

DOC # 0707560

08/15/2007 01:01 PM Deputy: GB

OFFICIAL RECORD

Requested By:

FIRST AMERICAN TITLE COMPANY

Recording Requested By
First American Title Insurance
Company of Nevada

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0807 PG-04418 RPTT: 0.00

**When Recorded Return to
And Mail Tax Statements to:**

Sally Ann Sozoff
1781 Linden Court
Minden, NV 89423



Space Above This Line for
Recorder's Use Only

A.P.N. 1320-29-117-029

File No.: 131-2332657 (GB)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Carson City)

Sally Ann Sozoff ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **James William Sozoff** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **November 3, 2001** at **Minden, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **August 27, 2001** executed by **James W. Sozoff and Sally Ann Sozoff** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **August 27, 2001** which was recorded as Instrument No. **0521528** in Book **0801**, Page **7420**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: August 10, 2007

DECLARANT:

Sally Ann Sozoff

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 10th day of August, 2007 by Sally Ann Sozoff, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Gayle Bernard

My Commission Expires: 11-22-07

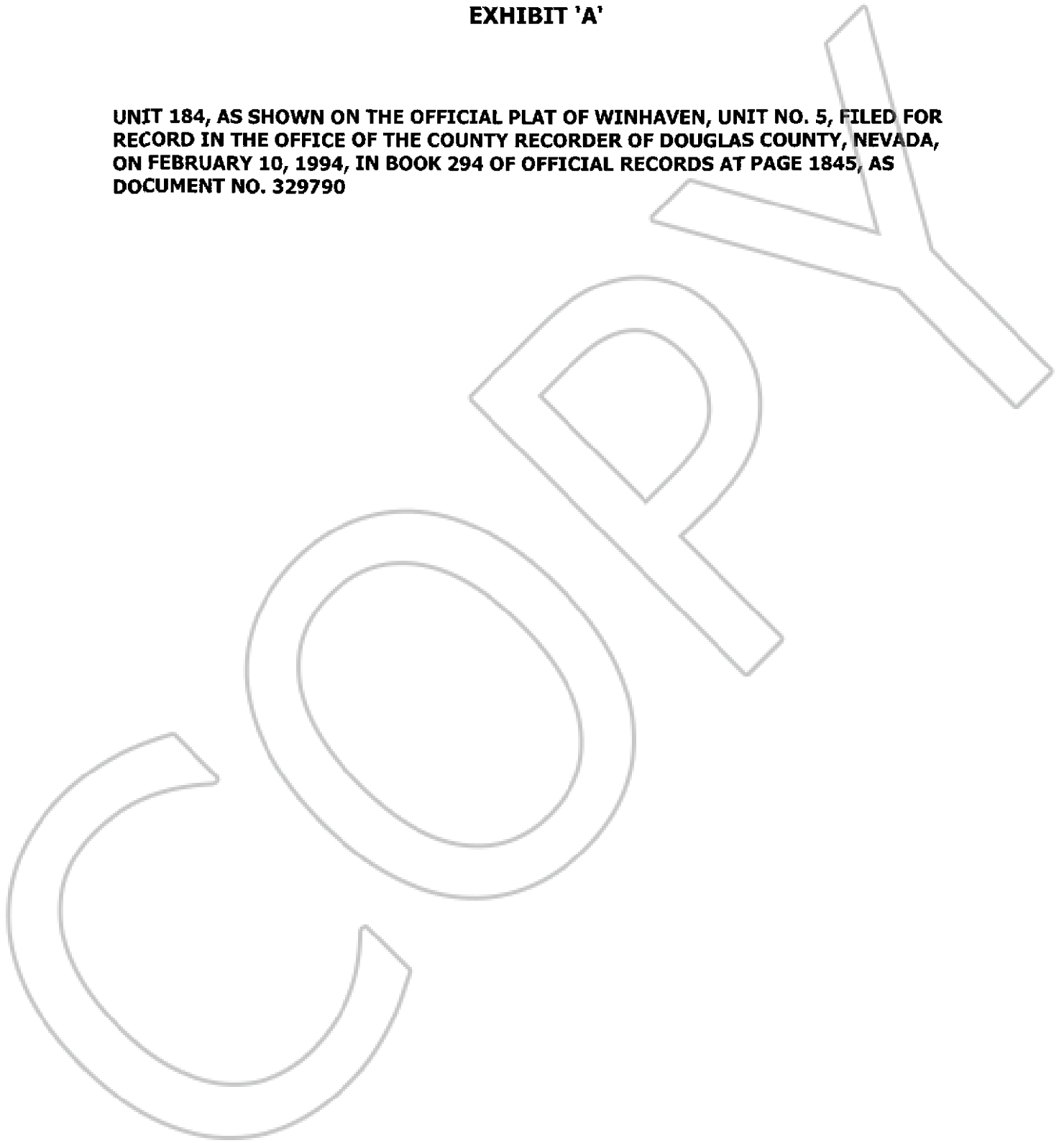
Notary Name: Gayle Bernard
Notary Registration Number: 99-12079-3

