

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 : ss.
County of Douglas)

I, **DONALD K. McINTOSH**, hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true. I am over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

I am the person named as **DONALD K. McINTOSH**, co-Trustee of **The Donald K. and Ruth C. McIntosh Family Trust Agreement**, executed on September 30, 1992, wherein **DONALD K. McINTOSH** and **RUTH C. McINTOSH** were named as initial Trustees of **The Donald K. and Ruth C. McIntosh Family Trust U/D/T 9-30-92**.

That **RUTH C. McINTOSH** is the identical person as decedent **RUTH CARR McINTOSH** named in that certain Certificate of Death, a certified copy of which is attached hereto and made a part hereof, as if set forth in full, verbatim.

I am the surviving spouse of said decedent, **RUTH C. McINTOSH**, who died on the 16th day of September, 1996.

Dated this 10 day of October, 1996.


DONALD K. McINTOSH

STATE OF NEVADA)
 : ss.
County of Douglas)

This instrument was acknowledged before me on the 10th day of October, 1996, by **DONALD K. McINTOSH**.

Mary E. Davis
Notary Public

 **MARY E. DAVIS**
Notary Public - State of Nevada
Appointment Recorded in Washoe County
MY APPOINTMENT EXPIRES JAN. 10, 1997

WHEN RECORDED MAIL TO:

SHEERIN, WALSH & KEELE
1692 COUNTY ROAD
MINDEN, NEVADA 89423

✓ Dale T. Coulam
251 Jeanell Dr., Ste. 3
Carson City, NV 89703

0438330
BK0498PG5256

CERTIFICATE OF DEATH

3 1996 55 000289

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT—FIRST (GIVEN) Ruth		2. MIDDLE Carr		3. LAST (FAMILY) McIntosh	
4. DATE OF BIRTH MM/DD/CCYY 09/01/1922		5. AGE YRS. 74	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	6. SEX F
7. DATE OF DEATH MM/DD/CCYY 09/16/1996		8. HOUR Found 1342			
9. STATE OF BIRTH TX	10. SOCIAL SECURITY NO. ████████-5003	11. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE		12. MARITAL STATUS Married	13. EDUCATION —YEARS COMPLETED 14
14. RACE White	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. USUAL EMPLOYER Mt. Diablo School District			
17. OCCUPATION School Bus Driver		18. KIND OF BUSINESS Transportation		19. YEARS IN OCCUPATION 24	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 837 Rubio Way					
21. CITY Gardnerville		22. COUNTY Douglas	23. ZIP CODE 89410	24. YRS IN COUNTY 19	25. STATE OR FOREIGN COUNTRY NV
26. NAME, RELATIONSHIP Donald McIntosh—Husband			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 837 Rubio Way, Gardnerville, Nevada 89410		
28. NAME OF SURVIVING SPOUSE—FIRST Donald		29. MIDDLE -		30. LAST (MAIDEN NAME) McIntosh	
31. NAME OF FATHER—FIRST Marshall		32. MIDDLE Britton		33. LAST Carr	34. BIRTH STATE Unknown
35. NAME OF MOTHER—FIRST Eulah		36. MIDDLE -		37. LAST (MAIDEN) Sharp	38. BIRTH STATE Unknown
39. DATE MM/DD/CCYY 09/19/1996		40. PLACE OF FINAL DISPOSITION Kept at 837 Rubio Way, Gardnerville, Nevada 89410			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER Not embalmed		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Terzich & Wilson Funeral Home		45. LICENSE NO. F762	46. SIGNATURE OF REGISTRAR <i>David W. Wynne</i>	47. DATE MM/DD/CCYY 09/19/1996	
101. PLACE OF DEATH Piute Creek		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	104. COUNTY Tuolumne	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1-Mile WEst of Doe Lake on Piute Creek		106. CITY Yosemite Nat'l Park			
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A) Fresh Water Drowning		TIME INTERVAL BETWEEN ONSET AND DEATH min.	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 96-3467		
DUE TO (B)			109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (C)			110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DUE TO (D)			111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.					
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 MM/DD/CCYY DECEDENT LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER Tim Reed #1327		116. LICENSE NO.	117. DATE MM/DD/CCYY
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	121. INJURY DATE MM/DD/CCYY 09/16/1996	122. HOUR 1342	123. PLACE OF INJURY Piute Creek
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Victim of fresh water drowning					
125. LOCATION (STREET AND NUMBER OR LOCATION, AND CITY AND ZIP CODE) 1 Mile West of Doe Lake on Piute Creek, Yosemite National Park					
126. SIGNATURE OF CORONER OR DEPUTY CORONER Tim Reed #1327		127. DATE MM/DD/CCYY 09/18/1996	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Tim Reed Deputy Coroner		
STATE REGISTRAR				FAX AUTH. #	CENSUS TRACT

SEAL

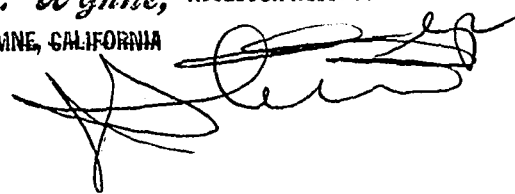
I CERTIFY THIS TO BE A TRUE COPY OF THE RECORD IN THIS OFFICE

ATTEST: **SEP 19 1996**

David W. Wynne, ASSESSOR-RECORDER
COUNTY OF TUOLUMNE, CALIFORNIA

0438330

BK0498PG5257



COPY

REQUESTED BY:
Dale T Cowlam
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 APR 28 A10:03

0438330

BK0498PG5258

LINDA SLATER
RECORDER
\$ 9.00 PAID 10 DEPUTY