

Recording Requested By:
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J. Douglass Jennings, Jr., A.P.C.
9171 Towne Center Drive, Suite 350
San Diego, CA 92122

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0707 PG- 7410 RPTT: 0.00



When Recorded, Mail This Affidavit
And Future Tax Statements To:
Mr. Donald Bruce Bartholomew
Ms. Sharon Louise van der Voort
885 Taildragger Road
Gardnerville, NV 89410

EXEMPTION FROM REASSESSMENT
PURSUANT TO REV. & TAX CODE '63.1
APN: 1420-27-810-034

CORRECTION AFFIDAVIT
of
DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

This Affidavit is to correct errors contained in the Affidavit of Death of Co-Trustee recorded on February 27, 2007, Docket Number 0695973, in the Office of the County Recorder for the County of Douglas, State of Nevada.

I, SHARON LOUISE VAN DER VOORT, of legal age, being first duly sworn, depose and say:

1. That ADA-NAOMI FRANZ BARTHOLOMEW, the decedent mentioned in the attached certified Certificate of Death ("Decedent"), is the same person as that ADA NAOMI FRANZ BARTHOLOMEW, named as the Co-Trustee of THE BARTHOLOMEW REVOCABLE LIVING TRUST in that certain Declaration of Trust dated July 11, 1984, executed by RALPH LITTLE BARTHOLOMEW and ADA NAOMI FRANZ BARTHOLOMEW, as Trustors, and the following amendments thereto:

- A. First Amendment to the Bartholomew Revocable Living Trust dated October 21, 1993;
- B. Second Amendment to the Bartholomew Revocable Living Trust dated January 7, 1999;
- C. Third Amendment to the Bartholomew Revocable Living Trust dated October 12, 1999;
- D. Trust Amendment dated December 4, 2003;
- E. Fifth Amendment to the Bartholomew Revocable Living Trust dated May 17, 2005; and
- F. Sixth Amendment to the Bartholomew Revocable Living Trust dated February 6, 2006

2. That at the time of the demise of the Decedent, Decedent was the record owner, as Co-Trustee, of real property, which property is more fully described in that certain Grant, Bargain and Sale Deed dated July 30, 1987, executed by RALPH BARTHOLOMEW and NAOMI BARTHOLOMEW, husband and wife as joint tenants, as Grantors, to THE BARTHOLOMEW REVOCABLE LIVING TRUST, Grantee, and recorded in Book 887 at Page 2761 as Document #160743 on August 24, 1987, in the Official Records of the County Recorder of Douglas County, State of Nevada, covering the real property in said County, as fully described below:

Lot 11, Block 2, as shown on the Map of Paradise View Subdivision filed in the Office of the County Recorder of Douglas County, Nevada, on February 13, 1961, in Book 1 of Maps, Document No. 17230.

(Commonly known as 2812 Squires Street)

3. That I am the Successor Co-Trustee, along with DONALD BRUCE BARTHOLOMEW, Successor Co-Trustee, under the above-referenced Declaration of Trust, which was in effect at the time of the death of the Decedent mentioned in Paragraph 1, above, which has not been revoked, modified or amended in any manner that renders the information contained in this Affidavit inaccurate or incomplete, and I hereby consent to act as Successor Co-Trustee.

Dated 7-13, 2007

Sharon Louise van der Voort
SHARON LOUISE VAN DER VOORT,
Successor Co-Trustee

NOTARY JURAT

STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

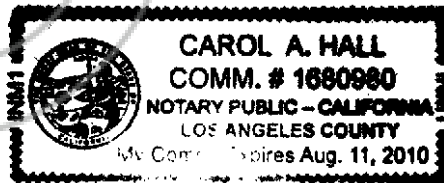
Subscribed and sworn to (or affirmed) before me, Carol A. Hall, a notary public in and for said County and State, on this 13 day of July, 2007, by SHARON LOUISE VAN DER VOORT,

() Personally known to me; or
(X) Proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Carol A. Hall

Notary Signature

(NOTARY SEAL)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 2001 19 023250

STATE FILE NUMBER		USE BLACK INK ONLY (VOID IN REVISIONS, WHITEOUTS OR ALTERATIONS)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) ADA-NAOMI		2. MIDDLE FRANZ		3. LAST (FAMILY) BARTHOLOMEW	
4. DATE OF BIRTH—M/M/DD/C/YY 04/22/1923		5. AGE YRS. 78		6. SEX FEMALE	
9. STATE OF BIRTH NEW JERSEY		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER COVINA UNIFIED SCHOOL DISTRICT	
17. OCCUPATION TEACHER		18. KIND OF BUSINESS EDUCATION		19. YEARS IN OCCUPATION 30	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 354 NORTH HARTLEY AVENUE					
21. CITY WEST COVINA		22. COUNTY LOS ANGELES		23. ZIP CODE 91790	
24. YRS IN COUNTY 39		25. STATE OR FOREIGN COUNTRY CALIFORNIA			
26. NAME, RELATIONSHIP RALPH BARTHOLOMEW HUSBAND		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 354 N. HARTLEY AVENUE, WEST COVINA, CA 91790			
28. NAME OF SURVIVING SPOUSE—FIRST RALPH		29. MIDDLE BARTHOLOMEW		30. LAST (MAIDEN NAME) BARTHOLOMEW	
31. NAME OF FATHER—FIRST ERWIN		32. MIDDLE		33. LAST FRANZ	
34. BIRTH STATE NY		35. NAME OF MOTHER—FIRST ADA		36. MIDDLE	
37. LAST (MAIDEN) SCHERA		38. BIRTH STATE NY			
39. DATE M/M/D/C/YY 06/05/2001		40. PLACE OF FINAL DISPOSITION RES: RALPH BARTHOLOMEW 354 N HARTLEY AVENUE, WEST COVINA, CA 91790			
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT ENBALMED		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR CUSTER CHRISTIANSEN MORTUARY		45. LICENSE NO. FD923		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE M/M/DD/C/YY 06/04/2001		48. SIGNATURE OF LOCAL REGISTRAR			
101. PLACE OF DEATH SILVERADO SENIOR LIVING		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA <input checked="" type="checkbox"/> COMM. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL	
104. COUNTY LOS ANGELES		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 125 WEST SIERRA MADRE			
106. CITY AZUSA		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. TIME INTERVAL BETWEEN ONSET AND DEATH MINUTES	
IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) END STAGE SENILE DEMENTIA				109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE 05/15/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G063710	
DECEDENT LAST SEEN ALIVE 05/17/2001		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP ANDREAS SUBADYA M.D. 150 N. SANTA ANITA STE 755, ARCADIA, CA 91006			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C/YY	
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		122. HOUR 123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/C/YY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 447-5412	
CENSUS TRACT					

F03

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This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

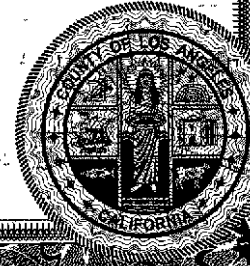
Conny B. McCormack

CONNIE B. McCORMACK
Registrar-Recorder/County Clerk

JUN 28 2007



This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



BK- 0707
PG- 7412
Page: 3 of 3 07/19/2007
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