Notary Phone: 687.2444
County of Principal Place of Business: Carson



EXHIBIT 'A'

UNIT 184, AS SHOWN ON THE OFFICIAL PLAT OF WINHAVEN, UNIT NO. 5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 10, 1994, IN BOOK 294 OF OFFICIAL RECORDS AT PAGE 1845, AS DOCUMENT NO. 329790



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

| | | | |
|--|--|---|--|
| LOCAL FILE NUMBER | | STATE FILE NUMBER | |
| DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | |
| 1. James William SOZOFF | | 2. November 3, 2001 | |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) | |
| 3b. Minden | | 3c. Minden Medical Center | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) | | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. | |
| 5. White | | 8. Sept. 21, 1933 | |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | |
| 9a. Alaska | | 9b. U.S.A. | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | |
| 13. [REDACTED] | | 14a. Management | |
| RESIDENCE—STATE | | CITY, TOWN, OR LOCATION | |
| 15a. Nevada | | 15c. Minden | |
| FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | |
| 16. Ulio Sozoff | | 17. Gladys Petersen | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | |
| 18a. Sally Ann Sozoff | | 18b. 1781 Linden court, Minden, Nevada 89423 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | |
| 19a. Cremation | | 19b. Walton's Sierra Crematory | |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) | | NAME AND ADDRESS OF FACILITY | |
| 20a. [Signature] | | 20c. 1478 Fourth Street, Minden, Nv. 89423 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | | 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) and manner stated. | |
| DATE SIGNED (Mo., Day, Yr.) | | DATE SIGNED (Mo., Day, Yr.) | |
| 21b. 11-5-01 | | 22b. [Signature] | |
| HOUR OF DEATH | | PRONOUNCED DEAD (Mo., Day, Yr.) | |
| 21c. 0802 | | 22c. [Signature] | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | PRONOUNCED DEAD (Hour) | |
| 21d. [Signature] | | 22d. ON | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) | | LICENSE NUMBER | |
| 23a. Steven Brown, M.D., 925 Ironwood, Ste. 2105, Minden, Nv. 89423 | | 23b. 7273 | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | |
| 24a. [Signature] | | 24b. Nov. 6, 2001 | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | DEATH DUE TO COMMUNICABLE DISEASE | |
| PART I (a) MYOCARDIAL INFARCTION | | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (b) | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (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 1. | | AUTOPSY (Specify Yes or No) | |
| 26. No | | 27. Yes | |
| ACC., SUICIDE, HOMIC., UNDET., OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | |
| 28a. [REDACTED] | | 28b. [REDACTED] | |
| HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | |
| 28c. M | | 28d. [REDACTED] | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | |
| 29e. [REDACTED] | | 28f. [REDACTED] | |
| LOCATION. | | STREET OR R.F.D. No. | |
| 28g. [REDACTED] | | CITY OR TOWN | |
| [REDACTED] | | STATE | |

No. 182918

STATE REGISTRAR

Yvonne Sylva

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

Date Issued: NOV 06 2001

State Registrar

WARNING: IT IS ILLEGAL TO ALTE



BK- 0807
PG- 4421