RECORDING REQUESTED BY

JACK L. COLLISON, P.C.

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

> JACK L. COLLISON A Professional Law Corporation 1610 Oak Street, Suite 106 Solvang, CA 93463

ficial

Recording requested By JACK COLLISION PC

Eureka County - NV Mike Rebaleati - Recorder

Fee: \$43.00 PPTT

Page 1 of 5 Recorded By: FES

Book- 503 Page-0109



SPACE ABOVE THIS LINE FOR RECORDER'S USE

#### Affidavit of Death of Trustees

Eureka County, Nevada, Assessor's Parcel No. 0050-410-04

LEE MICHAEL GARDNER and RUTH ANN ZIMMER, of legal age, being first duly sworn, depose, and say:

- LELAND V. GARDNER and LOLA M. GARDNER, the decedents mentioned in the attached certified copies of Certificate of Death, are the same persons named as Trustees in the certain Declaration of Trust dated July 21, 1999, executed by Leland V. Gardner and Lola M. Gardner, as Trustors.
- 2. At the time of each of the decedent's deaths, decedents were the owners, as Trustees, of certain real property acquired by a deed recorded on August 16, 1999, as Document No. 172518, Book 323, Page 277 in the Official Records of Eureka County, Nevada, covering the following described property situated in the said County, State of Nevada:

THE EAST HALF (E-1/2) OF THE NORTHWEST QUARTER (NW-1/4) OF SECTION 21, TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.&M.

We are the successor Trustees of the same trust under which the decedents held title as trustees pursuant 3. to the deed described above, and are designated and empowered pursuant to the terms of said trust to serve as Trustees thereof.

Dated: August 18, 2010

MICHAEL GARDNER, Co-Trustee

RUTH ANN ZIMMER, Co-Trustee

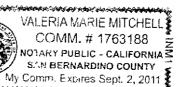
STATE OF CALIFORNIA

) ss.

COUNTY OF SAN BERNARDINO

SUBSCRIBED AND SWORN TO (or affirmed) before me on this | | | | day of August, 2010, by LEE MICHAEL GARDNER, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

fitchell





RECORDING REQUESTED BY

JACK L. COLLISON, P.C.

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

> JACK L. COLLISON A Professional Law Corporation 1610 Oak Street, Suite 106 Solvang, CA 93463

Notary Public

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3. We are the successor Trustees of the same trust under which the decedents held title as trustees pursuant to the deed described above, and are designated and empowered pursuant to the terms of said trust to serve as Trustees thereof.

Dated: August 18, 2010 LEE MICHAEL GARDNER, Co-Trustee RUTH ANN ZIMMER, Co-Trustee STATE OF CALIFORNIA SS. COUNTY OF SAN BERNARDINO SUBSCRIBED AND SWORN TO (or affirmed) before me on this \_\_\_\_\_ day of August, 2010, by LEE MICHAEL GARDNER, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

0215456 Book 503 09/07/201 Page: 110 Page: 2 of 5

09/07/2010

#### **NOTARY PAGE**

for

### AFFIDAVIT OF DEATH OF TRUSTEE

Regarding

Leland V. Gardner, Trustee

STATE OF CALIFORNIA ) ss.
COUNTY OF SANTA CLARA )

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 2010, by RUTH ANN ZIMMER, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Motary Public

MARTHA KELLEY
Commission # 1779424
Notary Public - California
Santa Clara County
My Comm. Expires Dec 8, 2011

# SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT

		CERTIFIC STATE USE BLACK RIK OWY / NO EF	ATE OF DEAT		3201042001253				
	STATE FILE NUMBER  1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	11e(REV 3/06)	nlly)	LOCAL REGISTRATION	PERMUN			
⊴	LELAND	VINCENT		GARD	NER		\ \		
ECEDENT'S PERSONAL DATA	AKA, ALSO KNOWN AS - Include ful AKA (FIRST, MIDDLE, LAST)		01/13/19	924	B6 Ment	ths Days H	UNDER 24 HOURS 6. SEX Purs Manufes M		
	9, BIRTH STATE/FOREIGN COUNTRY 10, SOCIAL SECURITY N	X YES	NO UNK W	IDOWED	01	06/09/2010	1340		
	13. EDUCATION - Highest Level/Degree   147's, WAS DECEDENT HISPANICA (see workscheel or bods)   VES		X № CA	UCASIAN		e listed (see worksheer o	\ \		
	17. USUAL DSCUPATION - Type of work for most of file, DO NOT USE OPTICAL PHYSICIST		SPACE	STHY (a.g., grocety sto	re, road construction,	employment agency, etc	19. YEARS IN OCCUPATION		
USUAL	20. DECEDENT'S RESIDENCE (Street and number or location)  1115 W. HWY 246  21. CITY   22. COUNTY/PROVINCE   23. ZIP CODE   24. YEARS IN COUNTY   25. STATE/FOREIGN COUNTY   26. STATE/FOREIGN COUNTY   27. STATE/FOREIGN COUNTY   27. STATE/FOREIGN COUNTY   27. STATE/FOREIGN COUNTY   28. STATE/F								
		ITA BARBARA	23, ZIP CODI 93427		41	CA			
INFOR-	LEE GARDNER, SON 5820 HELLMAN AVENUE, ALTA LOMA, CA 91737								
SPOUSE/SHDP AND PARENT INFORMATION	- 31. NAME OF PATHERPARENT-PIPST			- "		\	34. SIRTH STATE		
	HENRY  35. NAME OF MOTHER/PARENT-PIRST	32, MIDOLE  - 36, MIDDLE		13. LAST GARDNER 17. LAST (BIRTH NAN			NY 38. BIRTH STATE		
	LOUISE	CELIA		SCHERRE!			NY		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	06/18/2010 5820 HELLMAN	TION RES. LEE MICI AVENUE, ALTA L	OMA, CA 91	737	<u>/</u>		43. LICENSE MUMBER		
	CR/RES	▶ NOT EM	BALMED	<u>\/</u>			-		
	44. NAME OF FUNERAL ESTABLISHMENT LOPER FUNERAL CHAPEL	FD1294	795	HI M WAD	۹, MD	5@	47. DATE mm/dd/coyy 06/15/2010		
E OF	101. PLACE DE DEATH  SANTA BARBARA COTTAGE HOSPITAL  102. IF HOSPITA. SPECIFY ONE    103. IF OTHER THAN HOSPITAL SPECIFY ONE   103. IF OTHER THAN HOSPITAL SPECIFY ONE   104. COUNTY   106. FACILITY ADDRESS ON LOCATION WHERE FOUND [Street and number or location]   106. CPU   1								
PLACE OF DEATH	SANTA BARBARA PUEBLO AT B.		SANTA BARBARA						
	107. CALSE OF DEATH ENER THE CHARLES OF DEATH  BIMMEDIATE CAUSE (A: SUBDURAL HEMATON (Phot disease or procedition resulting and procedition resultin	wents such	Crest and Costs	THE DEATH REPORTED TO CORONER?					
_	in death)  Sequentially, Est conditions, if any,		/ /		1		109. BIOPSY PERFORMED? YES X NO		
OF DEATH	leading to cause on Line A. Enter (C) UNIO-ERLYING CAUSE (Insease or Control of Control		1	-		110. ALITOPSY PERFORMED?			
CAUSE	Injury that Inhibitant the events (D) resulting in death LAST					ηση	YES NO		
_	T12 OTHER SIGNALIZANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 197 ASCVD, COUMADIN THERAPY								
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 101	OR 112? (If yes, let type of operall	on and date,}	7		-	FEMALE PREGNANT IN LAST YEAR? YES NO UNK		
ATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DCATH DOCUMED AT THE HOUR DATE, AND PLACE STATED FROM THE CAUSES STATED.  Decedant Attended Since  Decedant Attended Since	S, SIGNATURE AND TITLE OF CER	nnen	/		118, LICENSE NUMBE	R 117 DATE mm/ed/ccyy		
PHYSICIAN'S CERTIFICATION		I. TYPÉ A.TENDING PHYSICIAN'S	NAME: MAILING ADDR	RESS. ZIP CODE	-,				
	119, I CERTIFY THAT IN MY DIPINION DEATH OCCUPIED AT THE HOUR, CATE, AN MANNER OF DEATH NIBRURY Accident Morrisons	D PLACE STATED FROM THE CAUSES : Pending Investigation	Could not be determined	120. PAJURED AT A		121. INJURY DATE mm 06/07/2010	2000 (24 Hours)		
USE ONLY	123, PLACE OF MUIRY (e.g., home, construction sale, wooded greg, etc.) RESIDENCE								
10	124. DESCRIBE HOW INJURY OCCUPRED (SWITS WHICH TRANSISS IN INJURY) DECEDENT SUFFERED AN UN-WITNESSED FALL DAYS BEFORE HE WAS HOSPITALIZED AND SUCCUMBED TO HIS HEAD INJURY.								
ВÖS	125. LOCATION OF NUMPY (Stimet and number, or focation, and city, and zic)  1115 W. HWY 246, BUELLTON, CA 93427  126. SIGNATURE OF CORDINAR/OFPUTY CORDINER  126. SIGNATURE OF CORDINAR/OFPUTY CORDINER  127. DATE mm/dd/ocyy [126. TYPENAME, TITLE OF CORDINAR/ DEPUTY CORDINER								
]	JOSE ALVAREZ	06/15	/2010 J	IOSE ALVA	REZ, DEP	JTY CORON			
STATE	TE A B C D		01000100	01520465*	FUNCTIONS	FAX AUTH.	GENSUS TRACT		
			-						

