

RECORDING REQUESTED BY

JACK L. COLLISON, P.C.

DOC # 0215456

09/07/2010 02:09 PM

Official Record

Recording requested By
JACK COLLISON PC

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$43.00 Page 1 of 5
RPTT: Recorded By: FES
Book- 503 Page- 0109

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



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:

1. 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 Truators.

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.

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

LEE MICHAEL GARDNER, Co-Trustee

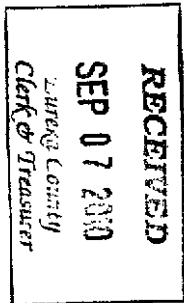
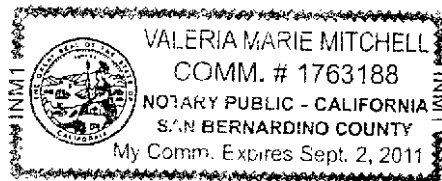
RUTH ANN ZIMMER, Co-Trustee

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN BERNARDINO)

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 18 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.

Valeria Marie Mitchell

Notary Public



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Dated: August 18, 2010

LEE MICHAEL GARDNER, Co-Trustee

Ruth Ann Zimmer, 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.

Notary Public



0215456

Book: 503
Page: 110

09/07/2010
Page: 2 of 5

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 20TH day of August, 2010, by RUTH ANN ZIMMER, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Martha Kelley
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201042001253

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) LELAND		2. MIDDLE VINCENT	
3. LAST (Family) GARDNER		4. DATE OF BIRTH mm/dd/yyyy 01/13/1924	
5. AGE Yrs. Mths. Ds. 86		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 06/09/2010		8. HOUR (24 hours) 1340	
9. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SP/DP at Time of Death WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet or back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - List to 3 races may be listed (see worksheet on back) CAUCASIAN		16. DECEASED'S OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OPTICAL PHYSICIST	
17. USUAL RESIDENCE (Street and number or location) 1115 W. HWY 246		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AEROSPACE	
19. YEARS IN OCCUPATION 40		20. DECEASED'S RESIDENCE (Street and number or location) 1115 W. HWY 246	
21. CITY BUELLTON		22. COUNTY/PROVINCE SANTA BARBARA	
23. ZIP CODE 93427		24. YEARS IN COUNTY 41	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP LEE GARDNER, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 5820 HELLMAN AVENUE, ALTA LOMA, CA 91737		28. NAME OF SURVIVING SPOUSE/SP/DP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST HENRY		32. MIDDLE -	
33. LAST GARDNER		34. BIRTH STATE NY	
35. NAME OF MOTHER/PARENT - FIRST LOUISE		36. MIDDLE CELIA	
37. LAST (BIRTH NAME) SCHERRED		38. BIRTH STATE NY	
39. DISPOSITION DATE mm/dd/yyyy 06/18/2010		40. PLACE OF FINAL DISPOSITION RES. LEE MICHAEL GARDNER 5820 HELLMAN AVENUE, ALTA LOMA, CA 91737	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT LOPER FUNERAL CHAPEL	
45. LICENSE NUMBER FD1294		46. SIGNATURE OF LOCAL REGISTRAR TAKASHI M WADA, MD	
47. DATE mm/dd/yyyy 06/15/2010		48. PLACE OF DEATH SANTA BARBARA COTTAGE HOSPITAL	
49. CITY SANTA BARBARA		50. COUNTY SANTA BARBARA	
51. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) PUEBLO AT BATH STREET		52. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> FR/DP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
53. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		54. TIME INTERVAL BETWEEN DEATH AND DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
55. IMMEDIATE CAUSE (Final disease or condition resulting in death) SUBDURAL HEMATOMA		56. DAYS C-10-0639	
57. FALL		58. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. CAUSE OF DEATH (Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST)		60. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
61. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ASCVD, COUMADIN THERAPY		62. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
63. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		64. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
65. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH DECLARED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Armando Sauc Deputy: Last Sean Alva		66. SIGNATURE AND TITLE OF CERTIFIER JOSE ALVAREZ	
67. DATE mm/dd/yyyy 06/15/2010		68. LICENSE NUMBER 50	
69. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOSE ALVAREZ		70. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
71. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		72. INJURY DATE mm/dd/yyyy 06/07/2010	
73. INJURY HOUR (24 hours) 2000		74. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) RESIDENCE	
75. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) DECEDENT SUFFERED AN UN-WITNESSED FALL DAYS BEFORE HE WAS HOSPITALIZED AND SUCCEMDED TO HIS HEAD INJURY.		76. LOCATION OF INJURY (Street and number, or location, and city, and zip) 1115 W. HWY 246, BUELLTON, CA 93427	
77. SIGNATURE OF CORONER / DEPUTY CORONER JOSE ALVAREZ		78. DATE mm/dd/yyyy 06/15/2010	
79. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JOSE ALVAREZ, DEPUTY CORONER		80. STATE A B C D E A	

000333826

CERTIFIED COPY OF VITAL RECORDS

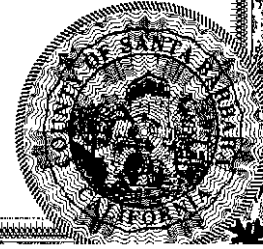
STATE OF CALIFORNIA }
COUNTY OF SANTA BARBARA }

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.

