

RECORDING REQUESTED BY
Ticor Title Company of California

Escrow No.: 00031453MC 006
Title order No.: 00031453
When Recorded Mail To:
Sally Cunag
31242 Via Del Verde
San Juan Capistrano, CA 92675

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1206 PG- 6286 RPTT: 0.00



APN: 1022-18-001-033

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA }
COUNTY OF Orange }ss:

Sally Cunag, being of legal age, and first duly sworn, deposes and says:

1. That Peter Cunag, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Peter Cunag named as the Trustee in that certain Declaration of Trust dated May 4, 2001 executed by Peter Cunag and Sally Cunag, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 1493 Dove Ct., Gardnerville, NV 89410, which property is described in the deed which was signed by Peter Cunag and Sally Cunag as Grantor(s) and recorded as Instrument No. **0513805**, of Official Records on May 9, 2001. The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:

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

See Exhibit A attached hereto and made a part hereof.

3. I, Sally Cunag, am the named Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
 4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.
- I declare under penalty of perjury, under the laws of the State of Nevada that the foregoing is true and correct.

Executed on December 12, 2006 at Newport Beach, California

STATE OF CALIFORNIA }
COUNTY OF Orange }ss:

SUBSCRIBED AND SWORN TO (or affirmed)
before me Christa Bormann a Notary Public
on this 12th day of December, 2006

By Sally Cunag
~~Personally known to me or proved to me on the~~
basis of satisfactory evidence to be the person(s)
who appeared before me.

Sally N. Cunag, trustee 12-12-06
Sally Cunag, Trustee Date

Signature Christa Bormann

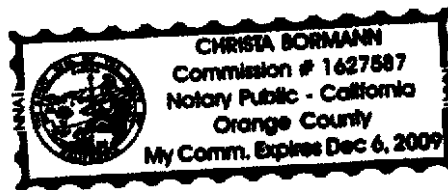


EXHIBIT "A"

The land referred to in this Commitment is situated in the County of Douglas, State of Nevada and is described as follows:

PARCEL I:

PARCEL C, AS SET FORTH ON THE PARCEL MAP FOR JIM SHRYROCK, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON FEBRUARY 19, 1982 IN BOOK 282, PAGE 1087, DOCUMENT NO. 65079, SAID MAP BEING A RE-DIVISION OF PARCEL 14 OF THAT RECORD OF SURVEY FILED FOR RECORD OCTOBER 10, 1969 AS DOCUMENT NO. 45990 OF OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

PARCEL II:

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR ROAD AND UTILITY PURPOSES ON AND OVER ALL 60 FOOT ACCESS AND UTILITY EASEMENTS SHOWN ON THAT CERTAIN RECORD OF SURVEY, FILED OCTOBER 10, 1969 AS DOCUMENT NO. 45990, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

PARCEL III:

TOGETHER WITH AN EASEMENT FOR INGRESS AND EGRESS OVER THAT STRIP OF LAND SHOWN AS SHRYROCK COURT ON SAID PARCEL MAP.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2006004277
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Peter			1b. MIDDLE John			1c. LAST CUNAG			2. DATE OF DEATH (Mo/Day/Year) July 19, 2006			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1493 Dove Ct.				3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)			4. SEX Male			
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 03, 1921		
9a. STATE OF BIRTH (if not U.S.A., name country) Illinois			9b. CITIZEN OF WHAT COUNTRY? United States			10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Sally THOMAS			
13. SOCIAL SECURITY NUMBER [REDACTED] 0397				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Claims Manager				14b. KIND OF BUSINESS OR INDUSTRY Hartford Insurance						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION, Gardnerville			15d. STREET AND NUMBER 1493 Dove Ct.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER - NAME (First Middle Last Suffix) John CUNAG						17. MOTHER - NAME (First Middle Last Suffix) Amelia ECONOMY								
18a. INFORMANT- NAME (Type or Print) Sally CUNAG						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1493 Dove Ct. Gardnerville, Nevada 89410								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial				19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery				19c. LOCATION City or Town State Fernley Nevada 89408						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N, Gardnerville NV 89410								
TRADE CALL - NAME AND ADDRESS														
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN HEWITT DO SIGNATURE AUTHENTICATED						22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)								
21b. DATE SIGNED (Mo/Day/Yr) July 20, 2006			21c. HOUR OF DEATH 07:00			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA										23b. LICENSE NUMBER NV 1107				
24a. REGISTRAR (Signature) JAIMIE EVINS SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 13, 2006			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)														
PART (a) Chronic Obstructive Pulmonary Disease						Interval between onset and death 10 Years								
DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Failure						Interval between onset and death 1 Year								
DUE TO, OR AS A CONSEQUENCE OF: (c)						Interval between onset and death								
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I						26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN			28h. STATE					

STATE REGISTRAR

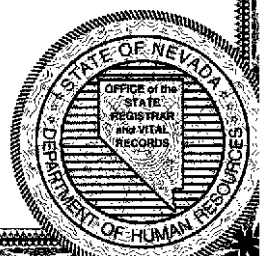
148459 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 12/14/2006

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

[Signature]
SIGNATURE AUTHENTICATED
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 1206
PG- 6288
Page: 3 OF 3 12/18/2006
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QSRB1004-Rev-E2e