0333826\*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SANTA BARBARA

DATE ISSUED JUN 15 2010

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

PUBLIC HEALTH DEPARTMENT COUNTY OF SANTA BARBARA, CALIFORNIA

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





## **SANTA BARBARA COUNTY**

SANTA BARBARA, CALIFORNIA

				RTIFIC				. 32		2000493		
5TA	ATE FILE NUMBER		BLACK IN	ONLYMO E	RASURES, WH -11 (REV. 1/0	IITEOUTS OF	N ALYERATION		AL REG	SISTRATION	NUMBER	
	1. NAME OF OCCEDENT—FIRST (GIVEN)  LOLA			LEA				3, LAST (FAMILY) GARDNER				
	06/12/1925 76		76	MONTHS DAYE HOURS HINUTES			F	02/	27/2		0945	
DECEDENT PERSONAL DATA	Y M. STATE OF BIRTH 10. SOCIAL SECURITY N		RITY NO.	D. 11. MILITARY SERVICE			1	12. MARDIAL STATUS  Married			13. EDUCATION—YEART COMPLETED	
	14. RACE		16	HISPANIC		1		16. 050	AL EMPL	OYER		
	White						X No	Sel	.f			
	17. OCCUPATION		16	16. HIND OF BUBINERS					18	18. YEARS IN OCCUPATION		
	Homemaker			Own Home				The state of the s		54		
	20. RESIDENCE-(STREET		LOCATION						-	The state of the s	74.	
USUAL	1115 West High	way #246				-	The same of the sa				7	
RESIDENCE	21. CITY		22. 000	- 100	and the same of	23. ZIP	796	i		i	R FOREIGN COUNTRY	
	Buellton S			Santa Barbara			93427 33			California UTE NUMBER, CITY OR YOWN, STATE, 2091		
INFORMANT				- A							R TOWN, STATE, ZIFI	
	Leland Gardner, [iusband			P.O. Box 1789			30. LAST (MA	ILLION, C	A 9.34	12/		
	Leland	Proob_Piks	A.	Vincent			Gard	1				
SPOUSE	91. NAME OF FATHER-FR	RST .		MIDDLE			33, LAST	icr	····		34, BIRTH STATE	
AND PARENT	Joseph	. 1	%. I	Rae			Mate	∍r			England	
INFORMATION	35. NAME OF MOTHER-FI	ast	755	MIDDLE	h		37. LAST (MA				36. BIRTH STATE	
	Jessie		- 1	Rae	N	!	Shear	rer			MI	
	39. DATE M N / D D / C C Y	Y 40. PLACE OF	FINAL DISP	NOITIEG	_ \		7	7				
DISPOSITION(S)	03/01/2002	Residenc	e of	Leland	Gardner	, 1119	5 West Hig	tway #245	, Bel	Itan, CA 🤉		
FUNERAL	41. TYPE OF DISPOSITION	(\$)		42. EIGNA	TURE OF EM	76.45	/.			43. LICE	NSE NO.	
DIRECTOR	CR/RES	OF CYCR		<b>₽</b> 45. LICKNE	tual 44 E		mbalmed	BTD45			None	
LOCAL REGISTRAR	Dudley-Hoffman	100	State of the local division in the last of	FD-5	. Pa :	and S	Milue	الآيا هم				
	101 PLACE OF BEATH	HOLLGALY	1	DS. IF HORE	-			ER THAN HOSPIT	L 104	L COUNTY	1/2002	
PLACE	Residence		ſ	<del></del>	<u>~</u>	30A [	VAGS .	REG. OTH		Santa Ba	rhara	
PO HTABD	105. STHEET AUDRES(	STREET AND NUMBE	R OR LOC	ATION)	الل المويد		JACAP, L.J.	- UIA		i. city	Luara	
/	1115 West High	way #246	The same of	- 1	N	7%	i.	74	1			
							Ph	796.	1 4	sueliton		
/ /	107, DEATH WAS CAUSED	BY: (ENTER ONLY	ONE CAUS	FER LINE P	OR A. 9, C,	AND D)	·//	THE IN	TERVAL	Buellton	ORTED TO CORONER	
- / -	/	BY: (ENTER ONLY	ONE CAUS	F PER LINE F	OR A. S. C.	AND D)	/	TIME IN BETWEEN AND E	TERVAL	108. SEATH REI	X No	
	IMMEDIATE	BY (ENTER ONLY		\	OR A. B. C.	AND D)		TIME IN BETWEEN	TERVAL ONSET EATH	108. DEATH REI YES PETENN	AL NUMBER NO	
	IMMEDIATE (AI Me	tastatic B		\	OR A. B. C.	AND D)		AND I	TERVAL ONSET EATH	108. DEATH REI YES PETERR	AL NUMBER NO	
