

Recording requested by &
when recorded mail this deed to:
✓ Susan J. Demirjian
780 Onyx Court
San Jose, CA 95117

Mail Tax Statements to:
Same as above

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0709 PG- 6682 RPTT: 0.00



APN# 1220-17-710-012; 1220-17-701-002

AFFIDAVIT - DEATH OF TRUSTEE

Susan J. Demirjian, of legal age being first duly sworn, deposes and says that: Hovsep M. Demirjian and Susan J. Demirjian, naming themselves as trustees on May 15, 1991, established a revocable living trust titled:

Demirjian Family Trust created on May 15, 1991

Subsequent to the establishment of the living trust, on December 22, 2004, Hovsep M. Demirjian & Susan J. Demirjian executed a notarized deed formally & validly transferring ownership interest of the real property to the above named living trust. Said deed was recorded on December 29, 2004 as Document #0633241 in Book 1204, page, 13554. Said property is described as follows:

Douglas County, State of Nevada

For the legal description see the attached copy Exhibit "A" all of which is incorporated herein and made a part hereof.

(Commonly known as 1160 Azul Way, Gardnerville, NV)

Unfortunately, ^{mourad} due to death (verified by the attached copy of the death certificate - the decedent being Hovsep M. Demirjian), the duty for managing the trust now falls to Susan J. Demirjian, the successor trustee - who now has rightful signature power for transferring or encumbering all the property owned by the trust including said real property.

SUCCESSOR TRUSTEE STATEMENT

This is to verify that I am the named and rightful successor trustee of the above referenced trust, and that all the statements and exhibits are true and correct.

Dated: July 20, 2009

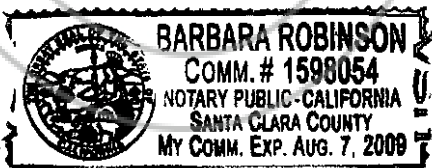
Signed:

Susan J. Demirjian
Susan J. Demirjian

State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 20th day of July, 2009, by Susan J. Demirjian, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Barbara Robinson
NOTARY PUBLIC

EXHIBIT A

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

PARCEL I

Lot 6, of Block C, as shown on the Official Map of Chambers Field Subdivision, filed in the office of the County Recorder of Douglas County, State of Nevada, on January 9, 1979, as Document No. 28862.

Assessment Parcel No. 27-663-06

Reserving therefrom: ALL water rights as conveyed in Document recorded April 17, 1979, in Book 479 of Official Records at Page 980, Douglas County, Nevada, as Document No. 31619.

PARCEL II

BEGINNING at the Northwest Corner of Tierra Linda Estates, a subdivision recorded September 14, 1963, as Document No. 29457 in the record of Douglas County, Nevada; thence North $80^{\circ}12'23''$ West along the East line of Parcel No. 2 as shown in book 177 of Parcel Maps at page 966, Document No. 86309, 1243.75 feet; thence South $89^{\circ}18'28''$ East along an existing East-West fence line, 1054.15 feet; thence North $85^{\circ}48'43''$ East along an East parallel to and 64 feet North of the East-West Center Section line of said Section 17, 1568.59 feet to the East line of the Southwest Quarter (SW 1/4) of the Northeast Quarter (NE 1/4) of said Section 17; thence South $00^{\circ}15'02''$ East, 64.00 feet to a point on the East-West Center Section Line of said Section 17; thence North $89^{\circ}44'58''$ East along said East-West Center Section Line, 32.56 feet to the Northwest corner of a Parcel of Land described in a Quitclaim Deed, Document No. 58158, recorded March 14, 1972, in Book 97 at page 536; thence South $00^{\circ}42'51''$ East 509.07 feet; thence South $46^{\circ}15'41''$ East, 27.99 feet; thence North $88^{\circ}08'09''$ East 236.91 feet; thence South $02^{\circ}58'09''$ West 208.36 feet; thence South $43^{\circ}31'21''$ East, 27.54 feet; thence North $89^{\circ}59'09''$ East 118.93 feet; thence South $18^{\circ}08'26''$ West 603.22 feet to a point on the Southerly line of the Northeast Quarter (NE 1/4) of the Southeast Quarter (SE 1/4) of said Section 17; thence South $89^{\circ}46'18''$ West along said Southerly line, 221.34 feet of the Northeast corner of the aforementioned Tierra Linda Estates; thence South $89^{\circ}46'18''$ West along the North Line of Tierra Linda Estates; 2658.46 feet to the Point of Beginning.

