

RECORDING REQUESTED BY:  
Anderson & Dorn, Ltd.  
294 East Moana Lane, Ste, B27  
Reno, NV 89502

Vol M00 Page 31204

WHEN RECORDED MAIL TO:  
RONALD RUDY HIGGENS-EVENSON  
2116 Meadow View Place  
San Mateo, CA 94401

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

I, RONALD RUDY HIGGENS-EVENSON, the undersigned, affirm under penalty of perjury under the laws of the State of ~~Nevada~~ OREGON that the following is true and correct:

- (1) By instrument dated December 31, 1996, RONALD E. EVENSON and CLAIR EVENSON, both now deceased, executed the EVENSON LIVING TRUST ("Trust").
- (2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of RONALD E. EVENSON and CLAIR EVENSON.
- (3) RONALD E. EVENSON died on March 15, 2000, at Reno, Nevada, a resident of Washoe County, Nevada. CLAIR EVENSON died on January 13, 2000, at Reno, Nevada, a resident of Washoe County, Nevada. Attached hereto as Exhibit "A" are certified copies of the death certificates of said RONALD E. EVENSON and CLAIR EVENSON.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.
- (5) The following described real property is part of the trust estate: See Exhibit "B" attached.
- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.
- (7) No other person has a right to the interest of the Trust in the described property.
- (8) The described property shall be transferred to me as Successor Trustee.

Executed on 8/3/00 at RENO, NEVADA.

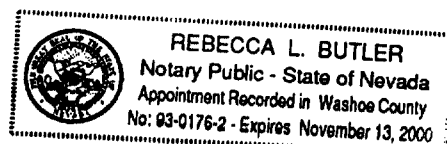
Ronald Rudy Higgins-Evenson  
RONALD RUDY HIGGENS-EVENSON,  
Successor Trustee

STATE OF NV )  
 )  
COUNTY OF Washoe ) ss:

On 8/3/00 date, before me, Rebecca L Butler, personally appeared RONALD RUDY HIGGENS-EVENSON, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.

Rebecca L Butler  
Signature of Notary



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

31705

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

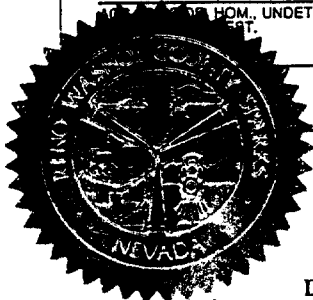
ROLL 99 IMAGE 776

614

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Ronald R. EVENSON			DATE OF DEATH (Month, Day, Year) 2. March 15, 2000		COUNTY OF DEATH 3a. Washoe	
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. X		AGE—Last Birthday (Years) 7a. 64	
DECEDENT	STATE OF BIRTH (If not U.S.A., name country) 9a. Montana			CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 16	
	SOCIAL SECURITY NUMBER 13. 516-32-0784			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Manager		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed	
	RESIDENCE—STATE 15a. Nevada			CITY, TOWN, OR LOCATION 15c. Reno		STREET AND NUMBER 15d. 740 Hood Ave.	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	COUNTY 15b. Washoe			INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		DATE OF BIRTH (Mo., Day, Yr.) 8. July 18, 1935	
	FATHER—NAME First Middle Last 16. Arnold Evenson			MOTHER—MAIDEN NAME First Middle Last 17. Mary Alice Hays			
	INFORMANT—NAME (Type or Print) 18a. Arnold A. Evenson			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 740 Hood Ave., Reno, Nevada 89512			
PARENTS	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation			CEMETERY OR CREMATORY—NAME 19b. Truckee Meadows Crematory		LOCATION City or Town State 19c. Sparks Nevada	
	FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) 20a. [Signature]			FUNERAL DIRECTOR LICENSE NUMBER 20b. 170		NAME AND ADDRESS OF FACILITY 20c. Reno Memorial, 253 E. Arroyo, Reno, Nevada 89502	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 3/16/00			21c. HOUR OF DEATH 1426		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) DATE SIGNED (Mo., Day, Yr.)	
DISPOSITION	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) DEPARTMENT			22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. F. Craig Curath, 85 Kirmann Ave Suite 401 Reno NV 89502			22d. ON		22e. AT	
	23b. LICENSE NUMBER NV5434						
CERTIFIER	REGISTRAR 24a. (Signature) [Signature]			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. March 17, 2000		DEATH DUE TO COMMUNICABLE DISEASE 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) Immediate Cause DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			26. AUTOPSY (Specify Yes or No) No			
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No						
CAUSE OF DEATH	28a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.			28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
	28d. DESCRIBE HOW INJURY OCCURRED			28e. LOCATION		28f. STREET OR R.F.D. No.	
	28g. CITY OR TOWN			28h. STATE			



No.163559

This is to certify that the above is a true and legal copy of the certificate on file in this office.

