

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)

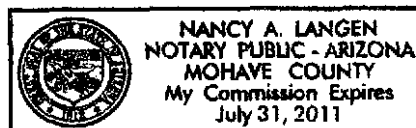


EXHIBIT 'A'

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
CERTIFICATE OF DEATH

DEATH NO. 90-021200
D 102-

NAME OF DECEASED 1. MILDRED IRENE BROWNLIE		SEX 2. Female	DATE OF DEATH 3. September 29, 1990	
RACE (e.g., white, black, American Indian, (specify tribe) etc.) 4A. White		WAS DECEASED OF HISPANIC ORIGIN (SPECIFY YES OR NO) B. No		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.
PLACE OF DEATH 6. Mohave		TOWN OR CITY 7. Lake Havasu City		HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) 8. Havasus Nursing Center
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.
STATE AND CITY OF BIRTH 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		COUNTY 16. Mohave	TOWN OR CITY 17. Lake Havasu	ZIP CODE 18. 86403
STREET ADDRESS OR R.F.D. 19. 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
FATHER'S NAME 19. George Humphries		MOTHER'S MAIDEN NAME 20. Unknown	EDUCATION HIGHEST GRADE COMPLETED 16. 25 years	
INFORMANT'S SIGNATURE 21. Leonard J. Brownlie		RELATIONSHIP TO DECEASED 22. Husband	ADDRESS 23. 128 Sunray Dr. Lake Havasu City, Arizona	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. Burial		DATE 25. October 2, 1990	CEMETERY OR CREMATORY - NAME AND LOCATION 26. Lake Havasu Memorial Gardens	EMBALMER'S SIGNATURE 27A. [Signature]
FUNERAL HOME 28. Lietz-Fraze Funeral Home		NAME 29. 21 Riviera blvd. Lake Havasu City	CITY AND STATE 30. Arizona	CERT. NO. 31. 894
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30. SIGNATURE AND TITLE 31. Mary Lou Callerae, M.D.		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34. SIGNATURE 35. [Signature]		
DATE SIGNED (Mo., Day, Year) 31. October 1, 1990		DATE SIGNED (Mo., Day, Year) 34. [Signature]		
HOUR OF DEATH 32. 12:30 P.M.		HOUR OF DEATH 35. [Signature]		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 33. Mary Lou Callerae M.D.		PRONOUNCED DEAD (Mo., Day, Year) 36. [Signature]		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 33. Mary Lou Callerae M.D. 1801 Mesquite Ave LHC, AZ.		AUTHORIZED FOR CREMATION (SPECIFY) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
DATE REGISTERED 42. 10-01-90		REG. FILE NO. 43. 195	REGISTRAR'S SIGNATURE 44. Lois M. Jameson	REG. DISTRICT 45. 0801
DATE REC'D IN STATE OFFICE 46. OCT 04 1990		MANNER OF DEATH 47. Respir arrest		
IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) A. CAD		B. DUE TO OR AS A CONSEQUENCE OF: Coronary atherosclerosis		
C. DUE TO OR AS A CONSEQUENCE OF: Ischemic heart disease		D. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I Ischemic heart disease		
AUTOPSY (Specify Yes or No) 49. No		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. No		
MANNER OF DEATH 47. Respir arrest		DATE OF INJURY 52. MO DAY YR		
NATURAL CAUSES 48. <input type="checkbox"/>		HOMICIDE 48. <input type="checkbox"/>		
ACCIDENT 48. <input type="checkbox"/>		PENDING INVESTIGATION 48. <input type="checkbox"/>		
SUICIDE 48. <input type="checkbox"/>		UNDETERMINED 48. <input type="checkbox"/>		
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56. [REDACTED]		WHERE LOCATED? 57. [REDACTED]		
STREET ADDRESS 58. [REDACTED]		CITY OR TOWN 59. [REDACTED]		
STATE 60. [REDACTED]		ZIP CODE 61. [REDACTED]		

2/29/2008

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:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

22800242



0211748

Book: 471
Page: 269

04/04/2008
Page: 3 of 3