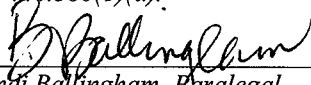




*This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).*

  
Brandi Ballingham, Paralegal  
ANDERSON, DORN & RADER, LTD.

APN: 1318-15-111-038

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Ste, 860  
Reno, Nevada 89521

**WHEN RECORDED MAIL TO:**

Joseph T. Breeze  
18 Meadow Way  
Fairfax, CA 94930

**MAIL TAX STATEMENTS TO:**

Joseph T. Breeze  
18 Meadow Way  
Fairfax, CA 94930

---

**AFFIDAVIT OF DEATH OF TRUSTEE**

I, Joseph T. Breeze, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated February 12, 1997, Ruth W. Breeze executed the Harold C. Barber Irrevocable Marital Trust ("Trust").
- (2) Said trust appointed Joseph T. Breeze to serve as sole Successor Trustee upon the death or incapacity of Ruth W. Breeze.
- (3) Ruth W. Breeze died on April 13, 2007 at Zephyr Cove, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Ruth W. Breeze.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.



- (5) The following described real property is part of the trust estate: See Exhibit "B" attached.
- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.
- (7) No other person has a right to the interest of the Trust in the described property.
- (8) The described property shall be transferred to me as Successor Trustee.

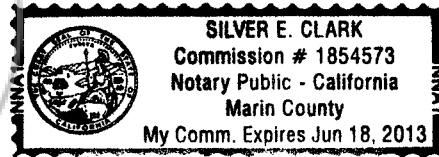
Executed on this 31<sup>ST</sup> of DECEMBER, 2009, at FAIRFAX, ~~Nevada.~~ <sup>CALIFORNIA</sup>

Joseph T. Breeze, Successor Trustee

~~STATE OF NEVADA~~ <sup>CALIFORNIA SEC. Notary</sup>  
~~COUNTY OF WASHOE~~ <sup>MARIN SEC</sup> ss:  
~~SEC~~

SUBSCRIBED AND SWORN TO before me this 31 day of DECEMBER, 2009,  
by Joseph T. Breeze.

Notary Public



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
**HEALTH DEPARTMENT**  
PLACERVILLE, CALIFORNIA



BK-110  
PG-5524

757863 Page: 3 of 5 01/29/2010

**CERTIFICATE OF DEATH**

3200709000315

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-1 (REV 1/04)

