

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND MAIL TAX STATEMENTS TO:

ANCHOR ENTERPRISES LLC
301 THELMA DRIVE #142
CASPER, WY 82609

DOC # 0211748

04/04/2008 08:56 AM

Official Record

Recording requested by
LAND RESEARCH FOUNDATION

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$41.00

Page 1 of 3

RPTT

Recorded By: FS

Book- 0471 Page-

0267



0211748

AFFIDAVIT - DEATH OF TRUSTEE

Assessor's Parcel Number: 002-012-02 AND 003-041-04

State of Arizona)

County of Mohave)

Steven Cleverley, of legal age, being first duly sworn, deposes and says:

- 1. Mildred I. Brownlie, the decedent mentioned in the attached certified copy of Certificate of Death, is that same person named as Trustee in the certain Declaration of Trust dated 2/20/1990 executed by Leonard J. Brownlie and Mildred J. Brownlie as trustor(s).
- 2. At the time of the decedent's death, decedent was owner, as Trustee, of certain real property acquired by a deed recorded on 08/01/1990 as Instrument No. 133011 in the official records of Eureka County, Nevada, covering the following described property situated in said County, State of Nevada:

See Attached Exhibit 'A' Made A Part Hereof by Reference.

- 3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Executed on Jan 29 2008 at Lake Havasu City, AZ
(MONTH) (DAY) (YEAR) (CITY AND STATE)

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Steven Cleverley
Steven Cleverley

SUBSCRIBED AND SWORN TO before me this 29th day of Jan, 2008,
Nancy A. Langen Notary Public
(NAME/TITLE, I.E. "JANE DOE, NOTARY PUBLIC")

Personally appeared Steven Cleverley personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and sworn to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Nancy A. Langen
Signature (NOTARY PUBLIC) (SEAL)

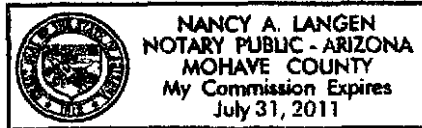


EXHIBIT 'A'

Assessor's Parcel Number: 002-012-02

Lot 3 in block 18 of CRESCENT VALLEY RANCH AND FARMS, UNIT NO. 1, according to the map thereof filed in the office of the County Recorder of Eureka County, Nevada, as File No. 34081.

Assessor's Parcel Number: 003-041-04

Lot 1 in Block 10 of CRESCENT VALLEY RANCH AND FARMS, UNIT NO. 3, according to the map thereof filed in the office of the County Recorder of Eureka County, Nevada, as File No. 34551.

CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO.
CERTIFICATE OF DEATH

D 102- 90-021200

NAME OF DECEASED 1. MILDRED IRENE BROWN LIE			SEX 2. Female	DATE OF DEATH 3. September 29, 1990		
RACE (e.g., white, black, American Indian, [specify tribe] etc.) 4A. White		WAS DECEDENT OF HISPANIC ORIGIN (SPECIFY YES OR NO) B. No		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. No
PLACE OF DEATH 6. Mohave Lake Havasu City		TOWN OR CITY Lake Havasu City		HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) Havasuu Nursing Center		D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input checked="" type="checkbox"/> IN PATIENT
DATE OF BIRTH 7. May 19, 1911		AGE (YEARS LAST BIRTHDAY) 8A. 79	IF UNDER 1 YEAR MOS. DAYS B.	IF UNDER 1 DAY HRS. MIN C.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Leonard James Brownlie
STATE AND CITY OF BIRTH (if not in USA, name country) 11. Detroit, Michigan		CITIZEN OF WHAT COUNTRY? 12. U.S.A.		SOCIAL SECURITY NO. 13. [REDACTED]		USUAL OCCUPATION (Give kind of work done - most of working life, even if retired) 14. Underwriter
USUAL RESIDENCE 15. Arizona Mohave Lake Havasu		TOWN OR CITY Lake Havasu		ZIP CODE 16. 86403	HOW LONG IN ARIZONA? 17. 25 years	
STREET ADDRESS OR R.F.D. 15E. 128 Sunray Dr.		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. Yes	ON RESERVATION (SPECIFY Yes or No) 15G. No	PREVIOUS STATE OF RESIDENCE 18. California	ELEMENTARY-SECONDARY (0-12) A. 12	COLLEGE (1-4 or 5+) B.
FATHER'S NAME 19. George Humphries		MOTHER'S MAIDEN NAME 20. Unknown		INFORMANT'S SIGNATURE 21. <i>Leonard J. Brownlie</i>		
RELATIONSHIP TO DECEASED 22. Husband		ADDRESS 23. 128 Sunray Dr. Lake Havasu City, Arizona		STREET NO. CITY AND STATE ZIP CODE 86403		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. Burial		DATE 25. October 2, 1990	CEMETERY OR CREMATORY - NAME AND LOCATION 26. Lake Havasu Memorial Gardens	FUNDRAISER'S SIGNATURE 27A. <i>John M. Paul</i>		CERT. NO. 894
FUNERAL HOME 28. Lietz-Fraze Funeral Home		NAME STREET ADDRESS CITY AND STATE 21 Riviera blvd. Lake Havasu City, Arizona		FUNERAL DIRECTOR or person acting as such (SIGNATURE) 27B. <i>Carlton R. Fraze</i>		
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE OBE TO THE CAUSE(S) AND MANNER STATED.		
30. SIGNATURE AND TITLE <i>Mary Lou Callerame, M.D.</i>		31. DATE SIGNED (Mo., Day, Year) October 1, 1990		32. HOUR OF DEATH 12:30 P.M.		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
34. SIGNATURE AND TITLE <i>[Signature]</i>		35. DATE SIGNED (Mo., Day, Year)		36. HOUR OF DEATH		37. PRONOUNCED DEAD (Mo., Day, Year)
38. AT		39. AT		39. AT		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 40. Mary Lou Callerame M.D. 1801 Mesquite Ave LHC, AZ.				AUTHORIZED FOR CREMATION (SPECIFY) 41. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE 42. <i>[Signature]</i>
DATE REGISTERED 43. 10-01-90		REG. FILE NO. 44. 195		REG. DISTRICT 45. 0801		DATE REC'D IN STATE OFFICE 46. OCT 04 1990
47. SEQUENTIALLY LIST CONDITIONS IF ANY LEADING TO IMMEDIATE CAUSE ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST.		PART I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Respir arrest		B. DUE TO OR AS A CONSEQUENCE OF: CAD		C. DUE TO OR AS A CONSEQUENCE OF: Generalized atherosclerosis		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Ischemic heart disease				ALTOPSY (Specify Yes or No) 49. No		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. No
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED		DATE OF INJURY 52. MO DAY YR		HOUR 53. M		INJURY AT WORK? (Specify Yes or No) 54.
51. SUPPLEMENTARY ENTRIES		PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56.		WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE 57.		

2/29/2008

4280822

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

