

APN: 1419-00-002-005

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

J IAN D. McPHAIL
Attorney at Law
9200 Soquel Drive
Aptos, CA 95003

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0308 PG- 5280 RPTT: 0.00



AFFIDAVIT - CHANGE OF TRUSTEE

STATE OF CALIFORNIA

COUNTY OF MONTEREY

The undersigned being of legal age and duly sworn deposes and states under penalty of perjury under the laws of the State of California that the decedent, Frederick Langwith Berry, who was also known as F. Langwith Berry, is the person referenced in the attached certified copy of the Certificate of Death who died on July 4, 2007 at Carmel, California, is the same person named in that certain Quitclaim Deed, dated November 4, 2006, executed by F. Langwith Berry and Mary Nelson Berry, husband and wife, to F. Langwith Berry as Trustee under the F. Langwith Berry Revocable Trust dated April 30, 1991 recorded as Document No.0692315, in Book 0107, Page 2131 January 8, 2007 in Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

ALL that portion of the East ½ of the East ½ of Section 30, Township 14 North, Range 19 East, M.D.B.&M., lying within a radius of 500 feet of the highest point of Genoa Peak.

APN: 1419-00-002-005

Declarant further states that, as a result of the death of F. Langwith Berry, Mary Nelson

Berry and Richard L. Berry became the Successor Co-Trustees of the F. Langwith Berry Revocable Trust dated April 30, 1991, pursuant to the terms of said Trust Agreement.

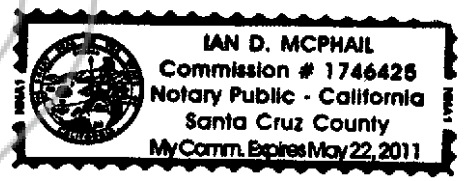
Dated: MARCH 18, 2008

Mary Nelson Berry, Trustee
MARY NELSON BERRY, Trustee

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 18 day of MARCH, 2008 by MARY NELSON BERRY, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

Ian D. McPhail
NOTARY PUBLIC in and for said County and State



Affidavit - Change of Trustee
APN: 1419-00-002-005

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY
Salinas, California

CERTIFICATE OF DEATH RECORDS

3200727001137

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given)		3. LAST (Family)	
FREDERICK		BERRY	
2. MIDDLE		6. AGE Yrs.	
LANGWITH		92	
7. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		IF UNDER ONE YEAR	
		Months Days	
		IF UNDER 24 HOURS	
		Hours Minutes	
		6. SEX	
		M	
9. BIRTH STATE/FOREIGN COUNTRY		12. MARITAL STATUS (At Time of Death)	
CALIFORNIA		MARRIED	
10. SOCIAL SECURITY NUMBER		7. DATE OF DEATH	
-4398		07/04/2007	
11. EVER IN U.S. ARMED FORCES?		8. HOUR (24 Hours)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		2030	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR		CAUCASIAN	
14/15. WAS DECEASED HISPANIC/LATINO/HAISPANIC? (If yes, see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INVESTOR	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employer's agency, etc.)		19. YEARS IN OCCUPATION	
REAL ESTATE		60	
20. DECEASED'S RESIDENCE (Street and number or location)			
26250 OCEAN VIEW AVENUE			
21. CITY		22. COUNTY/PROVINCE	
CARMEL		MONTEREY	
23. ZIP CODE		24. YEARS IN COUNTY	
93923		40	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CALIFORNIA		MARY NELSON BERRY, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		29. NAME OF SURVIVING SPOUSE - FIRST	
26250 OCEAN VIEW AVENUE, CARMEL, CA 93923		MARY	
30. LAST (Maiden Name)		29. MIDDLE	
NELSON		LOUISE	
31. NAME OF FATHER - FIRST		32. MIDDLE	
FREDERICK		LOUISE	
33. LAST		34. BIRTH STATE	
BERRY		UTAH	
35. NAME OF MOTHER - FIRST		37. LAST (Maiden)	
ALICE		LANGWITH	
38. BIRTH STATE		38. BIRTH STATE	
NEVADA		NEVADA	
39. DISPOSITION DATE		40. PLACE OF FINAL DISPOSITION	
07/10/2007		SAN CARLOS CATHOLIC CEMETERY	
		792 FREMONT BOULEVARD, MONTEREY, CA 93940	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
BURIAL		DAVID STALLINGS	
43. LICENSE NUMBER		46. LICENSE NUMBER	
EMB5470		FD-280	
44. NAME OF FUNERAL ESTABLISHMENT		48. SIGNATURE OF LOCAL REGISTRAR	
THE PAUL MORTUARY		HUGH STALLWORTH, MD, MPH	
47. DATE		47. DATE	
07/09/2007		07/09/2007	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/IC <input checked="" type="checkbox"/> Occident's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
MONTEREY		26250 OCEAN VIEW AVENUE	
106. CITY		106. CITY	
CARMEL		CARMEL	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE		REFER TO 107	
IMMEDIATE CAUSE (A) CARDIAC ARREST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) CRITICAL AORTIC STENOSIS		109. BIOPSY PERFORMED?	
Sequentially list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		110. AUTOPSY PERFORMED?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		111. USED IN DETERMINING CAUSE?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING 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 CAUSE(S) STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since		Decedent Last Seen Alive	
06/15/2007		CHARLES BATES M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		116. LICENSE NUMBER	
CHARLES CARROLL BATES M.D.		G47018	
117. DATE		117. DATE	
07/09/2007		07/09/2007	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED		119. INSURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE		121. INJURY DATE	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER			
127. DATE		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	

BK- 0308
PG- 5282
0720077 Page: 3 of 3 03/24/2008

MONTEREY CO. DEPT. OF HEALTH
STATE OF CALIFORNIA
COUNTY OF MONTEREY

Charles Bates M.D.

DATE ISSUED **JUL 13 2007**

000204854

By _____ Local Registrar.

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records.
This copy is not valid unless prepared on engraved border displaying seal and signature of Local Registrar.

