

FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2005 JUN 30 PM 4 06

LINCOLN COUNTY RECORDER

FEE 17.00

SEP *an*

LESLIE BOUCHER

RECORDING REQUESTED BY
First American Title Company of
Nevada

**AND WHEN RECORDED MAIL
TO:**
Joseph Leroy Maeder
P. O. Box 474
Caliente, NV. 89008

Space Above This Line for
Recorder's Use Only

A.P.N. 013-030-20

File No.: 152-2209921 (MJ)

Affidavit - Death of Trustee

State of NEVADA)
)ss.
County of LINCOLN)

Joseph Leroy Maeder ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Betty R. Maeder** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **April 3, 2005** at **Caliente, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **December 10, 1999** executed by **Joseph Leroy Maeder and Betty R. Maeder** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **December 10, 1999** which was recorded as Instrument No. **113894** in Book **146**, Page **90**, of Official Records of **Lincoln** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: June 21, 2005

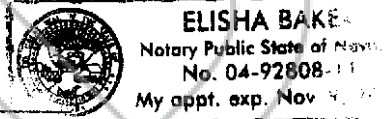
DECLARANT:

Joseph Leroy Maeder
Joseph Leroy Maeder

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 21st day of June, 20 05 by Joseph Leroy Maeder, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Elisha Baker



My Commission Expires: 11-9-08

Notary Name: Elisha Baker
Notary Registration Number: 04-92808-11

Notary Phone: 775-726-3135
County of Principal Place of Business LINCOLN

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| LOCAL FILE NUMBER | | DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | | STATE FILE NUMBER | |
| 1. Betty Rose MAEDER | | 2. April 3, 2005 | | 3a. Lincoln | | COUNTY OF DEATH | |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) | | If Hosp. or Inst. indicate DOA, OP/Emer. Ptn. inpatient (Specify) | | SEX | |
| 3b. Caliente | | 3c. 752 Lincoln Street | | 3e. | | 4. Female | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) | | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. | | AGE—Last Birthday (Years) | | UNDER 1 YEAR MOS : DAYS | |
| 5. White | | 6. | | 7a. 65 | | 7b. : 7c. : | |
| DATE OF BIRTH (Mo., Day, Yr.) | | CITIZEN OF WHAT COUNTRY | | Decedent's Education. Specify highest grade completed. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 8. April 8, 1939 | | 9b. U.S.A. | | 10. 11 | | 11. Married | |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | | Decedent's Education. Specify highest grade completed. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 9a. Indiana | | 9b. U.S.A. | | 10. 11 | | 11. Married | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | | KIND OF BUSINESS OR INDUSTRY | | | |
| 13. | | 14a. Homemaker | | 14b. Own Home | | | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN, OR LOCATION | | STREET AND NUMBER | |
| 15a. Nevada | | 15b. Lincoln | | 15c. Caliente | | 15d. 752 Lincoln St. | |
| INSIDE CITY LIMITS (Specify Yes or No) | | FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | | 15e. Yes | |
| 16. Charles Black | | 17. Evelyn Hansen | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | | |
| 18a. Joseph L. Maeder | | 18b. P.O. Box 474 Caliente, Nevada 89008 | | | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | | LOCATION City or Town State | | | |
| 19a. Cremation | | 19b. Cremation Center of St. George | | 19c. St. George, Utah | | | |
| FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) | | FUNERAL DIRECTOR LICENSE NUMBER | | NAME AND ADDRESS OF FACILITY | | | |
| 20a. [Signature] | | 20b. 15 | | 20c. 730 Front Street Caliente, Nevada 89008 | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | | 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. | | | | | |
| (Signature and Title) [Signature] | | (Signature and Title) [Signature] | | | | | |
| DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | | DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | |
| 21b. 04-04-05 | | 21c. 0813 | | 22b. | | 22c. | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | PRONOUNCED DEAD (Mo., Day, Yr.) | | PRONOUNCED DEAD (Hour) | | | |
| 21d. | | 22d. ON | | 22e. AT | | | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) | | LICENSE NUMBER | | | | | |
| 23a. Shailendra Singh, M.D.; P.O. Box 1010 Caliente, Nevada 89008 | | 23b. 9978 | | | | | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | DEATH DUE TO COMMUNICABLE DISEASE | | | |
| 24a. [Signature] | | 24b. 04-04-05 | | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | | | |
| PART I (a) Cardiorespiratory Failure | | Interval between onset and death | | Immediate | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| (b) Lung Cancer | | Interval between onset and death | | Months | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| (c) Brain Metastasis | | Interval between onset and death | | Months | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. | | AUTOPSY (Specify Yes or No) | | WAS CASE REFERRED TO CORONER (Specify Yes or No) | | | |
| 26. No | | 27. Yes | | | | | |
| ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | |
| 28a. | | 28b. | | 28c. M | | 28d. | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | LOCATION. | | STREET OR R.F.D. No. CITY OR TOWN STATE | |
| 28e. | | 28f. | | 28g. | | | |

STATE REGISTRAR

No. 269899

60794

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

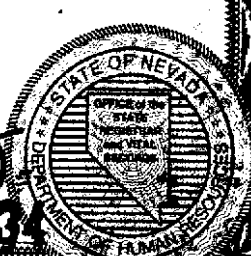
DATE ISSUED:

APR 19 2005

STATE REGISTRAR

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

203 116 234



DESCRIPTION

All that real property situated in the County of Lincoln , State of Nevada, bounded and described as follows:

Commencing at a point 325 feet West of the Southeast Corner of the Northeast Quarter (NE1/4) of the Southwest Quarter (SW1/4) of Section 2, Township 3 South, Range 67 East, M.D.B. & M., and running thence West 600.5 feet to the East side of the State Highway; Thence North 22°26' East 480 feet along the East side of the Highway; Thence 62°30' E 580 feet to the Railroad right-of-way; Thence S 27°30' W 210 feet along the right-of-way to the place of beginning, and containing 4.53 acres of land in entry No. P194, being a part of the Northeast Quarter (NE1/4) of the Southwest Quarter (SW1/4) of Section 2, Township 3 South, Range 67 East, M.D.B. & M., in Lincoln County, Nevada, together with any and all improvements situate thereon.

The above metes and bounds description appeared previously in that certain document recorded February 1, 2000 in Book 146, Page 90, Instrument No. 113894.

* * * * *

Barbara Farland, Title Officer

BJF

152-2209921

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