		19. YEARS IN OCCUPATION 5	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 36 TOLEDO DR					
21. CITY LAFAYETTE		22. COUNTY CONTRA COSTA		23. ZIP CODE 94549	
24. YRS IN COUNTY 30		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP CATHY J McAULIFFE-WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 36 TOLEDO DR LAFAYETTE CA 94549					
28. NAME OF SURVIVING SPOUSE—FIRST CATHY		29. MIDDLE JEAN		30. LAST (MAIDEN NAME) WILSON	
31. NAME OF FATHER—FIRST RICHARD		32. MIDDLE -		33. LAST McAULIFFE	
34. BIRTH STATE CA		35. NAME OF MOTHER—FIRST MARY		36. MIDDLE MARGARET	
37. LAST (MAIDEN) SUPPLE		38. BIRTH STATE CA			
39. DATE M/M/DD/CCYY 03/08/2001					
40. PLACE OF FINAL DISPOSITION RES-CATHY J McAULIFFE-WIFE 36 TOLEDO DR LAFAYETTE CA 94549					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -	
44. NAME OF FURNERIE DIRECTOR CARING CREMATION SERVICES		45. LICENSE NO. FD-1516		46. SIGNATURE OF LOCAL REGISTRAR <i>George R. Flores</i>	
47. DATE M/M/DD/CCYY 03/08/2001					
101. PLACE OF DEATH Potrero Fire Station		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ENVOP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY San Diego		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 24550 Highway 94		106. CITY Potrero	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Atherosclerotic heart disease		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 01-00475		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. ALTOPIBY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Hypertensive heart disease					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED BIRTH <input type="checkbox"/> DECEDENT LAST SEEN ALIVE M/M/DD/CCYY _____		115. SIGNATURE AND TITLE OF CERTIFIER <i>George R. Flores</i>		116. LICENSE NO. -	
117. DATE M/M/DD/CCYY 03/05/2001		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP			
119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY _____	
122. HOUR 0736		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Mark J. Shuman</i>		127. DATE M/M/DD/CCYY 03/05/2001		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Mark J. Shuman, M.D., D.M.E.	
STATE REGISTRAR A B C D E F G H FAX AUTH. # 2104453 CENSUS TRACT _____					

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1251
CAUSE OF DEATH
I119

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County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: February 26, 2002

George R. Flores
GEORGE R. FLORES, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

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



BK- 0906
PG- 6187

