

RECORDING REQUESTED BY

Neil E. McCarthy

MAIL TAX STATEMENTS TO

Neil E. McCarthy
204 E. Haltern Ave.
Glendora, CA 91740~

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Walter M. Douglas, atty
2004 AUG 30 AM 8:46

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE \$ 15.00

191827

A.P.N. 006 130 01

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA
County of Los Angeles

Neil E. McCarthy, being of legal age and duly sworn deposes and states that: Roseann McCarthy, the decedent mentioned in the attached certified copy of the Certificate of Death is the same Roseann McCarthy named as trustee in that certain deed executed by ROSEANN McCARTHY to ROSEANN McCARTHY as trustee of the ROSEANN McCARTHY TRUST DATED OCTOBER 15, 1998, recorded as Instrument No. 170970 on November 9, 1998 of Official Records of Eureka County, State of Nevada. The real property referenced in the deed is situated in the unincorporated area of the County of Eureka, State of Nevada, and is described as follows:

The East one-half (E1/2) of the Northeast Quarter (NE1/4) of the Northeast Quarter (NE1/4) of Section Twenty-Two (22), Township Twenty-six (26) North, Range Fifty-three (53) East, MDB&M, containing 20 acres, more or less.

SUBJECT TO: Conditions and restrictions contained in Nevada State Land Patent #12553, dated October 4th, 1950, and recorded October 16th, 1950 in Liber 24 of Deeds, Page 92 Records of Eureka County, Nevada.

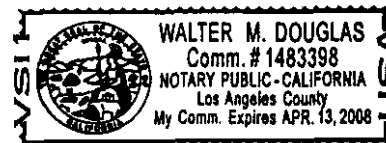
I am the successor trustee under the above referenced trust, and I hereby consent to act.

Dated: August 20, 2004

Neil E. McCarthy
Neil E. McCarthy

Subscribed and sworn to before me this 20th day of August, 2004

Walter M. Douglas
Walter M. Douglas



MAIL TAX STATEMENTS AS DIRECTED ABOVE

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 1/03)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) Roseann		3. LAST (Family) McCarthy	
2. MIDDLE —		4. DATE OF BIRTH mm/dd/yyyy 09/20/1924	
5. AGE Yrs. 79		6. SEX F	
7. DATE OF DEATH mm/dd/yyyy 03/15/2004		8. HOUR (24-Hour) 1100	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) Widowed	
13. EDUCATION — (Highest Level/Cegree (see worksheet on back)) HS Graduate		14. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) White		16. YEARS IN OCCUPATION 57	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED Homemaker		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Own Home	
19. DECEDENT'S RESIDENCE (Street and number or location) 204 East Haltern Street			
20. CITY Glendora		21. COUNTY/PROVINCE Los Angeles	
22. ZIP CODE 91740		23. YEARS IN COUNTY 51	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP Neil E. McCarthy — Son	
26. INFORMANT'S MAILING ADDRESS (street and number or rural route number, city or town, state, ZIP) 204 East Haltern Street, Glendora, CA 91740		27. NAME OF SURVIVING SPOUSE — FIRST —	
28. MIDDLE —		29. LAST (Maiden Name) —	
30. NAME OF FATHER — FIRST James		31. MIDDLE M.	
32. LAST Sheridan		33. BIRTH STATE Ireland	
34. NAME OF MOTHER — FIRST Anna		35. MIDDLE Marie	
36. LAST (Maiden) Corrigan		37. BIRTH STATE IL	
38. DISPOSITION DATE mm/dd/yyyy 03/19/2004		39. PLACE OF FINAL DISPOSITION Holy Cross Cemetery, Pomona, CA 91766	
40. TYPE OF DISPOSITION(S) BU		41. SIGNATURE OF EMBALMER <i>Benjamin B. White</i>	
42. LICENSE NUMBER 6369		43. NAME OF FUNERAL ESTABLISHMENT White's Funeral Home — Azusa	
44. LICENSE NUMBER FD 113		45. SIGNATURE OF LOCAL REGISTRAR <i>Thomas L. Gaudin</i>	
46. DATE mm/dd/yyyy 03/17/2004		47. PLACE OF DEATH Own Residence	
48. COUNTY Los Angeles		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 204 East Haltern Street	
50. CITY Glendora		51. 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. Cardio-Pulmonary Arrest	
52. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardio-Pulmonary Arrest		53. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
54. 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 Chronic Obstructive Pulmonary Disease		55. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 None		57. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) No		59. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
60. 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 (A) mm/dd/yyyy 10/04/2000 Decedent Last Seen Alive (B) mm/dd/yyyy 02/25/2004		61. SIGNATURE AND TITLE OF CERTIFIER I. Hanna, M.D.	
62. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE I. Hanna MD, 210 S. Grand Ave. #224, Glendora, CA 91741		63. LICENSE NUMBER A 50259	
64. DATE mm/dd/yyyy 03/16/2004		65. 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 type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
66. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		67. INJURY DATE mm/dd/yyyy	
68. INJURY HOUR (24 Hours)		69. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
70. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
71. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
72. SIGNATURE OF CORONER / DEPUTY CORONER		73. DATE mm/dd/yyyy	
74. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		75. FAX AUTH. #	
76. CENSUS TRACT		77. STATE REGISTRAR	

This is a true certified copy of the record filed in the County of Los Angeles
Department of Health Services if it bears the Registrar's signature in purple ink.

Thomas L. Gaudin

231 MAR 17 2004
DATE ISSUED

Director of Health Services and Registrar

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

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