

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 Arizona)

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 2/20/1996 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)

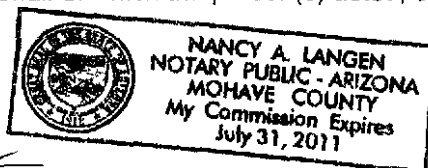


EXHIBIT 'A'

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 A FIRST LEONARD			B MIDDLE JAMES			C LAST BROWNLIE			SEX 2 Male	DATE OF DEATH MONTH DAY YEAR 3 May 27, 1992				
RACE (e.g. white, black, American Indian, (specify tribe) etc.) SPECIFY: 4A White			WAS DECEASED OF HISPANIC ORIGIN (SPECIFY YES OR NO) B No			IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C			WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5 Yes					
PLACE OF DEATH A COUNTY Mohave			B. TOWN OR CITY Lake Havasu City			C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) Havasu Regional Hospital			<input type="checkbox"/> D OOA <input type="checkbox"/> OF EMER <input checked="" type="checkbox"/> IN PATIENT					
DATE OF BIRTH MONTH DAY YEAR September 14, 1918			AGE (YEARS LAST BIRTHDAY) 8A 73		IF UNDER 1 YEAR MOS. DAYS B		IF UNDER 1 DAY HRS. MIN. C		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9 Widowed		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10			
STATE AND CITY OF BIRTH (if not in USA, name country)			CITIZEN OF WHAT COUNTRY? SPECIFY 12			SOCIAL SECURITY NO. 13			USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A Machinist		KIND OF BUSINESS OR INDUSTRY B McCulloch Corp.			
USUAL RESIDENCE A. STATE Arizona		B. COUNTY Mohave		C. TOWN OR CITY Lake Havasu		D. ZIP CODE 86403		HOW LONG IN ARIZONA? 15 26 Years		EDUCATION HIGHEST GRADE COMPLETED 17 ELEMENTARY-SECONDARY (0-12) COLLEGE (1-4 or 5+) A. 2 B.				
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		A. 2		B.			
FATHER'S NAME A FIRST Unknown			B. MIDDLE Unknown			C. LAST Unknown			MOTHER'S MAIDEN NAME A FIRST Unknown		B. MIDDLE Unknown		C. LAST Unknown	
INFORMANT'S NAME 21 W. C. Lietz			RELATIONSHIP TO DECEASED 22 Friend			ADDRESS STREET NO. CITY AND STATE 23 1815 Peruvian Plaza Lake Havasu City, Arizona			ZIP CODE 86403					
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24 Burial		DATE 25 June 1, 1992		CEMETERY OR CREMATORY - NAME/LOCATION 26 Lake Havasu Memorial Gardens			EMBALMER'S SIGNATURE 27 <i>Walter C. Lietz</i>		CERT. NO. B 580					
FUNERAL HOME NAME 28 Lietz-Fraze Funeral Home			STREET ADDRESS 21 Riviera Blvd. Lake Havasu AZ			CITY AND STATE Lake Havasu AZ			FUNERAL DIRECTOR (person acting as such) SIGNATURE 29 <i>Walter C. Lietz</i>		CERT. NO. B 398			
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 <i>Thomas Wrona M.D.</i>			DATE SIGNED (Mo., Day, Year) 31 May 28, 1992			HOUR OF DEATH 32 9:20 PM.			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 AND TITLE <i>Walter C. Lietz</i>			CERT. NO. B 398		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print) 39 Thomas Wrona M.D., 1840 Mesquite Ave. L.H.C.AZ			AUTHORIZED FOR CREMATION (SPECIFY) 40 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MEDICAL EXAMINER'S SIGNATURE 41								
DATE REGISTERED 42		REG. FILE NO. 43		REGISTRAR'S SIGNATURE 44		REG. DISTRICT 45		DATE REC'D. IN STATE OFFICE 46						
SEQUENTIALLY LIST CONDITIONS, IF ANY LEADING TO IMMEDIATE CAUSE ENTER UNDERLYING CAUSE (DISEASE OR INJURY) THAT INITIATED EVENTS RESULTING IN DEATH LAST. PART I			A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) CARDIOPULMONARY ARREST						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
			B. DUE TO OR AS A CONSEQUENCE OF. MALIGNANT PLEURAL EFFUSION											
			C. DUE TO OR AS A CONSEQUENCE OF. LUNG CANCER											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I						AUTOPSY (Specify Yes or No) 49 No		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50 No						
MANNER OF DEATH 51 <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE		HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO DAY YR 52		HOUR 53		INJURY AT WORK? (Specify Yes or No) 54		DESCRIBE HOW INJURY OCCURRED 55				
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56				WHERE LOCATED? 57				STREET ADDRESS		CITY OR TOWN		STATE		

Walter C. Lietz
WALTER C. LIETZ
 FUNERAL DIRECTOR
 Lietz-Fraze Funeral Home
 21 Riviera Blvd.
 Lake Havasu City, Arizona
 86403