

OFFICIAL RECORD

Requested By:

ALLING & JILLSON LTD

1419.27.810.034

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

✓ Ronald D. Alling, Esq.
c/o ALLING & JILLSON, LTD.
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Post Office Box 3390
Lake Tahoe, Nevada 89449-3390

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0906 PG- 6810 RPTT: 0.00



NOTICE OF DEATH OF CO-TRUSTEE

COMES NOW LLOYD SINCLAIR, being first duly sworn, deposes and says:

1. He is a Grantor/Co-Trustee of The LLS 2004 Trust;
2. That he was a Co-Trustee with LAURA SINCLAIR;
3. That as Co-Trustees they acquired title to the certain real property more particularly described on Exhibit A, attached hereto and incorporated herein by reference; and
4. That LAURA SINCLAIR died in El Dorado County, California, on or about August 13, 2006. The State of California issued a Death Certificate, No. 3200609000628, a copy of which is attached hereto as Exhibit B and incorporated herein by reference.

Pursuant to the trust instrument which states, "Upon the death, resignation or inability to act of the first Grantor, the Survivor shall act as sole Trustee hereunder." Now, therefore, be it known the undersigned is acting as sole Trustee of The LLS 2004 Trust.

IN WITNESS WHEREOF, Grantor and Trustee have executed this document at Douglas County, Nevada, on this 1st day of September 2006.


LLOYD SINCLAIR, Grantor/Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on September 1, 2006, by LLOYD SINCLAIR.


NOTARY PUBLIC



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200609000628

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Surname)	
Laura		Sinclair	
2. MIDDLE		4. DATE OF BIRTH	
Maria		05/28/1925	
5. AGE Yrs.		6. SEX	
81		F	
7. BIRTH STATE/PROVINCE/COUNTRY		8. HIGHER EDUCATION	
CA		HS Graduate	
9. SOCIAL SECURITY NUMBER		10. MARRITAL STATUS (at Time of Death)	
-5238		Married	
11. EVER IN U.S. ARMED FORCES?		12. DATE OF DEATH	
NO		08/13/2006	
13. DECEASED'S RACE		14. HOURS (24 Hours)	
White		0814	
15. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED		16. YEARS IN OCCUPATION	
Homemaker		60	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
Own home		60	
19. DECEASED'S RESIDENCE (Street and number or location)			
318 Gull Ct.			
20. CITY		21. STATE/PROVINCE	
Glenbrook		NV	
22. COUNTY		23. ZIP CODE	
Douglas		89413	
24. YEARS IN COUNTY		25. STATE/PROVINCE	
16		NV	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S ADDRESS (Street and number or next name without city or town, with ZIP)	
Lloyd Sinclair - Husband		318 Gull Ct., Glenbrook, NV 89413	
28. NAME OF SURVIVING SPOUSE - FIRST		29. LAST (Surname Name)	
Lloyd		Sinclair	
30. NAME OF FATHER - FIRST		31. LAST	
Ansaro		Pardini	
32. NAME OF MOTHER - FIRST		33. LAST (Name)	
Mary		Ciozza	
34. DEPOSITION DATE		35. PLACE OF FINAL DEPOSITION	
08/17/2006		RES: Lloyd Sinclair - Husband, 318 Gull Ct., Glenbrook, NV 89413	
36. TYPE OF DEPOSITION		37. SIGNATURE OF REGISTRAR	
CR/TR/RES		Not Embalmed	
38. NAME OF FUNERAL ESTABLISHMENT		39. LICENSE NUMBER	
McFarlane Mortuary		FD1180	
40. PLACE OF DEATH		41. DATE	
Barton Memorial Hospital		08/15/2006 DH	
42. COUNTY		43. CITY	
El Dorado		South Lake Tahoe	
44. FACILITY ADDRESS OR LOCATION WHERE DEATH OCCURRED (Street and number or location)		45. LICENSE NUMBER	
2170 South Ave.		NV-4246	
46. CAUSE OF DEATH		47. DATE	
Cardiac Arrhythmia		08/15/2006	
48. SECONDARY CAUSE OF DEATH (e.g., ASCVD)		49. DATE	
ASCVD		08/15/2006	
50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE DEATH (e.g., cancer, diabetes)		51. DATE	
No		08/15/2006	
52. WERE OPERATIONS PERFORMED FOR ANY CONDITION IN (50) OR (51) (If yes, list type of operation and date)		53. DATE	
Coronary Angioplasty & Stent 07/29/2006		08/15/2006	
54. COUNTY AND PLACE OF BIRTH		55. TYPE AND TITLE OF CERTIFIER	
El Dorado		Daniel Peterson, M.D.	
56. YEAR OF BIRTH		57. ADDRESS	
1989		885 Tahoe Blvd, Incline Village, NV 89450	
58. MANNER OF DEATH		59. INJURED AT WORK	
Natural		NO	
60. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		61. INJURY DATE	
62. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		63. HOUR (24 Hours)	
64. LOCATION OF INJURY (Street and number, or location, and city, with ZIP)		65. SIGNATURE OF CORONER / DEPUTY CORONER	
66. SIGNATURE OF CORONER / DEPUTY CORONER		67. DATE	
68. STATE		69. COUNTY	
A B C D E		4787	

BK- 0906
 PG- 6811
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CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

* 000097417 *

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

EXHIBIT B

Sheldon R. Minkov, D.O.
 SHELTON R. MINKOV, D.O.
 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

EXHIBIT A

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

Lot 207 as shown on the Official Map of CAVE ROCK ESTATES, UNIT NO. 1, filed in the office of the County Recorder on January 3, 1962, Document No. 19323, Official Records of Douglas County, State of Nevada.

APN 1418-27-810-034

COPY