

APN: 1420-07-816-003

When recorded and mail tax statements to:

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0107 PG- 4819 RPTT: 0.00

√ Nancy P. Sheek
1420 Gaucho Lane
Reno, NV 89521



NOTICE OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
CARSON CITY)

I, NANCY P. SHEEK, being first duly sworn, depose and say:

THAT, WALTER C. SHEEK, died on or about December 1, 2005; and a copy of the Certificate of Death is attached hereto as Exhibit "A", and incorporated herein by this reference.

THAT WALTER C. SHEEK, was a Co-Trustee of the SHEEK FAMILY TRUST, dated October 8, 2002; the owner of all that certain real property situate in Douglas County, Nevada, as more particularly described in that certain Trust Transfer Deed, dated October 8, 2002, recorded in the Official Records of the County of Douglas, State of Nevada, as Document No. 0560891, and more particularly described as follows:

Lot 9, in Block P, of SUNRIDGE HEIGHTS, PHASE 7B & 9, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 5, 1995, in Book 995 Page 410, as Document No. 369825 and by Certificate of Amendment recorded August 14, 1996, in Book 896, Page 2588, as Document No 394289.

Also Known as 986 Hillside, Carson City, Nevada.

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THAT NANCY P. SHEEK is the surviving Trustee of the SHEEK FAMILY TRUST.

THAT as of this date, the said trust has not been amended or revoked, and Affiant is the sole Trustee thereof.


THAT this notice was executed in Carson City, Nevada.

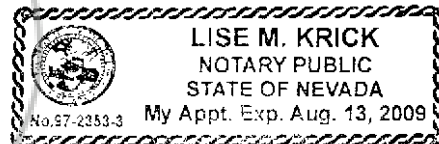
FURTHER Affiant sayeth naught.

Dated: 12/22/2006


Nancy P. Sheek, Surviving Trustee of
the Sheek Family Trust, dated October
8, 2002.

On 22 Dec, 2006 personally appeared before me, a Notary Public, Nancy P. Sheek, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Notice of Death of Trustee, who acknowledged to me that she executed the foregoing document.


Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

2005003363

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER 2005003363			STATE FILE NUMBER		
1. DECEASED—NAME First: Walter Middle: Charles Last: SHEEK Jr.			DATE OF DEATH (Month, Day, Year) December 1, 2005		COUNTY OF DEATH 3a. Washoe
2. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) Inpatient	
3b. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 7a. 67	
8. DATE OF BIRTH (Mo., Day, Yr.) February 21, 1938		9. UNDER 1 YEAR MOS : DAYS		10. UNDER 1 DAY HOURS : MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 15	
13. SOCIAL SECURITY NUMBER 7062		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) Manager		14b. KIND OF BUSINESS OR INDUSTRY Grocery	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Carson City	
15d. STREET AND NUMBER 1027 Haystack Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First: Walter Middle: Charles Last: Sheek Sr.			17. MOTHER—MAIDEN NAME First: Ruth Middle: J. Last: Crotty		
18a. INFORMANT—NAME (Type or Print) Nancy Sheek			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1027 Haystack Dr. Carson City, Nevada 89705		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 0091		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas Mortuary 1478 4th Street, Minden, Nevada 89423	
21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) 12-7-2005		21c. HOUR OF DEATH 2345	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To be completed by Coroner's Office 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) and manner stated. (Signature and Title) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)	
22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Kosta Arger M.D. 75 Angle #401 Reno, NV 89502					23b. LICENSE NUMBER 4093
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 7, 2005		24c. DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) CARDIOGENIC SHOCK		Interval between onset and death			
PART (b) ANTERIOR WALL MYOCARDIAL INFARCTION		Interval between onset and death			
PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		28h. STREET OR R.F.D. No.	
				28i. CITY OR TOWN	
				28j. STATE	

STATE REGISTRAR

No. 321259

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Mary A. Anderson

Deputy Registrar:

Date:

DEC 9 2005

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PG- 4821
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01/18/2007
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