|  |   |  |              |
|--|---|--|--------------|
| STATE FILE NUMBER  |   | LOCAL REGISTRATION NUMBER  |              |
| 1. NAME OF DECEDENT — FIRST (Given)<br><b>RUTH</b>   |   | 3. LAST (Family)<br><b>BREEZE</b>  |              |
| 2. MIDDLE<br><b>LEE</b>  |   | 4. DATE OF BIRTH mm/dd/yyyy<br><b>06/30/1919</b>   |              |
| AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)  |   | 5. AGE Yrs.<br><b>87</b>   |              |
| 9. BIRTH STATE/FOREIGN COUNTRY<br><b>CA</b>  |   | 10. SOCIAL SECURITY NUMBER<br><b>9426</b>  |              |
| 11. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK   |   | 12. MARITAL STATUS (at Time of Death)<br><b>MARRIED</b>  |              |
| 13. EDUCATION — Highest Level/Degree (See worksheet on back)<br><b>BACHELOR</b>  |   | 14. (15) WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |              |
| 16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)<br><b>WHITE</b>  |   | 7. DATE OF DEATH mm/dd/yyyy<br><b>04/13/2007</b>   |              |
| 17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED<br><b>INVESTOR</b>  |   | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br><b>STOCK MARKET</b>  |              |
| 19. YEARS IN OCCUPATION<br><b>30</b>   |   | 20. DECEDENT'S RESIDENCE (Street and number or location)<br><b>89 PINE WILD</b>  |              |
| 21. CITY<br><b>ZEPHYR COVE</b>   |   | 22. COUNTY/PROVINCE<br><b>DOUGLAS</b>  |              |
| 23. ZIP CODE<br><b>89448</b>   |   | 24. YEARS IN COUNTY<br><b>10</b>   |              |
| 25. STATE/FOREIGN COUNTRY<br><b>NV</b>   |   | 26. INFORMANT'S NAME, RELATIONSHIP<br><b>HAROLD BARBER, HUSBAND</b>  |              |
| 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)<br><b>PO BOX 307, ZEPHYR COVE, NV 89448</b>  |   | 28. NAME OF SURVIVING SPOUSE — FIRST<br><b>HAROLD</b>  |              |
| 29. MIDDLE<br><b>CLAYTON</b>   |   | 30. LAST (Maiden Name)<br><b>BARBER</b>  |              |
| 31. NAME OF FATHER — FIRST<br><b>WALTER</b>  |   | 32. MIDDLE<br><b>-</b>   |              |
| 33. LAST<br><b>WHITNEY</b>   |   | 34. BIRTH STATE<br><b>CA</b>   |              |
| 35. NAME OF MOTHER — FIRST<br><b>EDITH</b>   |   | 36. MIDDLE<br><b>-</b>   |              |
| 37. LAST (Maiden)<br><b>WREN</b>   |   | 38. BIRTH STATE<br><b>VA</b>   |              |
| 39. DISPOSITION DATE mm/dd/yyyy<br><b>04/17/2007</b>   |   | 40. PLACE OF FINAL DISPOSITION<br><b>RES, HAROLD BARBER<br/>89 PINE WILD, ZEPHYR COVE, NV 89448</b>  |              |
| 41. TYPE OF DISPOSITION(S)<br><b>CR/TR/RES</b>   |   | 42. SIGNATURE OF EMBALMER<br><b>NOT EMBALMED</b>   |              |
| 43. LICENSE NUMBER<br><b>-</b>   |   | 44. NAME OF FUNERAL ESTABLISHMENT<br><b>MC FARLANE MORTUARY INC</b>  |              |
| 45. LICENSE NUMBER<br><b>FD1180</b>  |   | 46. SIGNATURE OF LOCAL REGISTRAR<br><b>J EBERHART-PHILLIPS, MD</b>   |              |
| 47. DATE mm/dd/yyyy<br><b>04/17/2007</b>   |   | 101. PLACE OF DEATH<br><b>RESIDENCE</b>  |              |
| 102. IF HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other   |   | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE   |              |
| 104. COUNTY<br><b>EL DORADO</b>  |   | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)<br><b>917 MOUNTAIN TROUT DR.</b>   |              |
| 106. CITY<br><b>SOUTH LAKE TAHOE</b>   |   | 107. CAUSE OF DEATH<br><b>CANCER ABDOMINAL SARCOMA</b>   |              |
| 108. DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |   | 109. BIOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |              |
| 110. AUTOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   | 111. USED IN DETERMINING CAUSE?<br><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<br><b>NONE</b>  |   | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM# 107 OR 112? (If yes, list type of operation and date.)<br><b>NO</b>  |              |
| 113A. IF FEMALE, PREGNANT IN LAST YEAR?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK  |   | 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>Decedent Attended Since: Decedent Last Seen Alive:<br>(a) mm/dd/yyyy: (b) mm/dd/yyyy<br><b>-/-/2000 03/29/2007</b> |              |
| 115. SIGNATURE AND TITLE OF CERTIFIER<br><b>STEVEN LAURENCE BROOKS M.D.</b>  |   | 116. LICENSE NUMBER<br><b>G54095</b>   |              |
| 117. DATE mm/dd/yyyy<br><b>04/17/2007</b>  |   | 118. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE<br><b>STEVEN LAURENCE BROOKS M.D.<br/>PO BOX 5637, STATELINE, NV 89449</b>  |              |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>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 |   | 120. INJURED AT WORK?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK  |              |
| 121. INJURY DATE mm/dd/yyyy  |   | 122. HOUR (24 Hours)   |              |
| 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 local, and city, and ZIP)   |   | 126. SIGNATURE OF CORONER / DEPUTY CORONER   |              |
| 127. DATE mm/dd/yyyy   |   | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER  |              |
| STATE REGISTRAR  | A | B  | C            |
| D  | E | FAX AUTH. #  | CENSUS TRACT |

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF EL DORADO



\* 000115314 \*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED **10/14/2008**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

*Jason Eberhart-Phillips, M.D.*  
JASON EBERHART-PHILLIPS, M.D.  
COUNTY HEALTH OFFICER



