

APN: 1319-03-611-014

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

Donald L. Wallace, Trustee
1526 Emerald Bay Road
South Lake Tahoe, CA 95731

MAIL TAX STATEMENTS TO:

Donald L. Wallace, Trustee
1526 Emerald Bay Road
South Lake Tahoe, CA 95731

DOC # 0702053
05/31/2007 09:34 AM Deputy: CF

OFFICIAL RECORD
Requested By:
GUTHRIE & ELLERMAN

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0507 PG- 9950 RPTT: 0.00



AFFIDAVIT OF CHANGE OF TRUSTEE

STATE OF CALIFORNIA)
 : ss
COUNTY OF EL DORADO)

DONALD L. WALLACE, of legal age, being first duly sworn, deposes and says:

1. That JANICE L. WALLACE, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as JANICE L. WALLACE named as one of the co-trustees together with DONALD L. WALLACE of the WALLACE FAMILY TRUST dated December 9, 1998;
2. That the WALLACE FAMILY TRUST provides that if for any reason either of them shall cease to act as co-trustee, then the other shall act as sole trustee;
3. That DONALD L. WALLACE is now the sole trustee of the WALLACE FAMILY TRUST dated December 9, 1998;
4. That any party dealing with the WALLACE FAMILY TRUST may rely on the authority of the sole trustee and need not inquire into the provisions of the trust, and may assume no revocation or amendment or change in the Trusteeship in the absence of actual knowledge to the contrary, with regard to the real property in the County of Douglas, State of Nevada, described in Exhibit A attached hereto.

PLEASE SEE EXHIBIT A

Dated: May 24, 2007

DONALD L. WALLACE

STATE OF CALIFORNIA)
 :ss
COUNTY OF EL DORADO)

Subscribed and sworn to (or affirmed) before me on this 24th day of May 2007, by DONALD L. WALLACE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who appeared before me.



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA
CERTIFICATE OF DEATH

3200633007282

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. LAST (Family)	
JANICE		L. WALLACE	
AKA: ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs. Months Days	
11/10/1938		67	
6. SEX		7. DATE OF DEATH mm/dd/yyyy	
F		07/06/2006	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CALIFORNIA		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		MARRIED	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If Yes, see worksheet on back)	
SOME COLLEGE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED.		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
HOMEMAKER		OWN HOME	
17. USUAL RESIDENCE (Street and number or location)		18. YEARS IN OCCUPATION	
78-631 KENTIA PALM DR		47	
21. CITY		22. COUNTY/PROVINCE	
PALM DESERT		RIVERSIDE	
23. ZIP CODE		24. YEARS IN COUNTY	
92211		20	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		WENDY WALLACE-DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE — FIRST	
79-601 HALF MOON BAY, INDIO CA 92201		DONALD	
29. MIDDLE		30. LAST (Maiden Name)	
L		WALLACE	
31. NAME OF FATHER — FIRST		32. MIDDLE	
STEVE		-	
33. LAST		34. BIRTH STATE	
KNOX		CA	
35. NAME OF MOTHER — FIRST		36. MIDDLE	
EVELYN		-	
37. LAST (Maiden)		38. BIRTH STATE	
MOLLER		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
07/07/2006		RES: WENDY WALLACE, 79-601 HALF MOON BAY, INDIO CA 92201	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		FITZHENRY FUNERAL HOME	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD-967		GARY M FELDMAN, MD	
47. DATE mm/dd/yyyy		48. PLACE OF DEATH	
07/07/2006		EISENHOWER MEMORIAL HOSPITAL	
49. COUNTY		100. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RIVERSIDE		<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/PS <input type="checkbox"/> DVA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
101. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		102. CITY	
39-000 BOB HOPE DR		RANCHO MIRAGE	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events — disease, injury, or complication — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis unless it caused the fatality. DO NOT abbreviate.		Time Interval Between Onset and Death (M) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (N) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (P) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. BIOPSY PERFORMED?	
OVARIAN CANCER		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. IF FEMALE, PREGNANT IN LAST YEAR?	
NONE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Alien/Not Since Decedent Last Seen Abroad		(A) mm/dd/yyyy (B) mm/dd/yyyy 03/24/2004 06/22/2006	
116. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
LUKE DREISBACH, M.D. 39800 BOB HOPE DR. RANCHO MIRAGE, CA. 92270		A70978	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
-		-	
122. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)		123. HOUR (24 Hours)	
-		-	
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		125. SIGNATURE OF CORONER / DEPUTY CORONER	
-		-	
126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
-		-	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		07/07/2006	
		CENSUS TRACT	

BK- 0507
PG- 9951
0702053 Page: 2 Of 3 05/31/2007

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

Jul 20, 2006 Gary Feldman M.D., Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



DATE ISSUED

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

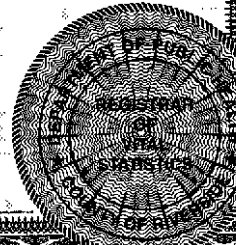


EXHIBIT A

All that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 59, Block J, as set forth on the final map of GENOA LAKES, PHASE 1-B, filed in the office of the County Recorder of Douglas County, Nevada, on June 28, 1993, in Book 693, at page 6217, as Document No. 311009, Official Records.

A.P.N. 1319-03-611-014

COPY