STATE REGISTRAR

Deputy Registrar: [Signature]

Date:

MAR 22 2000

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT A

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

31706

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

ROLL 99 IMAGE 247

105

STATE FILE NUMBER

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE OF  
DEATH

LOCAL FILE NUMBER 105		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Mary Clair EVENSON		DATE OF DEATH (Month, Day, Year) 2. January 13 2000	
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 740 Hood Avenue	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		SEX 4. Female	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. <input checked="" type="checkbox"/> No		AGE—Last Birthday (Years) 7a. 57	
STATE OF BIRTH (If not U.S.A., name country) 9a. Indiana		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	
SOCIAL SECURITY NUMBER 13. 155-34-4880		Decedent's Education. Specify highest grade completed. 10. 16+	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. English Teacher		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		DATE OF BIRTH (Mo., Day, Yr.) 8. August 29 1942	
COUNTY 15b. Washoe		SURVIVING SPOUSE (If wife, give maiden name) 12. Ron Evenson	
CITY, TOWN, OR LOCATION 15c. Reno		KIND OF BUSINESS OR INDUSTRY 14b. College Education	
STREET AND NUMBER 15d. 740 Hood Avenue		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. Alfred Kettler		MOTHER—MAIDEN NAME First Middle Last 17. Martha Harwood	
INFORMANT—NAME (Type or Print) 18a. Ron Evenson		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 740 Hood Avenue Reno Nevada 89512	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory	
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) 20a. [Signature]		LOCATION City or Town State 19c. Reno Nevada	
FUNERAL DIRECTOR LICENSE NUMBER 20b. 16		NAME AND ADDRESS OF FACILITY 20c. Walton Funeral Home 875 West Second Street Reno Nevada 89503	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>F. Craig Conrath</i> DATE SIGNED (Mo., Day, Yr.) 21b. 1-21-2000		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) <i>F. Craig Conrath</i> DATE SIGNED (Mo., Day, Yr.) 22b. [Blank]	
21c. 0430		HOUR OF DEATH 22c. [Blank]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. [Blank]		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. F. Craig Conrath 85 Kirman #401 Reno NV 89523		PRONOUNCED DEAD (Hour) 22e. AT	
REGISTRAR 24a. (Signature) <i>Sandra Bridges</i> Dep.		LICENSE NUMBER 23b. NV 5454	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. January 18, 2000		DEATH DUE TO COMMUNICABLE DISEASE 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) <i>Malignant Breast Cancer</i> DUE TO, OR AS A CONSEQUENCE OF: (b) [Blank] DUE TO, OR AS A CONSEQUENCE OF: (c) [Blank]		Interval between onset and death 25. 2 Days	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 26. NO		AUTOPSY (Specify Yes or No) 27. NO	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. 28b. [Blank]		DATE OF INJURY (Mo., Day, Yr.) 28c. [Blank]	
HOUR OF INJURY 28d. M		DESCRIBE HOW INJURY OCCURRED 28e. [Blank]	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. [Blank]		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. [Blank]	

No.155138

This is to certify that the foregoing is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *Sandra Bridges*

Date: MAR 21 2000

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

RECORDING REQUESTED BY )  
 BRADLEY B ANDERSON )  
 294 East Moana Lane, Suite B25 )  
 Reno, NV 89502 )  
 WHEN RECORDED MAIL TO: )  
 Same as Above )  
 MAIL TAX STATEMENTS TO: )  
 RONALD R. EVENSON )  
 CLAIR EVENSON )  
 740 Hood Avenue )  
 Reno, NV 89512 )

GRANTEES:  
 RONALD R. EVENSON and  
 CLAIR EVENSON  
 740 Hood Avenue  
 Reno, NV 89512

## Quitclaim Deed

24670 Meadow Lane, Sprague River, Oregon

For no consideration, RONALD R. EVENSON AND CLAIR EVENSON do hereby Remise, Release and Quitclaim to RONALD E. EVENSON and CLAIR EVENSON, Trustees, or their successors in trust, under the EVENSON LIVING TRUST dated DEC 31 1996 and any amendments thereto, as described on that Certificate of Trust attached hereto as Exhibit "A," all their interest in and to the following described real property in the County of Klamath County, State of Oregon:

SEE LEGAL DESCRIPTION ON EXHIBIT B, ATTACHED HERETO.

Date: Jan. 14, 1997

Ronald R. Evenson  
 RONALD R. EVENSON

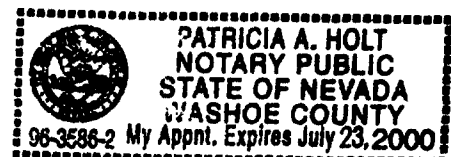
Clair Evenson  
 CLAIR EVENSON

STATE OF NEVADA )  
 ) SS  
 COUNTY OF WASHOE )

On Jan 14, 1997, before me, a Notary Public in and for said State, personally appeared RONALD R. EVENSON and CLAIR EVENSON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

Witness my hand and official seal.

Patricia A. Holt  
 Notary Public



**Exhibit B**  
**Deed**

24670 Meadow Lane, Sprague River, Oregon

Government Lot 24, Section 14, Township 36 South, Range 10 East of the Willamette Meridian, Klamath County,  
Oregon.

State of Oregon, County of Klamath  
Recorded 08/30/00, at 8:27 a. m.  
In Vol. M00 Page 31704  
**Linda Smith,**  
County Clerk Fee \$ 41.00