**EL DORADO COUNTY**  
 HEALTH DEPARTMENT  
 PLACERVILLE, CALIFORNIA



BK-110  
 PG-5525  
 757863 Page: 4 of 5 01/29/2010

3052007030241  
 STATE FILE NUMBER

**AFFIDAVIT TO AMEND A RECORD**  
 NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
 OR ALTERATIONS

3200709000315  
 LOCAL REGISTRATION NUMBER

1.1  BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

**PART I INFORMATION TO LOCATE RECORD**

|  |  |   |  |                                 |
|--|--|---|--|---------------------------------|
| INFORMATION AS IT APPEARS ON ORIGINAL RECORD | 1A. NAME—FIRST<br>RUTH   | 1B. MIDDLE<br>LEE                         | 1C. LAST<br>BREEZE   |                                 |
|  | 2. SEX<br>F  | 3. DATE OF EVENT—MM/DD/CCYY<br>04/13/2007 | 4. CITY OF EVENT<br>SOUTH LAKE TAHOE                                       | 5. COUNTY OF EVENT<br>EL DORADO |
|  | 6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD<br>WALTER - WHITNEY |   | 7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD<br>EDITH - WREN |                                 |

**PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD**

| 8. ITEM NUMBER TO BE CORRECTED | 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD | 10. CORRECTED INFORMATION AS IT SHOULD APPEAR |
|--------------------------------|--|---|
| 10                             |  |   |
| 11                             | SSN IS INCORRECT   |   |

REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

|  |  |  |   |
|--|--|--|---|
| AFFIDAVITS AND SIGNATURES  | 12A. SIGNATURE OF FIRST PERSON<br>RYAN HAWS  | 12B. PRINTED NAME<br>RYAN HAWS                   | 12C. TITLE/RELATIONSHIP TO PERSON IN PART I<br>FUNERAL ARRANGER |
|  | 12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)<br>887 EMERALD BAY ROAD, SOUTH LAKE TAHOE, CA 96150 | 12E. DATE SIGNED—MM/DD/CCYY<br>08/20/2008        |   |
| TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD | 13A. SIGNATURE OF SECOND PERSON<br>GARRETT COOPER  | 13B. PRINTED NAME<br>GARRETT COOPER              | 13C. TITLE/RELATIONSHIP TO PERSON IN PART I<br>FUNERAL ARRANGER |
|  | 13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)<br>887 EMERALD BAY ROAD, SO. LAKE TAHOE, CA 96150   | 13E. DATE SIGNED—MM/DD/CCYY<br>09/17/2008        |   |
| STATE/LOCAL REGISTRAR USE ONLY   | 14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR<br>STATE REGISTRAR - OFFICE OF VITAL RECORDS            | 15. DATE ACCEPTED FOR REGISTRATION<br>09/18/2008 |   |

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS  
 \*022007000132496\*  
 FORM VS 24e (REV. 1/08)  
 1.1

**CERTIFIED COPY OF VITAL RECORDS**  
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

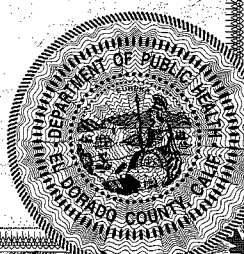
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DATE ISSUED **10/14/2008**

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*Jason Eberhart-Phillips, M.D.*  
 JASON EBERHART-PHILLIPS, M.D.  
 COUNTY HEALTH OFFICER





"EXHIBIT B"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

PARCEL NO. 1

Lot 89, as shown on the official plat of PINEWILD UNIT NO. 2, a Condominium, filed for record in the office of the County Recorder, Douglas County, Nevada, on October 23, 1973, as Document No. 69660.

Assessor's Parcel No. 05-212-38

PARCEL NO. 2

The exclusive right to the use and possession of those certain patio areas adjacent to said units designated as "Restricted Common Areas" on the Subdivision Map referred to in Parcel No. 1 above.

PARCEL NO. 3

An undivided interest as tenants in common as such interest is set forth in Book 377, at Page 417 thru 421, of the real property described on the Subdivision Map referred to in Parcel No. 1 above, defined in the Amended Declaration of Covenants, Conditions and Restrictions of Pinewild, a Condominium Project, recorded March 9, 1977, in Book 377 of Official Records at Page 411, as Limited Common Area and thereby allocated to the unit described in Parcel No. 1 above, and excepting non-exclusive easements for ingress and egress, utility service, support encroachments, maintenance and repair over the Common Areas as defined and set forth in said Declaration of Covenants, Conditions, and Restrictions.

PARCEL NO. 4

Non-exclusive easements appurtenant to Parcel No. 1 above, for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas as defined and set forth in the Declaration of Covenants, Conditions, and Restrictions of Pinewild, more particularly described in the description of Parcel No. 3, above.