

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

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

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RPTT:

Recorded By: FES

Book- 503 Page- 0169



0215456

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 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.

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

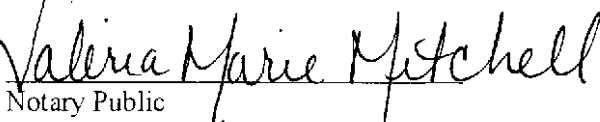
RUTH ANN ZIMMER, Co-Trustee

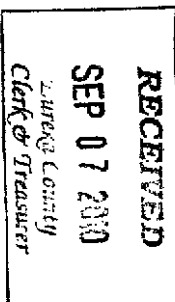
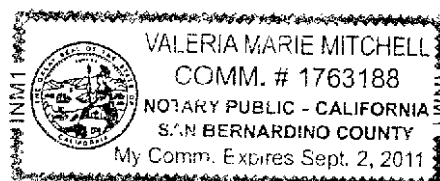
STATE OF CALIFORNIA)

) ss.

COUNTY OF SAN BERNARDINO)

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


Notary Public



RECORDING REQUESTED BY

JACK L. COLLISON, P.C.

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OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

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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



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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		USE BLACK INK ONLY / NO CORRECTIONS, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) LELAND		2. MIDDLE VINCENT		3. LAST (Family) GARDNER	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		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/SPDY at Time of Death WIDOWED		13. EDUCATION - Highest Level/Degree (see worksheet on 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 - United States races may be listed; see worksheet on back CAUCASIAN		16. USUAL OCCUPATION - Type of work for most of life; DO NOT USE RETIRED OPTICAL PHYSICIST		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AEROSPACE	
18. YEARS IN OCCUPATION 40		19. DECEDENT'S RESIDENCE (Street and number or location) 1115 W. HWY 246		20. CITY BUELLTON	
21. COUNTY/PROVINCE SANTA BARBARA		22. ZIP CODE 93427		23. YEARS IN COUNTRY 41	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP LEE GARDNER, SON		26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5820 HELLMAN AVENUE, ALTA LOMA, CA 91737	
27. NAME OF SURVIVING SPOUSE/SPDY-FIRST -		28. MIDDLE -		29. LAST (BIRTH NAME) -	
30. NAME OF FATHER/PARENT-FIRST HENRY		31. MIDDLE -		32. LAST GARDNER	
33. NAME OF MOTHER/PARENT-FIRST LOUISE		34. MIDDLE CELIA		35. LAST (BIRTH NAME) SCHERRED	
36. BIRTH STATE NY		37. BIRTH STATE NY		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. 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/ULTD <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		50. CITY SANTA BARBARA	
51. COUNTY SANTA BARBARA		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) PUEBLO AT BATH STREET		53. TIME INTERVAL Between Death and Death C-10-0639	
54. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) * SUBDURAL HEMATOMA FALL		55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ASCVD, COUMADIN THERAPY		56. 108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
57. 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		58. 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		59. 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
60. 112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		61. 113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		62. 114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH DECLARED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>	
63. 115. SIGNATURE AND TITLE OF CERTIFIER JOSE ALVAREZ		64. 116. LICENSE NUMBER 50		65. 117. DATE mm/dd/yyyy 06/15/2010	
66. 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOSE ALVAREZ		67. 119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 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		68. 120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
69. 121. INJURY DATE mm/dd/yyyy 06/07/2010		70. 122. HOUR (24 hours) 2000		71. 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) RESIDENCE	
72. 124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) DECEDENT SUFFERED AN UN-WITNESSED FALL DAYS BEFORE HE WAS HOSPITALIZED AND SUCCEMPTED TO HIS HEAD INJURY.		73. 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 1115 W. HWY 246, BUELLTON, CA 93427		74. 126. SIGNATURE OF CORONER/DEPUTY CORONER JOSE ALVAREZ	
75. 127. DATE mm/dd/yyyy 06/15/2010		76. 128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER JOSE ALVAREZ, DEPUTY CORONER		77. 129. FAX AUTH# -	
78. 130. CENSUS TRACT -		79. 131. STATE A		80. 132. COUNTY B	
81. 133. CITY C		82. 134. ZIP CODE D		83. 135. ZIP CODE E	

