

A.P.N. 1419-27-002-001

WHEN RECORDED RETURN TO:

Soraya Tabibi Aguirre, Esq.
Holland & Hart LLP
5441 Kietzke Lane, Second Floor
Reno, Nevada 89511

MAIL TAX STATEMENTS TO:

Harry L. Crosby, III, Trustee
c/o Allbritten/Slates
508 West Third Street
Carson City, NV 89703



The undersigned hereby affirms that this document, including any exhibits, submitted for recording does contain the social security number of a person or persons as required by law: _____

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF New York)
) ss.
COUNTY OF New York)

HARRY L. CROSBY, III, of legal age, being first duly sworn, deposes and says:

1. MAURICE WILLIAM SULLIVAN, the Decedent referenced in the certified Certificate of Death attached hereto, died on November 4, 2010, and was, until his death, and is the same person as MAURICE W. SULLIVAN, TRUSTEE OF THE SULLIVAN/CROSBY TRUST dated April 21, 2003, in that certain Grant, Bargain, Sale Deed dated July 21, 2005, executed by M. W. SULLIVAN, an unmarried man and KATHRYN CROSBY, an unmarried woman, as Joint Tenants, recorded as Document Number 0651295 on August 3, 2005, Official Records of Douglas County, Nevada, covering the real property located at 2850 Jacks Valley Road, City of Genoa, County of Douglas, State of Nevada, described as follows:

See Exhibit "A" attached hereto and made a part hereof.



2. That upon the death of MAURICE WILLIAM SULLIVAN, KATHRYN CROSBY and HARRY L. CROSBY, III became the Successor Trustees under the SULLIVAN/CROSBY TRUST, dated April 21, 2003.

Dated this 11 day of December, 2012.

SULLIVAN/CROSBY TRUST

By: [Signature]
HARRY L. CROSBY, III, Successor Trustee

STATE OF New York)
) ss.
COUNTY OF New York)

On December 11, 2012, before me, Inna Vestfrid, personally appeared HARRY L. CROSBY, III, 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 the entity upon behalf of which the person 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.

[Signature]
Signature of officer notary

INNA VESTFRID
Notary Public, State of New York
Registration #01VE6166963
Qualified In Kings County
Commission Expires May 29, 2015



EXHIBIT "A"

That portion of land situated in the Southeast ¼ of Section 27, Township 14 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at a point on the Westerly line of Jack's Valley Road, as shown on the Record of Survey for Ronald Simek, Document No. 156517 of the Douglas County Recorders Office, which bears North 37°19'03" West, 778.11 feet from the Southeast corner of said Section 27; thence North 65°04'50" West, 559.19 feet; thence North 00°55'37" West, 269.42 feet; thence North 15°45'08" East, 251.57 feet; thence East 219.48 feet; thence South 07°48'51" East, 117.97 feet; thence South 80°27'30" East, 431.34 feet to said Westerly line of Jack's Valley Road; thence South 21°17'11" West, along said Westerly line of Jack's Valley Road, 599.65 feet to the POINT OF BEGINNING.

Legal description obtained from Grant, Bargain, Sale Deed, Document No. 0651295, recorded August 3, 2005 in the Official Records of Douglas County, Nevada.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH SERVICES DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201009000881

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND ENCLOSE WRITED OUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) MAURICE		2. MIDDLE WILLIAM		3. LAST (Family) SULLIVAN	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 07/28/1925		5. AGE Yrs. 85	
9. BIRTH STATE/FOREIGN COUNTRY UNK		10. SOCIAL SECURITY NUMBER 1867		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (See worksheet on back) DOCTORATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED UNKNOWN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UNKNOWN		19. YEARS IN OCCUPATION UNK	
20. DECEDENT'S RESIDENCE (Street and number, or location) 2850 JACKS VALLEY ROAD					
21. CITY GENOA		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89411	
24. YEARS IN COUNTY 21		25. STATE/FOREIGN COUNTRY NV			
26. INFORMANT'S NAME, RELATIONSHIP HARRY CROSBY, STEP-SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 508 WEST THIRD STREET, CARSON CITY, NV 89703		
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST KATHRYN		29. MIDDLE -		30. LAST (BIRTH NAME) GRANT	
31. NAME OF FATHER/PARENT—FIRST UNK		32. MIDDLE UNK		33. LAST UNK	
34. BIRTH STATE UNK		35. NAME OF MOTHER/PARENT—FIRST UNK		36. MIDDLE UNK	
37. LAST (BIRTH NAME) UNK		38. BIRTH STATE UNK		39. BIRTH STATE UNK	
39. DISPOSITION DATE mm/dd/yyyy 11/16/2010		40. PLACE OF FINAL DISPOSITION RES OF WIFE KATHRYN CROSBY 508 WEST THIRD STREET, CARSON CITY, NV 89703			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT GREEN VALLEY MORTUARY & CEMETER		45. LICENSE NUMBER FD1551		46. SIGNATURE OF LOCAL REGISTRAR ▶ OLIVIA KASIRYE, MD, MS	
47. DATE mm/dd/yyyy 11/15/2010					
101. PLACE OF DEATH ROADWAY		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) HIGHWAY 50 - WRIGHTS LAKE RD		106. CITY KYBURZ	
107. CAUSE OF DEATH 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) MULTIPLE BLUNT FORCE TRAUMA WITH SKULL FRACTURE		Time Interval Between Onset and Death (AT) IMM		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER EM1010517	
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 (B) -		(BT) -		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) -		(CT) -		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(D) -		(DT) -		111. USED IN DETERMINING CAUSE? <input checked="" 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				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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 Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input checked="" type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER ▶		116. LICENSE NUMBER	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 11/04/2010	
122. HOUR (24 Hours) 1557					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) STREET AND/OR HIGHWAY					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) DRIVER OF VEHICLE EJECTED DURING A SINGLE-VEHICLE TRAFFIC COLLISION					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) HIGHWAY 50 - WRIGHTS LAKE RD, KYBURZ, CA 95720					
126. SIGNATURE OF CORONER / DEPUTY CORONER ERIC L HARNAGE		127. DATE mm/dd/yyyy 11/05/2010		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ERIC L HARNAGE, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		"010J01001629208"			

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

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 Services Department.

DATE ISSUED **NOV 30 2010**

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

* 000131154 *

Olivia Kasirye
OLIVIA C. KASIRYE, M.D., M.S.
COUNTY HEALTH OFFICER

