When recorded, mail to:

George M. Keele
1692 County Road, #A
Minden, NV 89423

A. P.N. 1420-35-201-015

DOC # 0685607 10/02/2006 04:28 PM Deputy: GE OFFICIAL RECORD Requested By: GEORGE KEELE

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00 BK-1006 PG-00404 RPTT: 0.00



## AFFIDAVIT OF SOLE SURVIVING TRUSTEE

| STATE OF NEVADA   | )    |
|-------------------|------|
|                   | : SS |
| COUNTY OF DOUGLAS | )    |

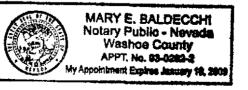
- I, ROSE MARIE DOWNS, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:
- 1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
- 2. I am ROSE MARIE DOWNS, the same person named as ROSE MARIE DOWNS, one of the Trustees named in the Downs Family 1996 Trust dated 6/12/96, as amended and restated.
- 3. GARY JAMES DOWNS, also one of the Trustees named in the Downs Family 1996 Trust dated 6/12/96, as amended and restated, is the identical GARY JAMES DOWNS named as decedent in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof, who died on May 9, 2006, in Carson City, Nevada.

See EXHIBIT A ATTACHED

ROSE MARIE DOWNS

SIGNED AND SWORN TO (or affirmed) before me on <u>Sept. 28</u>, 2006, by ROSE MARIH DOWNS.

Mary E. Baldecche Notary Public



## STATE OF NEWADA

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

| •   | LOCAL FILE NUMBER  | •   |  | •  | STATE FILE NUMBER   |  |
|---|--|---|--|--|---|--|
| TYPE<br>R PRIMT                                 | DECEASED NAME First  | Middle  | Last   | DATE OF DEATH (Month, Day, Year)   | COUNTY OF DEATH   |  |
| IN<br>MANENT                                    | 1. Gary  | James_  | DOWNS  | 2May 9, 2006   | Carson City   |  |
| ACK INK   | CITY, TOWN OR LOCATION OF DEA  |   | R INSTITUTION—Name (If not either, gA        | 1 Firm, Imperient (Spe   | icate DOA, OP/Einer. SEX  |  |
| EDENT   | a Carson City  |   | oe Regional Medic                            | al Center   30. Inpat  | ient 4 Male   |  |
|   | RAC/E—(e.g., White, Black, American<br>Indian, etc.) (Specify)   | Was Decedent of Hispanic Ori<br>specify Mexican, Cuban, Puerl |  | RY (Years)   MOS : DAYS   HOURS :  | DAY DATE OF BIRTH (Mp., Day, Yr.)                                 |  |
|   | 5. White   | 6. CITIZEN OF WHAT COUN                                       | 7a. /  | The state of the s | 8 November 20, 1932   |  |
| F DEATH<br>Curred in                            | (If not U.S.A., name country)  | TRY   | grade completed.                             | (WINDOWED DIVORDED   |   |  |
| STITUTION<br>HANGEDOOK<br>GARDING               | 9m. California<br>SOCIAL SECURITY NUMBER   | 96. U.S.A. USUAL OCCUPATION (Q)                               | ve Kind of Work Done During Most of          | (Specify) Married  | 12 Rose Marie Whaley  |  |
| PLETION OF<br>PLETION OF<br>YENCE ITEMS         | 18. 4333   | Working Life, Even ¥ Retin                                    | t Ranger                                     | wNevada State F  | arks Department   |  |
|   |  | OUNTY   | CITY, YOWN, OR LOCATION                      | STREET AND NUMBER  | INSIDE CITY LIMITS  |  |
| <b>└→</b>                                       |  | ⊾ Douglas   | 15cMinden                                    | 15d.2738 Esaw  | (Specify Yea or No)<br>15a. Yes                                   |  |
| RENTS   | FATHER NAME First  | Middle  | Lest MOTHER-A                                | IAIDEN NAME First  | Middle Last   |  |
| IEIKI S   | ∟ 16. Walter   | <u> </u>  | Downs 17.                                    | Bessie   | M Johnson   |  |
|   | INFORMANT—NAME (T)pe or Print)   |   | MAILING ADDRESS                              | (Street or R.F.D. No., City or Tox   |   |  |
|   | 18m. Rose M. Downs   |   | 18b. P.O. Box 3                              | 43, Gardnerville, N  | evada 89410   |  |
|   | 19a Burial   |   |  |  |   |  |
| OSITION   | FUNCRAL DIRECTOR—SIGNATURE<br>(OF Person Acting as Such)   | FUNERAL   | ne Mountain Cemet                            | FACILITYWalton's Chape   | 1 of the Valley   |  |
|   | 200.   | /\ /\ 20b.  | 09 . 200 1291 37                             |  |   |  |
|   | Mel Table 1 100 Million Oldy Medical Office  |   |  |  |   |  |
|   | Signature and Title)   |   | ' X/   | N. N.  |   |  |
|   | DATE SIGNED (No., Day,   |   | ATH  | S (Signature and Tale)  DATE SIGNED (Ma., Day, Yr.)  22h.  | HOUR OF DEATH   |  |
| TIFIER  | 8 NAME OF ATTENUOR DE  | 1/SICIAN IF OTHER THAN CERTI                                  |  | PRONOUNCED DEAD (No., Day, Yr.)  | PRONOUNCED DEAD (Hour)  |  |
|   | . <sup>P</sup> 5 9d A  |   | \ [  | `\   |   |  |
|   | NAME AND ADDRESS OF  | CERTIFIER (PHYSICIAN, ATTEN                                   | DING PHYSICIAN, MEDICAL EXAMMER              | 22d. ON<br>I, OR CORONER). (Type or Print) 1 Sch A   | A./ LICENSE NUMBER  |  |
|   | 230 Christ   | aphen Furm  | mn Mg 2974                                   | NICAMISM NU BO   | 2057 20 2528  |  |
| ITIONS  | REGISTRAR  | ma CRIM   | DATE RECEIVED BY                             | REGISTRAR (Mo., Day, Yr.) DEATH DUE TO   | COMMUNICABLE DISEASE  |  |
| ANY<br>1 GAVE<br>E TO                           | 24a. (Signatura)   | MAL TIVE  | 24 MY  | 2 2006 24c YES [   | NOST  |  |
| ITIONS ANY I GAVE E TO DIATE USE RI YING E LAST |  | ONLY ONE CAUSE PER UNE F                                      | OR (a), (b), AND (a).)                       | 7  | Interval between onset and death                                  |  |
| ELAST   | PART (a) DUE TO, OR AS A CO  | sessis  |  | <u>/</u>   | LCDL//)   Interval between conset and death                       |  |
| - /   | / L. Arati   |   | Bounnal her                                  | word   | 6 days =  |  |
| $\rightarrow$                                   | DUE TO, OR, AS A CO  | NSEQUENCE OF:   | 1900 C C C C C C C C C C C C C C C C C C     |  | Interval between onest and death                                  |  |
|   | in her   | atona   |  |  | Typears =   |  |
| SE OF<br>ATH                                    |  |   | to death but not resulting in the underlying | ng cause given in Part 1. AUTOPSY (1   | Specify WAS CASE REFERRED TO or No.) CORONER (Specify Yes or No.) |  |
|   | 1 renal  | and hepat   | te tallen                                    | 26. NO   | 27. No  |  |
| \   | ACC., SUICIDE, HOM., UNDET., DA. ORI PIENDING INVEST. (Specify) 288.   | TE OF INJURY (Mo., Day, 1/2.) HOU                             | IR OF INJURY DESCRIBE HOW                    | WINJURY OCCURRED   |   |  |
|   |  |   | M 28d.                                       |  | CITY OR TOWN STATE  |  |
|   | (Specify Yes or No)  | ACE OF INJURY—At home, term,<br>building, etc. (Spi           | ecty)  | STREET OR R.F.D. No.   | SIT OR IUMIC STATE  |  |
|   | 280. 28  |   | 28g.   |  | - 000470  |  |
|   |  |   | CICTRAD                                      | i  | No. 338479  |  |
| Ĭ   | The state of the s | SIAIE H   | EGISTRAR                                     |  |   |  |