	IMMEDIATE	BY (ENTER ONLY		\	OR A. B. C.	AND D)		AND I	TERVAL I ONSET JEATH	108. DEATH REI YES PETERRI	NO NO	
CAUSE OF	IMMEDIATE (AI Me	BY (ENTER ONLY		\	OR A. B. C.	AND D)		AND I	TERVAL I ONSET JEATH	YES TOR. BICPSY F  X YES TOR. AUTOPBY	ERFORMED NO	
CAUSE OF DEATH	IMMEDIATE CAUSE (AI Me	BY (ENTER ONLY		\	OR A. B. C.	AND D)		AND I	COSTS	YES  OR. BIOPSY P  X YES  100. BIOPSY P  X YES	NO NO	
OF .	IMMEDIATE CAUSE (AI Me	BY (ENTER ONLY		\	OR A. B. C.	AND D)		AND I	COSTS	YES  OR. BIOPSY P  X YES  100. BIOPSY P  X YES	ERFORMED  PERFORMED  PERFORMED  PERFORMED  FERMINING CAUSE	
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PHYSI- CIAN'S CERTIFICA- YION CORDNER'S USE ONLY	IMMEDIATE CAUSE (AI Me DUE TO (B)  DUE TO (C)  DUE TO (D)  112. OTHER SIGNIFICANT IN NOTICE.  113. WAS OPERATION PER LUMDOCTOMY Right 114. I CERTIFY THAY TO THE EDGE DEATH OCCUMENT AT THE ME OCCUMENT AT THE ME OCCUMENT AT THE ME OCCUMENT ATTEMPT OF DEATH  INTERPRETATION OF THE OCCUMENT ATTEMPT OF DEATH  ACCIOENT INVESTIGATION OF THE OCCUMENT	TORMED POR ANY  CONDITIONS CONTY  CONDITIONS CONTY	COMBITION TO 1989. L. T.	CANCER  O BEATH BU  IN ITEM 107  TYPE ATTEIN  THE ATTE	ON 1121 IF  AND TIME IN  WHICH PIPS IN  YORK 121. IN  HO HOW INJURY	ED TO GAUST TO SEE THE	THE OF OPERA	110 AND DATE OF THE PROPERTY O	CALS	109, BIODAY P  YES PETER  109, BIODAY P  YES 111, USED IN 0.  117, DAT  02/2  LACE OF INDU	ERFORMED NO PERFORMED NO PERFOR	
PHYSI- CIAN'S CERTIFICA- YION CORDNER'S USE ONLY	IMMEDIATE CAUSE (AI Me DUE TO (B)  DUE TO (C)  DUE TO (C)  112. OTHER BIOMIFICANT: NOTIC: 113. WAS OPERATION PER LAMIDOCTOMY Ri. 114. CERTIFY THAT TO THE EDGE DEATH OCCUMENT AND FLACE STATEO RING OCCUMENTO AT THE HI OCCUMENTO	TORMED POR ANY  CONDITIONS CONTY  CONDITIONS CONTY	COMBITION TO 1989. L. T.	CANCER  O BEATH BU  IN ITEM 107  TYPE ATTEIN  THE ATTE	ON 1121 IF  AND TIME IN  WHICH PIPS IN  ORRE 123. IN  HO HOW INJURY	ED TO GAUST TO SEE THE	THE OF OPERA	110 AND DATE OF THE PROPERTY O	CALS	109, BIODAY P  YES PETER  IOS, BIODAY P  YES 111. URED IN D  117. DAT  02/2'  TABLE OF INDU	ERFORMED NO PERFORMED NO PERFOR	
OF DEATH PHYSI- CIAN'S CERTIFICA- YION CORONER'S USE ONLY	IMMEDIATE CAUSE (AI Me DUE TO (B)  DUE TO (C)  DUE TO (C)  112. OTHER BIOMIFICANT: NOTIC: 113. WAS OPERATION PER LAMIDOCTOMY Ri. 114. CERTIFY THAT TO THE EDGE DEATH OCCUMENT AND FLACE STATEO RING OCCUMENTO AT THE HI OCCUMENTO	TORMED POR ANY  CONDITIONS CONTY  CONDITIONS CONTY	COMBITION TO 1989. L. T.	O BEATH BU  IN ITEM ICE  TYPE ATTEI  TEA L. MAI.  PRECEDING IN  DESCRIPTION  127.	ON 1121 IF  AND TIME IN  WHICH PIPS IN  ORRE 123. IN  HO HOW INJURY	ED TO GAUST TO SEE THE	THE OF OPEN.  E. MAILING AD  COLTH PSI:  HIPPEC V  REVENTS WHIR	110 AND DATE OF THE PROPERTY O	CALS	100. DELTH RES  YES  YES  YES  YES  YES  YES  110. AUTOREY  YES  111. URED IN DI  YES  NER OH DEPUT	ERFORMED NO PERFORMED NO PERFOR	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SANTA BARBARA

