RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Elizabeth A. Bawden, Esq. ✓ 9100 Wilshire Blvd., Suite 300East Beverly Hills, CA 90212

2007 01:07 PM Deputy: OFFICIAL RECORD Requested By: CHARLES LARSON

> Douglas County - NV Werner Christen -Recorder

0£ 3 Fee: BK-0907 PG- 1393 RPTT:

16.00 0.00



Assessor's Parcel No. 1318-23-216-014

AFFIDAVIT – DEATH OF TRUSTEE

MARIA B. KAUFMANN, of legal age, being first duly sworn, deposes and says:

THAT PETER W. KAUFMANN, the decedent mentioned in the certified copy of Certificate of Death attached hereto as EXHIBIT B, was the same person as PETER W. KAUFMANN named as Trustee of the KAUFMANN FAMILY REVOCABLE TRUST AGREEMENT dated July 1, 1982 in that certain Grant, Bargain and Sale Deed dated December 24, 2003, executed by PETER W. KAUFMANN and MARIA B. KAUFMANN, husband and wife as community property, to PETER W. KAUFMANN AND MARIA B. KAUFMANN, TRUSTEES of the KAUFMANN FAMILY REVOCABLE TRUST AGREEMENT dated July 1, 1982, recorded as Instrument No. 601859, on January 13, 2004, in the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Legally described on EXHIBIT A attached hereto and made a part hereof by reference; and

THAT by the terms of the KAUFMANN FAMILY REVOCABLE TRUST AGREEMENT dated July 1, 1982, she is currently the sole Trustee of the PETER KAUFMANN FAMILY REVOCABLE TRUST AGREEMENT DATED JULY 1, 1982.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

MARTA B. KAUFMANN

State of California

County of Los Angeles

before me,

notary public in and for said County and State, personally appeared MARIA B. KAUFMANN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the

person acted, executed the instrument.

WITNESS my hand and official seal.

Signature:

(Seal)

ADRIENNE NORQUIST COMM. # 1694819 OTARY PUBLIC-CALIFORNIA LOS ANGELES COUNTY My Commission Expirés. September 19, 2010

EXHIBIT "A"

Legal Description

(Assessor's Parcel No. 1318-23-216-014)

Lot 91 of Lake Village Unit No. 2-E, as shown on the Official Map filed in the Office of the County Recorder of Douglas County, Nevada, on October 18, 1972 in Book 1 of Maps, as Document No. 62363.

TOGETHER will all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.