Excepting therefrom all property lying within the exterior boundary of the Official Map of Chambers Field Subdivision, filed in the Office of the County recorder of Douglas County, State of Nevada, on January 9, 1979 as Document No. 28862.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

**PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION**

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128
CURRENT ADDRESS: 976 LENZEN AVE, SAN JOSE, CA 95126, EFFECTIVE: 04/13/2009

CERTIFICATE OF DEATH

3200943002794

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
HOVSEP		MOURAD		DEMIRJIAN	
4. DATE OF BIRTH (month/day/year)					
02/13/1946					
5. AGE YRS. (at time of death)					
63					
6. SEX (M or F)					
M					
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES	
LEBANON		[REDACTED] 8132		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
13. EDUCATION - Highest Level (Specify on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)		12. MARITAL STATUS (at time of death)	
BACHELOR		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MARRIED	
7. DATE OF DEATH (month/day/year)					
04/13/2009					
8. HOUR (24 Hours)					
0330					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED.				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	
WESTERN REGIONAL PROCUREMENT MGR				OIL INDUSTRY	
19. YEARS IN OCCUPATION					
35					
20. DECEDENT'S RESIDENCE (Street and number or location)					
780 ONYX COURT					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
SAN JOSE		SANTA CLARA		95117	
24. YEARS IN COUNTRY		25. STATE/FOREIGN COUNTRY			
35		CA			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
1990 ERIN WAY, GLENDALE, CA 91206					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
SUSAN				OSWALD	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
MOURAD				DEMIRJIAN	
34. BIRTH STATE		35. BIRTH STATE			
LEBANON		LEBANON			
36. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Maiden)	
ARSHALOUS				SOULAHIAN	
38. BIRTH STATE		38. BIRTH STATE			
LEBANON		LEBANON			
39. DISPOSITION DATE (month/day/year)		40. PLACE OF FINAL DISPOSITION			
04/17/2009		FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068			
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
BURIAL		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FOREST LAWN MEMR PRKS & MTYS		FD 904		MARTIN D FENSTERSHEIB, MD	
47. DATE (month/day/year)		48. DATE (month/day/year)			
04/18/2009		04/18/2009			
101. PLACE OF DEATH					
KAISER FOUNDATION HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE					
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Other					
104. COUNTY					
SANTA CLARA					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)					
700 LAWRENCE EXPRESSWAY					
106. CITY					
SANTA CLARA					
107. CAUSE OF DEATH					
Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular rupture without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
A) RESPIRATORY FAILURE					
B) NEURO SARCROIDOSIS					
108. DEATH REPORTED TO CORONER					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
109. BODILY PERFORMED?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
110. AUTOPSY PERFORMED?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
111. USED IN DETERMINING CAUSE?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
HYPERTENSION, END STAGE RENAL DISEASE					
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 CAUSES STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE (month/day/year)	
STEPHEN FISK M.D.		G30360		04/15/2009	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
STEPHEN FISK M.D. 700 LAWRENCE EXPRESSWAY, SANTA CLARA, CA 95051					
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. INJURY DATE (month/day/year)		122. HOUR (24 Hours)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
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 (month/day/year)		128. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER			
		MARTIN D. FENSTERSHEIB, MD			
STATE REGISTRAR					
A B C D E					
I HEREBY CERTIFY THAT THIS COPY BEEN PREPARED FROM THE ORIGINAL RECORDS KEPT BY THE COUNTY OF SANTA CLARA					
"010001001197775"					
FAX AUTH. #					
CENSUS TRACT					

BK- 0709
PG- 6684
0747885 Page: 3 Of 3 07/28/2009

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS DATE ISSUED
By **APR 21 2009**

H2362558

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