000333826

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

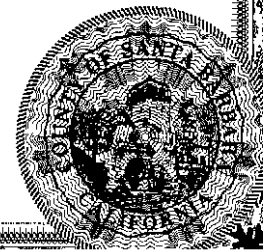
SS DATE ISSUED
JUN 15 2010

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.

Tk Wll
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.

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
SANTA BARBARA, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER		3200242000493	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE	
LOLA		LEA	
3. LAST (FAMILY)		GARDNER	
4. DATE OF BIRTH M/M/D/C/Y		5. AGE YRS.	
06/12/1925		76	
6. SEX		7. DATE OF DEATH M/M/D/C/Y	
F		02/27/2002	
8. HOUR		0945	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
MI		[REDACTED]	
11. MILITARY SERVICE		12. MARITAL STATUS	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. EDUCATION—YEARS COMPLETED		14. RACE	
12		White	
15. USUAL EMPLOYER		16. HISPANIC—SPECIFY	
Self		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. OCCUPATION		18. KIND OF BUSINESS	
Homemaker		Own Home	
19. YEARS IN OCCUPATION		20. RESIDENCE—(STREET AND NUMBER OR LOCATION)	
54		1115 West Highway #246	
21. CITY		22. COUNTY	
Buellton		Santa Barbara	
23. ZIP CODE		24. YRS IN COUNTY	
93427		33	
25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP	
California		Leland Gardner, Husband	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)		28. NAME OF SURVIVING SPOUSE—FIRST	
P.O. Box 1789, Buellton, CA 93427		Leland	
29. MIDDLE		30. LAST (MAIDEN NAME)	
Vincent		Gardner	
31. NAME OF FATHER—FIRST		32. MIDDLE	
Joseph		Rae	
33. LAST		34. BIRTH STATE	
Mateer		England	
35. NAME OF MOTHER—FIRST		36. MIDDLE	
Jessie		Rae	
37. LAST (MAIDEN)		38. BIRTH STATE	
Shearer		MI	
39. DATE M/M/D/C/Y		40. PLACE OF FINAL DISPOSITION	
03/01/2002		Residence of Leland Gardner, 1115 West Highway #246, Buellton, CA 93427	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMERALD	
CR/RES		Not Embalmed	
43. LICENSE NO.		44. NAME OF FUNERAL DIRECTOR	
None		Dudley-Hoffman Mortuary	
45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR	
FD-56		[Signature]	
47. DATE M/M/D/C/Y		48. SIGNATURE OF LOCAL REGISTRAR	
03/01/2002		[Signature]	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:	
Residence		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CORV <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
103. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		104. COUNTY	
1115 West Highway #246		Santa Barbara	
105. CITY		106. CITY	
Buellton		Buellton	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER	
(A) Metastatic Breast Cancer		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. BIOPSY PERFORMED		110. AUTOPSY PERFORMED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107	
<input type="checkbox"/> YES <input type="checkbox"/> NO		None.	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	
Lumpectomy Right Breast 1989.		07/01/2000	
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
[Signature]		A055693	
117. DATE M/M/D/C/Y		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP	
02/27/2002		Donna L. Walker, M.D., 220 South Palisade Drive, Santa Maria, CA 93454	
119. MANNER OF DEATH		120. INJURY AT WORK	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		121. INJURY DATE M/M/D/C/Y	
122. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		123. HOUR	
124. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		125. PLACE OF INJURY	
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/D/C/Y	
[Signature]		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
129. STATE REGISTRAR		130. FAX AUTH. #	
A B C D E F G H		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

} SS

AUG 23 2010

DATE ISSUED

000120056

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

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

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



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