

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 # 0211749

04/04/2008

09 01 AM

Official Record

Recording requested By
LAND RESEARCH FOUNDATION

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$41.00

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RPTT

Recorded By: FS

Book- 0471 Page- 0270



0211749

AFFIDAVIT - DEATH OF TRUSTEE

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

State of Eureka

County of Mohave

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

1. Leonard J. 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 & 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 January 29 (MONTH) 29 (DAY) 2008 (YEAR) at Lake Havasu City, AZ (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)

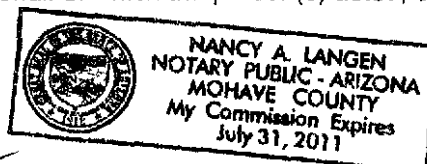


EXHIBIT 'A'

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.

THIS IS A PERMANENT RECORD. USE TYPEWRITER WITH FRESH BLACK RIBBON.

ALL SIGNATURES MUST BE IN BLACK INK.
SEE MANUAL FOR COMPLETION INSTRUCTIONS.

ORIGINAL

STATE COPY

STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO.

CERTIFICATE OF DEATH

D 102-

NAME OF DECEASED LEONARD JAMES BROWNLIE			SEX Male	DATE OF DEATH May 27, 1992
RACE (e.g. white, black, American Indian, (specify tribe) etc.) White			WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) Yes	
PLACE OF BIRTH Mohave	COUNTY Mohave	TOWN OR CITY Lake Havasu City	HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) Havasut Regional Hospital	
DATE OF BIRTH September 14, 1918	AGE (YEARS) (LAST BIRTHDAY) 73	IF UNDER 1 YEAR MOS. DAYS 0	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
STATE AND CITY OF BIRTH Arizona	CITIZEN OF WHAT COUNTRY? USA	SOCIAL SECURITY NO. 123-45-6789	USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Machinist	KIND OF BUSINESS OR INDUSTRY McCulloch Corp.
USUAL RESIDENCE Arizona	COUNTY Mohave	TOWN OR CITY Lake Havasu	ZIP CODE 86403	HOW LONG IN ARIZONA? 26 Years
STREET ADDRESS OR R.F.D. 128 Sunray Dr.		INSIDE CITY LIMITS? (SPECIFY Yes or No) Yes	PREVIOUS STATE OF RESIDENCE California	EDUCATION HIGHEST GRADE COMPLETED COLLEGE (14 or 5+)
FATHER'S NAME Unknown		MOTHER'S MAIDEN NAME Unknown	ADDRESS STREET NO. CITY AND STATE 1815 Peruvian Plaza Lake Havasu City, Arizona	
INFORMANT'S NAME Sharon A. Wrona		RELATIONSHIP TO DECEASED Friend	ZIP CODE 86403	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	DATE June 1, 1992	CEMETERY OR CREMATORY - NAME/LOCATION Lake Havasu Memorial Gardens	FEBALMER'S SIGNATURE [Signature]	
FUNERAL HOME Lietz-Fraze Funeral Home	NAME 21 Riviera Blvd.	CITY AND STATE Lake Havasu AZ	FUNDAL DIRECTOR or person acting in such (SIGNATURE) [Signature]	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED Thomas A. Wrona		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 [Signature]		
DATE SIGNED (Mo., Day, Year) May 28, 1992		DATE SIGNED (Mo., Day, Year) [Signature]		
HOUR OF DEATH 9:20 PM.		HOUR OF DEATH [Signature]		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) Thomas A. Wrona		PRONOUNCED DEAD (Mo., Day, Year) [Signature]		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print) Thomas Wrona M.D. 1840 Mesquite Ave. L.H.C.A.		AUTHORIZED FOR CREMATION (SPECIFY) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DATE REGISTERED May 28, 1992		DATE REC'D. IN STATE OFFICE May 28, 1992		
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE		INJURY AT WORK? (Specify Yes or No) No		
HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DESCRIBE HOW INJURY OCCURRED No		
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Lake Havasu City		WHERE LOCATED? Lake Havasu City		
STREET ADDRESS 21 Riviera Blvd.		CITY OR TOWN Lake Havasu City		
STATE Arizona		ZIP CODE 86403		

WALTER C. LIETZ
FUNERAL DIRECTOR

Lietz-Fraze Funeral Home
21 Riviera Blvd.
Lake Havasu City, Arizona

86403



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