

A.P.N. 1318-23-210-007

RECORDING REQUESTED BY:
First American Title

AND WHEN RECORDED MAIL TO:

Ruth Van Vechten
1301 Van Vechten Road
El Cajon, CA 92019

Title Order No. 2291572
Escrow No. 23075474

DOC # 0685276
09/27/2006 01:19 PM Deputy: SD

OFFICIAL RECORD
Requested By:

FIRST AMERICAN TITLE COMPANY

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0906 PG- 9360 RPTT: 0.00



Space above this line for Recorder's use

AFFIDAVIT - DEATH OF TRUSTEE

A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT

STATE OF CALIFORNIA,)

COUNTY OF San Diego)

Ruth Van Vechten of legal age, being duly sworn, deposes and says:

That Peter Edwin Van Vechten, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Peter E. Van Vechten, named as trustee in that certain Declaration of Trust dated January 7, 1983, executed by Peter E. Van Vechten and Ruth A. Van Vechten, as Trustors.

At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of the Real Property described in a deed which was executed by Peter E. Van Vechten and Ruth A. Van Vechten, husband and wife as Community Property as Grantor(s) on October 23, 2001 and recorded as Instrument No. 0527573 on November 13, 2001 of Official Records of Douglas County, Nevada, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

COMMONLY KNOWN AS: 226 Clubhouse Circle, Zephyr Cove, NV 89448

I, Ruth A. Van Vechten, AM THE NAMED Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned above, which has not been revoked and I hereby consent to act as successor Trustee.

There is no Federal Estate Tax due as the result of the death of the Decedent named above.

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

Dated: September 26, 2006

Ruth A. Van Vechten
Ruth A. Van Vechten

Ruth A. Van Vechten Trustee
Ruth A. Van Vechten, Trustee

State of California

County of San Diego

Subscribed and sworn to (or affirmed) before me on this

26th day of September 2006,

~~20~~, by Ruth A. Van Vechten personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Deborah P. Marble
Notary Public in and for said State

SPACE BELOW RESERVED FOR NOTARY SEAL



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200137 019346

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Peter		2. MIDDLE Edwin		3. LAST (FAMILY) Van Vechten	
4. DATE OF BIRTH M/M/DD/CCYY 02/09/1922		5. AGE YRS. 79		6. SEX M	
7. DATE OF DEATH M/M/DD/CCYY 12/17/2001		8. HOUR 1448			
9. STATE OF BIRTH WI		10. SOCIAL SECURITY NO. 7179		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS married		13. EDUCATION—YEARS COMPLETED 14			
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER self-employed	
17. OCCUPATION Owner/Manager		18. KIND OF BUSINESS Machine Shop		19. YEARS IN OCCUPATION 50	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1301 Van Vechten Road					
21. CITY El Cajon		22. COUNTY San Diego		23. ZIP CODE 92019	
24. YRS IN COUNTY 73		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP Ruth Van Vechten, Wife			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1301 Van Vechten Road; El Cajon, CA 92019		
28. NAME OF SURVIVING SPOUSE—FIRST Ruth		29. MIDDLE Ann		30. LAST (MAIDEN NAME) Unger	
31. NAME OF FATHER—FIRST Jacob		32. MIDDLE James		33. LAST Van Vechten	
34. BIRTH STATE unk.		35. NAME OF MOTHER—FIRST Edith		36. MIDDLE M.	
37. LAST (MAIDEN) Lowum		38. BIRTH STATE unk.			
39. DATE M/M/DD/CCYY 12/19/2001		40. PLACE OF FINAL DISPOSITION Mission San Luis Rey Cemetery 4050 Mission Ave.; Oceanside, CA 92057			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER not embalmed		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR Balboa Cremation Services		45. LICENSE NO. FD1370		46. SIGNATURE OF LOCAL REGISTRAR <i>George R. Flores</i>	
47. DATE M/M/DD/CCYY 12/19/2001		48. INITIALS kl			
101. PLACE OF DEATH Own Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. CITY San Diego		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1301 Van Vechten Road		106. CITY El Cajon	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) Prostate CA with Metastasis to Bone		108. DEATH REPORTED TO CORONER 7yrs. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B)		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C)					
DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 none					
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 CAUSE STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 02/08/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>Michael K. Kosty</i>		116. LICENSE NO. 643511	
DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 11/30/2001		117. DATE M/M/DD/CCYY 12/18/2001			
118. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP CA 92037 Michael Kosty MD 10661 N. Torrey Pines Rd.; La Jolla		119. MANNER OF DEATH <input 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 type="checkbox"/> NO	
121. INJURY DATE M/M/DD/CCYY		122. HOUR		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			127. DATE M/M/DD/CCYY		
128. TYPED NAME TITLE OF CORONER OR DEPUTY CORONER					
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #2121081 CENSUS TRACT	

732504

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.

George R. Flores

DATE ISSUED: DECEMBER 20, 2001

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- 9361

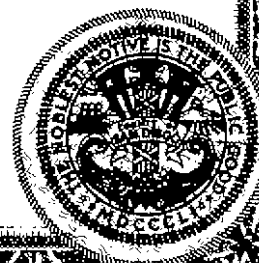


EXHIBIT "A"

LOT 25, OF LAKE VILLAGE, UNIT NO. 2-A, IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AS SHOWN ON THE OFFICIAL MAP FILLED IN THE OFFICE OF THE COUNTY RECORDER ON AUGUST 9, 1972, AS FILE NO. 61076.

