

APN: 1318-10-413-011
RETURN RECORDED DEED TO:
ANDREW MACKENZIE, ESQ.
ALLISON, MACKENZIE, PAVLAKIS,
WRIGHT & FAGAN, LTD.
402 North Division Street
Carson City, NV 89703

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 6 Fee: 19.00
BK-0209 PG- 1501 RPTT: # 7



GRANTEE/MAIL TAX STATEMENTS TO:
JOAN STEIN
133 Madera Ave.
San Carlos, CA 94070

The party executing this document hereby affirms
that this document submitted for recording does
contain the social security number of any
person or persons pursuant to NRS 440.350

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE, made on 2/2, 2009, by and
between THOMAS E. KILPATRICK, as Successor Trustee of "THE JAY G. BOURGERIE 2003
TRUST," dated July 17, 2003, grantor, and JOAN M. STEIN, grantee,

WITNESSETH:

That JAY G. BOURGERIE died on or about July 20, 2008, and that a certified
copy of the Certificate of Death is attached hereto as Exhibit "A" and incorporated herein by this
reference.

That THOMAS E. KILPATRICK is the Successor Trustee of "THE JAY G.
BOURGERIE 2003 TRUST."

That the grantor, in consideration of the sum of Ten and No/100 Dollars (\$10.00), lawful money of the United States, and other good and valuable consideration to him in hand paid by the grantee, the receipt whereof is hereby acknowledged, does by these presents grant, bargain, and sell to the grantee, and to her successors and assigns, all that certain lot, piece, or parcel of land situated in the county of Douglas, state of Nevada, and more particularly described as follows:

(See, Exhibit "B" attached hereto and incorporated herein by this reference.)

TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder or remainders, rents, issues, and profits thereof.

TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said grantee and to her successors and assigns forever.

IN WITNESS WHEREOF, the grantor has executed this conveyance the day and year first above written.


THOMAS E. KILPATRICK, Successor Trustee

STATE OF CALIFORNIA)
COUNTY OF Coconino) : ss.

On 02-02-2009, 2009, before me, Susan Sackman, a notary public, personally appeared THOMAS E. KILPATRICK, who 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 he executed the same in his authorized capacity, and that by his signature on the instrument the person (or entity upon behalf of which the persons acted), executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


NOTARY PUBLIC



EXHIBIT "A"

