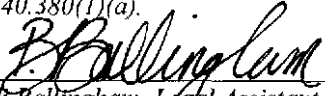


OFFICIAL RECORD
Requested By:
DUELLA FARMER

This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).


Brandi Ballingham, Legal Assistant
ANDERSON & DORN, LTD.

Douglas County - NV
Werner Christen - Recorder

Page: 1 of 4 Fee: 17.00
BK-0607 PG- 4489 RPTT: 0.00



APN: 1420-34-310-002

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson & Dorn, Ltd.
500 Damonte Ranch Parkway, Ste, 860
Reno, NV 89521

WHEN RECORDED MAIL TO:

Duella M. Farmer
2675 Clapham Lane
Minden, NV 89423

MAIL TAX STATEMENT TO:

Duella M. Farmer
2675 Clapham Lane
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, Duella M. Farmer, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated July 24, 1997, Richard E. Farmer and I executed the Farmer Living Trust ("Trust").

(2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of Richard E. Farmer.

(3) Richard E. Farmer died on May 12, 2007, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Richard E. Farmer.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.

(5) The following described real property is part of the trust estate: See Exhibit "B" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

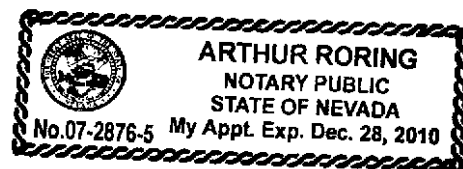
Executed on 6-15-07, at Minden, Nevada.

Duella M. Farmer, Trustee
Duella M. Farmer, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF Douglas

SUBSCRIBED AND SWORN TO before me this 15 day of June, 2007, by
Duella M. Farmer.

Arthur Roring
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007002282
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 Richard			1b. MIDDLE Elbern			1c. LAST FARMER			2. DATE OF DEATH (Mo/Day/Year) May 12, 2007			3a. COUNTY OF DEATH Douglas											
3b. CITY, TOWN, OR LOCATION OF DEATH Minden						3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 2675 Clapham Lane						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) 71			7b. UNDER 1 YEAR MOS. DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) August 24, 1935								
9a. STATE OF BIRTH (if not U.S.A. name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 13			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Duella THOMPSON											
13. SOCIAL SECURITY NUMBER						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Industrial Refrigeration						14b. KIND OF BUSINESS OR INDUSTRY Aerojet General											
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 2675 Clapham Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes											
16. FATHER - NAME (First Middle Last Suffix) Elbern O FARMER						17. MOTHER - NAME (First Middle Last Suffix) Gladys SMITH																	
18a. INFORMANT - NAME (Type or Print) Duella FARMER						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2675 Clapham Lane Minden, Nevada 89423																	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory						19c. LOCATION - City or Town State Carson City Nevada 89701											
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) SIGNATURE AUTHENTICATED STEPHEN HEWITT DO						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) May 14, 2007						21c. HOUR OF DEATH 12:30						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 89449												23b. LICENSE NUMBER NV 1107											
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 16, 2007						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) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF												Interval between onset and death Years											
PART (b) DUE TO, OR AS A CONSEQUENCE OF												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												Interval between onset and death											
26a. ACC., SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. (Specify)						26b. DATE OF INJURY (Mo/Day/Yr)			26c. HOUR OF INJURY			26d. DESCRIBE HOW INJURY OCCURRED											
28a. 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 STATE											

STATE REGISTRAR

0703087 Page: 3 of 4 06/15/2007

144701 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:

05/16/2007

PRNCO (REV) 11/06

STATE REGISTRAR
SIGNATURE AUTHENTICATED

This copy is not valid unless accompanied by an engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

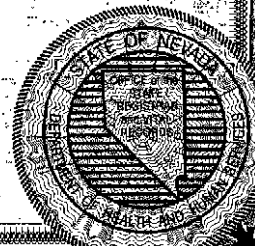
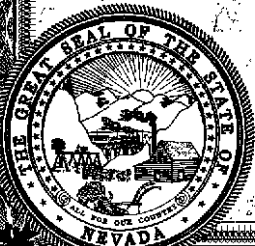


EXHIBIT "B"

Legal Description:

Lot 5, in Block 1, of Re-Subdivision of portions of ARTEMISIA SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on April 23, 1962, as Document No. 19909, of Official Records.

APN: 1420-34-310-002

Property Address: 2675 Clapham Lane, Minden, Nevada 89423

