2007 10:13 AM Deputy: OFFICIAL RECORD Requested By: FAY & LAWLER

Douglas County - NV Werner Christen - Recorder 16.00 Fee: 3

Page: BK-1107

PG- 6142 RPTT: 0.00

Recording Requested by:

FAY & LAWLER ATTORNEYS AT LAW 4950 Waring Rd. #2 San Diego, CA 92120

Mail Tax Statements to:

Kenneth E. Willers 999 Calma Drive Chula Vista, CA 91910

When Recorded Mail to:

Same as tax statement above.

Space Above for Recorder's Use

AFFIDAVIT--DEATH OF TRUSTEE

STATE OF CALIFORNIA COUNTY OF SAN DIEGO

KENNETH E. WILLERS, of legal age, being first duly sworn, deposes and says:

That SUZANNE ELIZABETH WILLERS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SUZANNE E. WILLERS named as one of the parties in that certain Grant Deed dated February 10, 1994, executed by KENNETH E. WILLERS and SUZANNE E. WILLERS, husband and wife as joint tenants with right of survivorship, to KENNETH E. WILLERS and SUZANNE E. WILLERS, Trustees of the Kenneth E. And Suzanne E. Willers Trust dated September 12, 1991; it being further acknowledged that KENNETH E. WILLERS is the surviving Trustee under said Trust Agreement. The original Grant Deed aforementioned is recorded as Document Number 332586, Book 0394, Page 3321, on March 18, 1994, Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

I declare under penalty of perjury under th	ne laws of the State of Ca	alifornia that the foregoing is true
and correct.		<u>.</u>
Dated: NOV 2 9 2007	Kennett E.	Willer
/ /	KENNETH E. WILLER	S
SUBSCRIBED AND SWORN (or affirmed) on_	IOV 2 9 2007	THOMAS C. LAWLER
SUBSCRIBED AND SWORN (or affirmed) on	before	me,,
a notary public for the State of California, appear	ed KENNETH E. WILL	ERS, personally known to me or
proved to me on the basis of satisfactory evidence	e to be the person(s) wh	propered before me.

THOMAS C. LAWLER Comm. # 1471042 NOTARY PUBLIC - CALIFORNIA San Delgo County My Comm. Expires Mar. 17,2008

Notary Signature:

APN: 27-782-04

EXHIBIT "A"

Commonly known as: 971 Wintergreen Drive, Gardnerville, NV 89460-8671.

LOT 56, IN BLOCK C, AS SHOWN ON THE FINAL MAP OF PLEASANTVIEW PHASE 3, FILED OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 4, 1992, IN BOOK 1292, PAGE 815, AS DOCUMENT NO. 294729.



