

OFFICIAL RECORD

Requested By:

JULIA S GOLD

A.P.N.: 1319-09-602-010

When Recorded Return To:

Julia S. Gold
Law Offices of Julia S. Gold
548 West Plumb Lane, Suite B
Reno, NV 89509

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0811 PG- 1546 RPTT: 0.00



Mail Tax Information To:

Mary Grace Miluck
P.O. Box 200
Genoa, NV 89411

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

I, MARY GRACE MILUCK, of legal age, being first duly sworn, depose and say:

1. NANCY C. MILUCK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NANCY C. MILUCK, Trustee of the MILUCK FAMILY 1993 TRUST under agreement dated December 20, 1993, as amended.

2. MICHAEL THOMAS MILUCK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MICHAEL T. MILUCK, Trustee of the MILUCK FAMILY 1993 TRUST under agreement dated December 20, 1993, as amended.

3. NANCY C. MILUCK, Trustee and MICHAEL T. MILUCK, Trustee are the same individuals named in that certain Grant, Bargain, and Sale Deed dated December 20, 1993, executed by MICHAEL T. MILUCK and NANCY C. MILUCK transferring ownership in the property described herein to NANCY C. MILUCK and MICHAEL T. MILUCK, Trustees of the MILUCK FAMILY 1993 TRUST, recorded as Document Number 327257 in the Official Records of Douglas County, Nevada, covering the real property located at 191 First Street, Genoa, County of Douglas, State of Nevada, being more particularly described as follows:

See Exhibit A attached hereto.

2. That upon the death of NANCY C. MILUCK, MICHAEL T. MILUCK became the sole trustee. Upon the death of MICHAEL T. MILUCK, MARY GRACE

MILUCK became the successor trustee under the MILUCK FAMILY 1993 TRUST dated December 20, 1993, as amended, a Certification of Trust is attached hereto, and is the sole Trustee of the Trust serving to date.

Dated: October 12, 2010 Mary Grace Miluck
MARY GRACE MILUCK, Successor Trustee

State of Nevada)
County of Washoe)

On October 12, 2010, before me, Amber Schildman, Notary Public, personally appeared Mary Grace Miluck, personally known to me or 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 she executed the same.

WITNESS my hand and official seal.

Amber Schildman

Notary Public
Commission No.: 08-7238-2
Commission Expires: 7/4/2012

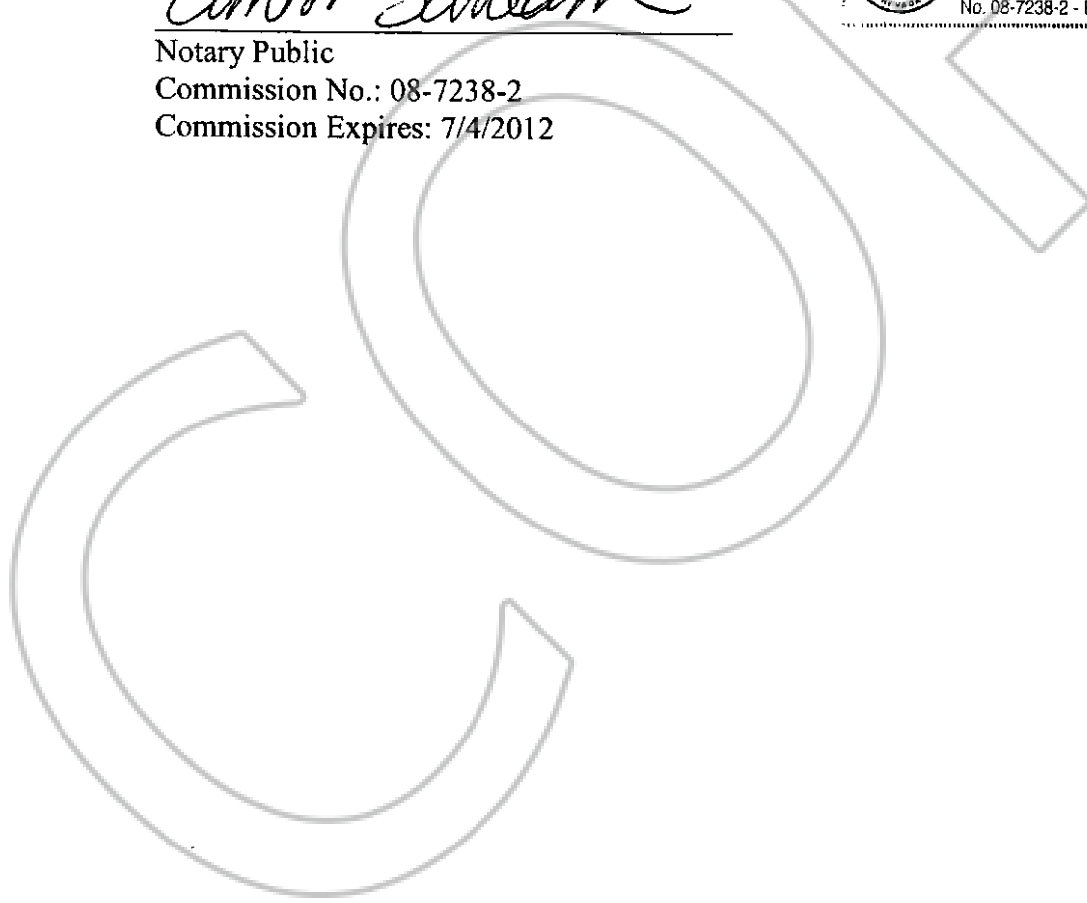
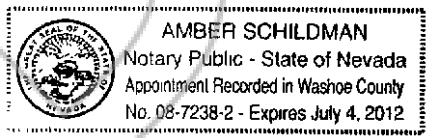


EXHIBIT "A"

Legal Description

Description of a survey of a parcel of land consisting of Lots 1, 2, 3, 28, 29, and 30, of Block 11, Genoa Townsite.