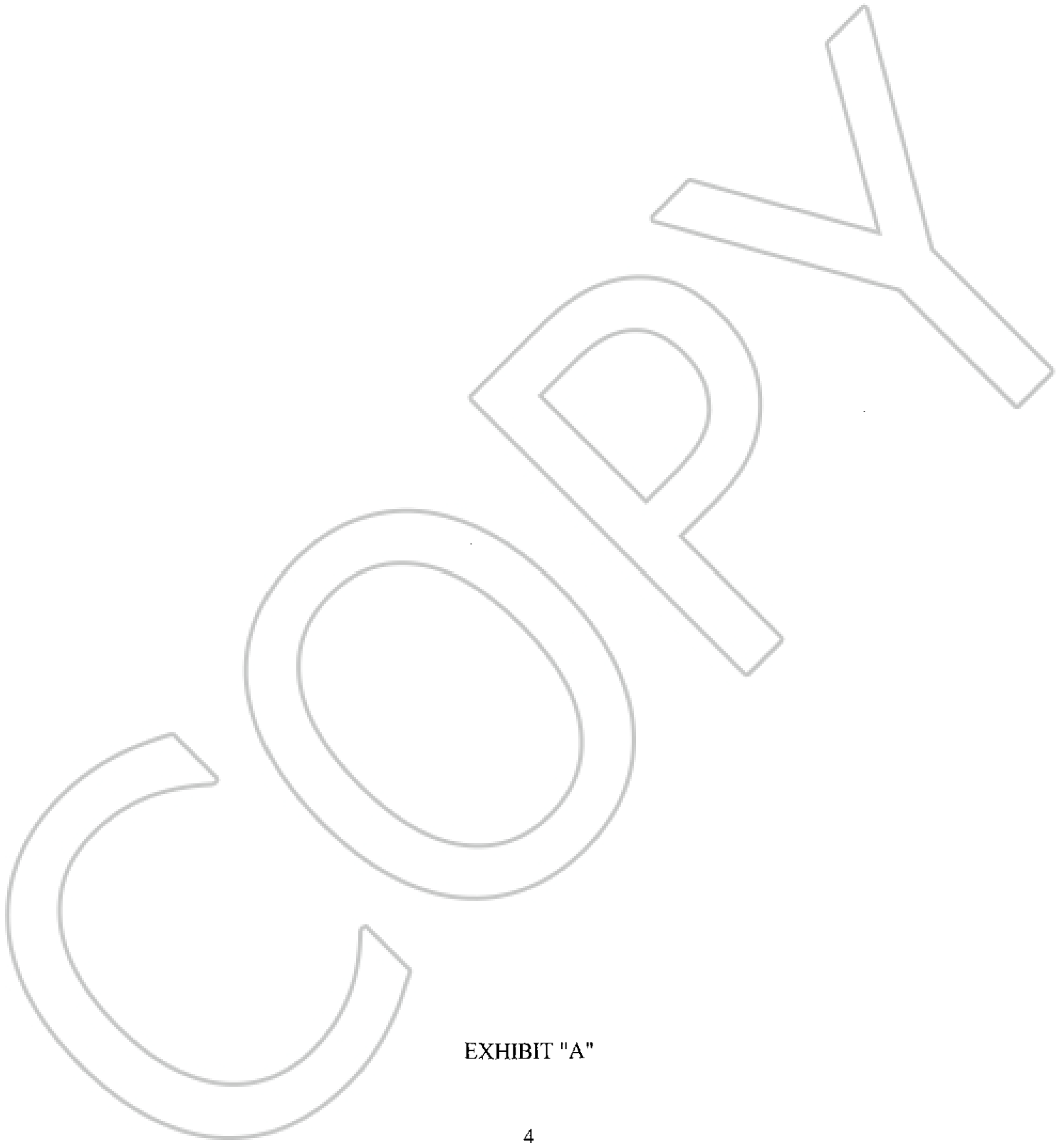


EXHIBIT "A"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008011013
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE ->
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jay Gregory BOURGERIE		2. DATE OF DEATH (Mo/Day/Year) July 20, 2008		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 66		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) May 06, 1942		9a. STATE OF BIRTH (If not U.S.A. name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16+		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER ████████1421		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Consultant		14b. KIND OF BUSINESS OR INDUSTRY Steel Manufacture	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 634 Inspiration Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Robert Janeor BOURGERIE	
17. MOTHER - NAME (First Middle Last Suffix) Dorothy Lucille HAMLIN		18a. INFORMANT- NAME (Type or Print) Joan STEIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 133 Madera Ave San Carlos, California 94070	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA SIGNATURE AUTHENTICATED			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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) July 22, 2008			21c. HOUR OF DEATH 13:37		22b. DATE SIGNED (Mo/Day/Yr)
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV, 89703					23b. LICENSE NUMBER 11909
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 23, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
PART I					
(a) Asystole					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: Septic Shock					Interval between onset and death
(b) Peritonitis					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: Perforated Colon					Interval between onset and death
(c) Perforated Colon					Interval between onset and death
(d)					
PART II					26. AUTOPSY (Specify Yes or No) No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



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BK- 0209
PG- 1505

VRS-Rev-2008T

229338 CERTIFIED COPY OF VITAL RECORDS

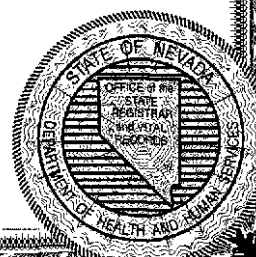
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

PBNC0 (REV.) 11/06

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "B"

All that certain parcel of real property situate in the county of Douglas, state of Nevada, more particularly described as follows:

Lot 91, as shown on the map of ZEPHYR KNOLLS UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on October 14, 1957, in Book 1 of Maps, as Document No. 12699.

Being Assessor's Parcel Number 1318-10-413-011.

(Pursuant to NRS 111.312 this legal description was previously recorded as Document 0584170 in Book 0703 at Page 11127.