0713620 Page: 2 Of 3 11/26/2007

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY FIG ERABLIES, WHITFOUTS OF ALTERATIONS			3200737009716				
-	STATE FILE NUMBER USE BLACK NR ONLY IN DEPARTMENTS OR ALTERATIONS 1 NAME OF DECEDENT — FIRST (Given) 2 MIDDLE 3 LAST (Family)						NUMBER		
	SUZANNE	ELIZABETH		,	LLERS		/\		
DATA	AKA, ALSO KHOWN AS Include full AKA (FIRST, MIDDLE, LAST)				904 6. AGE Yrs.		IF UNDER 74 HOURS 6. GEX		
148	SUZANNE - LAPHAM		. 11/1	3/1944	62	Months Days	tours Minutes F .		
PERSONAL	8 BIRTH STATE FOREIGN COUNTRY 18 SOCIAL SEGURITY NUM	; ,	S. ARMED FORGES?	12. MARITAL STAT		7. DATE OF DEATH mm/dd/			
¥7	CA **	ا سا	X NO UNK	I IAICAL CLEAR	- · [06/22/2007	2115		
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-	ACTIVITY DIRECTOR	I .	NVALESCE				15		
	28 DEGEDENT'S RESIDENCE (Street and number or location)								
¥ ENC	999 CALMA DR	··· ···		1					
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4 =	28. PIFORMANTS NAME, RELATIONSHIP	JIEGO			-	unif route number, phy or town, i	state, ZIP)		
#PO	KENNETH WILLERS, HUSBAND		999 CALM	A DR. CHU	LA VISTA,	CA 91910			
Ä	28 NAME OF SURVIVEYS SPOUSE - FIRST	MIDOLE		100	47.6				
AND PARENT RMATION		EARL	10 1	WILLER	₹\$				
AND	[AVOY	1 1 K	LAPHA	Marine Chi	Styr Life I	CA STATE		
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ECT.	06/29/2007 3838 BONITA RI		191902	<u> </u>	. *		43. LICENSE MUMBER		
	BURIAL	· 7%	ANDRO ESC	AL FRĀ »		F@	EMB 8205		
SEE SEE	44. NAME OF FUNERAL ESTABLISHMENT	1	OMBER 48. SIGNAT	- Transaction	ISTRAR		47. DATE mm/delcoyy		
52	GLEN ABBEY MORTUARY	FD 1371	1 WIL	MA WOOT	EN, MD	: 60	106/26/2007		
	101. PLACE OF DEATH	The second second	102	HOSPITAL, SPECE	YONE .103.1	FOTHER THAN HOSPITAL BI	PECIFY ONE Decedori's Ciner		
PLACE OF DEATH	RESIDENCE 100 FACULTY ADDRESS OR L	DCATION WHERE FOI WO	(Street and sumber out)	ن دوليان ال	DOA	Hospica Home/LTC			
	SAN DIÉGO 999 CALMA DR		學學學的	11. 17		CHULAV			
89	107. CAUSE OF DEATH Enter the chain of events — disease of cardido errost, respiratory arrest.	s, injuries, or complications or vegeticular fibriliation with	- that directly caused d	eath, DO NOT enforte	emplical averals such	Time Interval Between Druset and Death	IOS. DEATH REPORTED TO CORONER?		
	IMMEDIATE CAUSE (M) METASTATIC COLON CA	ANCER	73, 3434			(~ IAT)	AE8 X NO		
189	condition resulting	2.2	<u> </u>	1	CAT A SEE	MOS /-	109 BIOPSY PERFORMED?		
_	Sequentially, list conditions, if any	J. N.	ه الجوائها	المُحَادِّةِ فِي أَنَّادُ مُ مِنْ المُحَادِّةِ فِي أَنَّادُ المُحَادِّةِ	\$1.32°		X YES NO		
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8	GAUSE (disease or	<u>: 13 </u>			7/1/19	A 19 (A)	VES X №		
CAUSE OF DEATH	initiated the events (III) resulting in dneth) LAST			J. S. J. S.	1000		111. USED IN DETERMINING CAUSE?		
- 3	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	OT RESULTING IN THE U	NOERLYING CAUSE GI	ZEN (N 107					
′ _	NONE								
	LOOP SIGMOID COLOSTOMY 03/09/2	1127 Of yes, But type of op	peration and date.)	و المحالي المساعلين		113A.IF	FEMALE, PREGMANT INLAST YEAR?		
	2 4 407 64 37 3	14.2 THAT V	Carlo Bar Sala	10 (12 h	10 to	116. LICENSE NUMBE	YES X NO UNK		
A PO	114. I CERTLY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUPARED 114. I THE HOUR, DATE, AND PLACE STAYED FROM THE CAUSES STAYED. Decaders Attended Bricz Decaders Last Seen Affine	ELESTINE J. A	LRAMBIII O	ກິດ	F@		06/26/2007		
PHYSICIAN'S SERTIFICATION	(A) mm/dd/coyy (B) mm/dd/royy/ 118. T	PE ATTENDING PHYSICA	ens nahe, mailing a	ODRESS, ZIP CODE	CELECTIA	IT I ADAMADUL	0 D O		
王馬	06/17/2007 06/20/2007 109	92 SAN DIEG	O MISSION	RD, SAN D	DIEGO, CA	92108	1.		
	119. I CERTIFY THAT IN MY OPINION DEATH DOCUMBED AT THE HOUR, DATE, AND PLA MANNER OF DEATH NAMED ACCIDENT Norticide	Pending	Could not b			121. INJURY DATE OF	m/sid/coyy 122 HOUR (24 Hours)		
2	123. PLACE OF INJURY (a.g., home, construction site, wooded eres, etc.)	Investigation	determined	الشاه	<u> П., П.</u>	-			
- ₹			and the same of th	/			· · ·		
S S S	124. DESCRIBE HOW HUURY OCCURRED (Events which resulted in injury)		•		٠,				
CORONER'S USE ONLY	CT LOCATION OF MARTIN MA		· 				<u> </u>		
8	125. LOGATION OF INJUSTY (Street and number, or location, and only, and ZIP)			· ·		Ž.	f		
· ·	124. SIGNATURE OF CORONER / DEPUTY CORONER	127.	DATE mm/dd/ccyy	128, TYPE NAME	I, TITLE OF GORONI	ER / DEPUTY CORONER ,	<u>` `.</u>		
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PG- 6144 11/26/2007

County of San Diego - Department of Health Services - 3851 Rosectans Street." This is to certify that, it bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: June 28, 2007

REGISTRAR OF VITAL RECORDS

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