A parcel of land, located in the Southeast quarter of the Northeast quarter of Section 9, T.13N.,R.13E., M.D.B.&M., in the Town of Genoa, Douglas County, Nevada, more particularly described as follows:

Commencing at the Northeast corner of said Section 9, proceed East, 639.47 feet, along the section line, to the Westerly right-of-way line of Jacks Valley Road; thence S.23°39'40"W., 1449.47 feet, along said Westerly right-of-way line, to a point; thence S.26°47'20"W., 162.00 feet, along said Westerly right-of-way line, to the Southeasterly corner of Lot 12, Block 12, Geona Townsite; thence N.69°04'30"W., 243.00 feet, along the Southerly boundaries of Lots 12 and 7, Block 12, to a point; thence S.19°30'W., 157.60 feet, to a point on the Southerly boundary of a forty foot wide street; thence N.68°52'W., 53.83 feet, along said Southerly street boundary, to the TRUE POINT OF BEGINNING, which is the Northeasterly corner of this parcel; proceed thence N.68°52'W., 258.00 feet, along said Southerly street boundary, to the Northwesterly corner of this parcel; thence S.18°41'50"W., 150.00 feet, along the Easterly boundary of Geona Street, to the Southwesterly corner of the parcel; thence S.68°50'E., 251.00 feet, to the Southeasterly corner of the parcel; thence N.21°22'20"E., 150.00 feet, to the TRUE POINT OF BEGINNING, containing 0.876 acres, more or less.

APN: 1319-09-602-010

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

503713

2006 0000192

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Nancy Christian MILUCK		2. January 3, 2006		3a. Douglas			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Genoa		3c. 191 First St.		3e. Co		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc		AGE—Last Birthday (Years)		UNDER 1 DAY UNDER 1 YEAR MOS : DAYS HOURS : MINS	
5. White		6		7a. 73		7b. 7c.	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Texas		9b. U.S.A.		10. 18 Years		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED] 9634		14a. Writer		14b. Research		12. Michael T. Miluck	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Genoa		15d. 191 First St.	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. Charles Christian		17. Nancy Simpson					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Michael T. Miluck - Husband		18b. P.O. Box 200, Genoa, Nevada 89411					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Dr Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410			
21a. To be completed by Certifying Physician		22a. To be completed by Coroner's Office					
21a. On the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.					
(Signature and Title) [Signature]		(Signature and Title) [Signature]					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 1/9/06		21c. 0800		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER					
23a. Jorge Perez M.D., 1000 N. Division St. #104, Carson City, NV		23b. 89703 10108					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. January 10, 2006		24c. 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 (a) DUE TO, OR AS A CONSEQUENCE		BREAST CANCER				Interval between onset and death	
PART (b) DUE TO, OR AS A CONSEQUENCE		0787700 Page: 4 Of 5		08/10/2011		Interval between onset and death	
PART (c) DUE TO, OR AS A CONSEQUENCE						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
25. No		26. No		27. No			
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 325287

395650

CERTIFIED COPY OF VITAL RECORDS

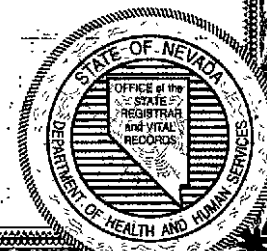
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JUL 22 2011

STATE REGISTRAR

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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

0787700 Page: 5 Of 5 08/10/2011

BK- 0811
PG- 1550
08/10/2011

CERTIFICATE OF DEATH

2010001591
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) Michael Thomas MILUCK		2. DATE OF DEATH (Mo/Day/Year) January 29, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 191 1st Street		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify): Home	
6. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 91	
9a. STATE OF BIRTH (If not U.S.A. name country): North Dakota		9b. CITIZEN OF WHAT COUNTRY: United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER 0807		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Restaurant	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 191 1st Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas MILUCK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie KANSKI		
18a. INFORMANT - NAME (Type or Print) Mary Grace MILUCK		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 195 1st Street Genoa, Nevada 89411			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville, NV 89410	
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): MARK THOMAS BRUNE M.D. <i>SIGNATURE AUTHENTICATED</i>			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) February 04, 2010		21c. HOUR OF DEATH 02:10		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) Mark Thomas Brune M.D. 1701 County Road #H Minden, NV 89423				23b. LICENSE NUMBER 7134	
24a. REGISTRAR (Signature): CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 08, 2010		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) Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	

395652

STATE REGISTRAR
CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED:

JUL 22 2011

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R. D. White
STATE REGISTRAR