115986 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the off harmonic flags. State Registers and Vital Records.

DATE ISSUED:

This copy is not valid unless prepared on engraved border displaying date, seal and signature of

DF NEW PRICE of the STATE PRICESTRAP PRICEST

Page:

## **EXHIBIT A**

All that certain lot, piece or parcel of land situate in the Southwest 1/4 of the Northwest 1/4 of Section 35, Township 14 North, Range 20 East, M.D.B.&M., described as follows:

Commencing at the Northwest corner of the Southwest 1/4 of the Northwest 1/4 of Section 35; thence South 00°00'42" East along the East line of the Southwest 1/4 of the Northwest 1/4 of said Section 35, a distance of 203.56 feet to the true point of beginning, thence North 89° 58'36" West parallel with the North line of the said Southwest 1/4 of the Northwest 1/4 a distance of 427.99 feet to a point on the East line of that certain parcel of land conveyed by Deed recorded in Book 22 of Official Records, at Page 359, Douglas County Records; thence South 00°01'21" East on and along the East line of said parcel a distance of 305.34 feet; thence South 89°58'36" East a distance of 427.93 feet to a point on the East line of the said Southwest 1/4 of the Northwest 1/4; thence North 00°00'42" West on and along said East line a distance of 305.34 feet to the true point of beginning.

Excepting therefrom the Easterly 25 feet for roadway right of way as contained in that certain dedication Deed from Walter A. Downs Sr. and Bessie M. Downs recorded June 9, 1966, in Book 41, Page 197, as Document No. 32490 of Official Records, Douglas County, Nevada.

Pursuant to NRS 111.312, this legal description was previously recorded at Document No. 0406030, Book 0297, Page 0318, on February 4, 1997.