Takashi M. Wada
TAKASHI M. WADA, M.D.
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

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



09/07/2010
Page 4 of 5
Book 503
0215456 Page 112



STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
 SANTA BARBARA, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY IN GRASSURES, WHITEOUTS OR ALTERATIONS
 VS-11 (REV. 1/02)

STATE FILE NUMBER: 3200242000493 LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN): LOLA
 2. MIDDLE: LEA
 3. LAST (FAMILY): GARDNER

4. DATE OF BIRTH M/M/D/D/C/C/Y: 06/12/1925
 5. AGE YRS: 76
 6. SEX: F
 7. DATE OF DEATH M/M/D/D/C/C/Y: 02/27/2002
 8. HOUR: 0945

9. STATE OF BIRTH: MI
 10. SOCIAL SECURITY NO.: [REDACTED]
 11. MILITARY SERVICE: YES NO UNK
 12. MARITAL STATUS: Married
 13. EDUCATION—YEARS COMPLETED: 12

14. RACE: White
 15. HISPANIC—SPECIFY: YES NO
 16. USUAL EMPLOYER: Self

17. OCCUPATION: Homemaker
 18. KIND OF BUSINESS: Own Home
 19. YEARS IN OCCUPATION: 54

20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 1115 West Highway #246
 21. CITY: Buellton
 22. COUNTY: Santa Barbara
 23. ZIP CODE: 93427
 24. YRS IN COUNTY: 33
 25. STATE OR FOREIGN COUNTRY: California

26. NAME, RELATIONSHIP: Leland Gardner, Husband
 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): P.O. Box 1789, Buellton, CA 93427

28. NAME OF SURVIVING SPOUSE—FIRST: Leland
 29. MIDDLE: Vincent
 30. LAST (MAIDEN NAME): Gardner

31. NAME OF FATHER—FIRST: Joseph
 32. MIDDLE: Rae
 33. LAST: Mateer
 34. BIRTH STATE: England

35. NAME OF MOTHER—FIRST: Jessie
 36. MIDDLE: Rae
 37. LAST (MAIDEN): Shearer
 38. BIRTH STATE: MI

39. DATE M/M/D/D/C/C/Y: 03/01/2002
 40. PLACE OF FINAL DISPOSITION: Residence of Leland Gardner, 1115 West Highway #246, Buellton, CA 93427

41. TYPE OF DISPOSITION(S): CR/RES
 42. SIGNATURE OF EMERALMER: [Signature]
 43. LICENSE NO.: None

44. NAME OF FUNERAL DIRECTOR: Dudley-Hoffman Mortuary
 45. LICENSE NO.: FD-56
 46. SIGNATURE OF LOCAL REGISTRAR: [Signature]
 47. DATE M/M/D/D/C/C/Y: 03/01/2002

101. PLACE OF DEATH: Residence
 102. IF HOSPITAL, SPECIFY ONE: IP ER/OP DOA
 103. FACILITY OTHER THAN HOSPITAL: CHRY HOSP. RES. CARE Other
 104. COUNTY: Santa Barbara
 105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 1115 West Highway #246
 106. CITY: Buellton

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)
 IMMEDIATE CAUSE (A) Metastatic Breast Cancer
 DUE TO (B)
 DUE TO (C)
 DUE TO (D)

108. DEATH REPORTED TO CORNER: YES NO
 109. BIOPSY PERFORMED: YES NO
 110. AUTOPSY PERFORMED: YES NO
 111. USED IN DETERMINING CAUSE: YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: None.

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: Lumpectomy Right Breast 1989.

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE M/M/D/D/C/C/Y: 07/01/2000 02/26/2002
 115. SIGNATURE AND TITLE OF CERTIFIER: [Signature]
 116. LICENSE NO.: A055693
 117. DATE M/M/D/D/C/C/Y: 02/27/2002

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: Donna L. Walker, M.D., 220 South Palisade Drive, Santa Maria, CA 93454
 119. MANNER OF DEATH: NATURAL SUICIDE HOMICIDE ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED
 120. INJURY AT WORK: YES NO
 121. INJURY DATE M/M/D/D/C/C/Y:
 122. HOUR:
 123. PLACE OF INJURY:
 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP):
 126. SIGNATURE OF CORONER OR DEPUTY CORONER:
 127. DATE M/M/D/D/C/C/Y:
 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER:

STATE REGISTRAR: A B C D E F G H FAX AUTH. # CENSUS TRACT

Book 503 09/07/2010
 page: 113 Page 5 of 5



CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA
 COUNTY OF SANTA BARBARA

SS AUG 23 2010

000120056

DATE ISSUED

Joseph E. Holland

This is a true and exact reproduction of the document of legally registered and placed on file in the office of the SANTA BARBARA COUNTY CLERK, RECORDER and ASSESSOR

JOSEPH E. HOLLAND
 COUNTY CLERK, RECORDER and ASSESSOR
 SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk, Recorder and Assessor.