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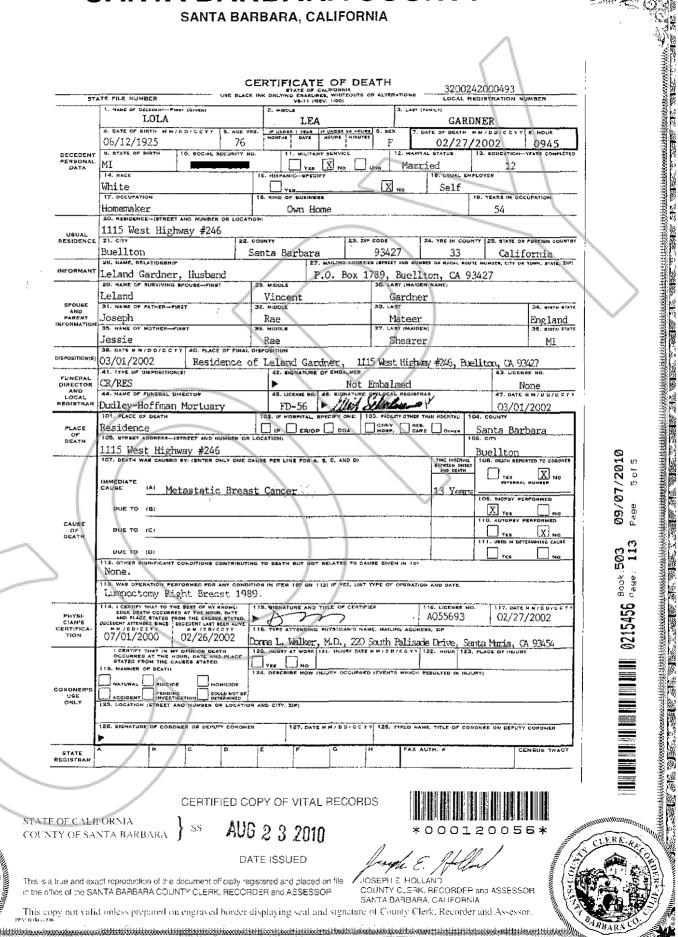
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IOSEPH E HOLLAND COUNTY CLERK, RECORDER and ASSESSOR SANTA BARBARA, CALIFORNIA

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09/07/2010