STATE OF CALLED BNIA CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

-		CERTIFICATE OF DEATH			EXHIBIT	9.7
	STATE FILE NUMBER USE BLACK NK ONLY / NO PANDER OF THE OUTS OR ALTERNITIONS LOCAL REGISTRATION NUMBER 1. NAME OF DECEDENT- FIRST (Given) 2. MIDDLE 3. LAST (Femily)				_	D 11
DECEDENT'S PERSONAL DATA	· · · · · · · - · · · - · · ·	ilhem	s, LAST (Family) Kaufmann			
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		n/dd/cdyy 5. AGE Yrs. IF UNDER ONE	YEAR OF UNDER 24 HOURS 6. SEX		
		01/20/19	- I - : : :	М М	1 1	100
	9. BIRTH STATE/FOREIGN COUNTRY Austria	11. EVER IN U.S. ARIMED FORCES? 12. MARITAL YES X NO UNK Mar		0EATH mm/dd/ccyy 8. HOUR 24 Hours	\ \	
	14/15. WAS DECEDENT HISPANIC/LATINO(A)/A [see workshed on back)		IT'S RACE - Up to 3 races may be listed (e		1.	:
	HS Graduate Ses	X NO Whit	4			, Y
	17. USUAL OCCUPATION - Type of work for most of I/I/B. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (8.5	L, gracery store, road construction, employme	ent agency, etc.) 19. YEARS IN OCCUPATION	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Real Estate Management 20. DECEDENT'S RESIDENCE (Street and number, or location)	Real Estate	مر دهد			•
USUAL	1117 Roscomare Road	and the second	A Maria Committee Co		AT TO MAKE S	.Z≢
	21. CITY 22. COUNTY/PROVINCE 23. ZIP CODE 24. YEARS IN COUNTY 25. STATE/POREION COUNTRY LOS Angeles 29, 2077 28 California					
<u> </u>	Los Angeles Los Angeles 90077 28 California					
2 ≥	Marrie Kaufmann, Wifer 200 - 100 Marrie Road; Los Angeles, Callifornia. 90077					
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP-FIRST 28. MIDDLE SO. LAST (SIRTH NAME) Maria Keckels					
	31. NAME OF FATHER/PARENT-FIRST 32. MIDE	ું કું કું સ્કાર્યા છે. કું કું કું કું કું કું કું કું કું કું		34. BIRTH STATE		
			ufmann 💮 🚉	Hungary		/
	35. NAME OF MOTHER/PARENT-FIRST 5 38. MIDE	・接いする「からを」。・ とく回じ	(BIRTH NAME)	38. BIRTH STATE	- da	
	Marianne Sinaiberger Sinaiberger Czechoslovakia					
FUNERAL DIRECTORY LOCAL REGISTRAR	11/14/2006 Residence of Maria Kaufmann 1117 Roscomare Road, Los Angeles, California 90077					
	41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		
	CR/RES 44. NAME OF FUNERAL ESTABLISHMENT	Not Embalmed 45. LICENSE HUMBER 46. SIGNATURE OF LOC		47. DATE mm/dd/ccyv	- /	
	Hillside Memorial Park Mortuary	V	kan erucly mo	ومومنا سينين منصدان منتا		
	101, PLACE OF DEATH	THE PROPRIES	SPECIFY ONE 1/2 163. IF OTHER THAN	HOSPITAL; SPECIFY ONE;]. «	N 10
PLACE OF DEATH	Residence	ION WHERE FOUND (Street and number, or location)	ER/OP DOA Hospice	Home/LTC A Home Una		95
	Los Angeles I117 Roscoman	and the state of t		Los Angeles		90
CAUSE OF DEATH		ies, or complications that directly caused death. DO NOT incider fibriliation without showing the attology. DO NOT ABE	enter terminal events such	Interval Between 108, DEATH REPORTED TO CORDINERS		
	IMMEDIATE CAUSE (A) Final disease or Mins					46
	cardiopulmonary In death)	Arrest	(an)	W		ma>
	Sequentially, list conditions, if any, Congestive Heart	t Failure	* 1 TE 15 50 WE 1. 15 5 2	ears VES 🗡 💢 NO		2
	leading to cause on Line A Enter (C)		CONTRACTOR OF THE CONTRACTOR O	(4 23) (−135 (−1		
	CAUSE (closures or injury that initiated the events. (D)	A STATE OF THE STA	Ye			
	resulting in death) LAST	A 102 1 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	right to the first	∵NONO_	<u> </u>	
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Coronary Artery Disease				11.5	=
1	Coronary Artery Disease 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1123	(i) yes, (lst type of operation and date.)	Table CART	113A IF FEMALE, PREGNANT IN LAST YEAR		≡,
1	No	of the same of the same	. 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	YES NO LUNK	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	= '
PHYSICIANS - CERTIFICATION	114. LIGERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED 115. SIGNAL AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	TURE OF CERTIFIER	118. LN	CENSE NUMBER 117. DATE mm/dd/ccyy YOO)6 //// 0/ 2006		
	Decedent Attended Since Decedent Last Seen Alive (i) mm/dd/coyy (B) mm/dd/coyy 118. TYPE A	THENDING PHYSICIAN'S NAME, MAILING ADDRESS,				≡ 8
	01/12/2000 11/07/2006 414 N	lorth Camden Drive, Suit	Saringer J	.S. Bhatiá, M.D. lls, CA 90210		≣ੂੰ
CORONER'S LISE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE	STATED FROM THE CAUSES STATED. 120.	INJURED AT WORK? 121. IN YES NO UNK	NURY DATE mm/dd/coyy 122. HOUR (24 Hours		
	MUNICH UP DEATH I Values AUX/0971 Hornicos Subcise Investigation determined 125 100 041					█₹
	150. 1505 D. 1000 J. (4.9) Main Common 1816. MODEL 1809. 4(1)					= 2
	194. DESCRIBE HOW INJURY OCCUPRED (Events which resulted in knjury)					= 9
	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					7
	126, SIGNATURE OF COROMER / DEPUTY COROMER	127. DATE mm/dd/coyy 128. To	PENAME, TITLE OF CORONER / DEPUTY	CORONER		
_	ATT A IS IC UP		FAY	AUTH. CENSUS TRAC	#HD050088	0 *≋ਾ
STATE REGISTRAR C D E FAX AUTH. J CENSUS TRACT 11 D C D E						2 4
	This is a true certified cor	y of the record filed in the Co	unty of Los Angeles		-	iniminimi

Department of Health-Services if it-bears the Registrar's signature in purple ink.

Director of Health Services and Red Strar

NOV 13 2006

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

