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RECORDING REQUESTED

✓ AND RETURN TO:

Lifeline Estate Services Inc.
1575 Delucchi Lane, Suite 210
Reno, Nevada 89502

MAIL TAX STATEMENTS TO:

Anna C. Zimmerman
1530 Desert Gold Court.
Gardnerville, Nevada 89410

AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE

A.P.N. # 23-470-03 Douglas County, Nevada

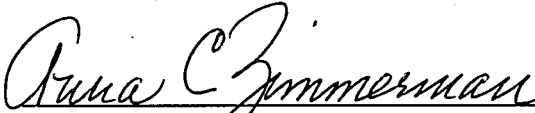
Lot 5, Block E, as shown on the Final Map of WILDFLOWER RIDGE, UNIT 4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on December 19, 1990, in Book 1290, Page 2542, Document No. 241309, Official Records, Douglas County.

The undersigned, Anna C. Zimmerman, hereby declares that, Harold E. Zimmerman, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Harold E. Zimmerman, named as one of the initial Co-Trustee's in that certain Declaration of Trust titled the ZIMMERMAN FAMILY TRUST dated January 27, 1998.

Declarant further declares that she is the remaining initial Co-Trustee named in the Declaration of and that she hereby assumes the position as sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on October 9, 1998, in the City of Gardnerville, County of Douglas, Nevada.



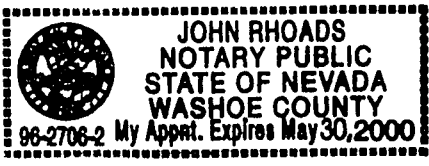
Anna C. Zimmerman, Trustee

0453739

BK 1198PG2156

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On October 9, 1998, before me, John Rhoads, a Notary Public in and for said County and State, personally appeared Anna C. Zimmerman, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to 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 acted, executed the instrument.



WITNESS my hand and official seal

[Handwritten Signature]

Notary Public

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STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 14-69		STATE FILE NUMBER			
1. NAME OF DECEDENT FIRST MIDDLE LAST Harold Eugene ZIMMERMAN			2. SEX Male	3a. DATE OF DEATH (Mo. Day, Yr.) September 23, 1998	3b. TIME OF DEATH (24hr. clock) 1552
4. DATE OF BIRTH (Mo. Day, Yr.) July 20, 1928	5. AGE - (Last Birthday) 70	6. BIRTHPLACE (City & State or Foreign Country) Denver, Colorado	7. SOCIAL SECURITY NUMBER 7037		
8a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA OTHER: <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence <input checked="" type="checkbox"/> 7. Other Mile Post 45 on Highway 6-50			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location)		
8c. CITY, TOWN OR LOCATION OF DEATH Rural		8d. COUNTY OF DEATH Millard		9. SURVIVING SPOUSE (If wife, give maiden name) Anna Celestia McDuff	
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Salesman	
12b. KIND OF BUSINESS OR INDUSTRY Nabisco Food Products		13a. RESIDENCE - STREET AND NUMBER 1530 Desert Gold Court		13b. CITY, TOWN OR COMMUNITY Gardnerville	
13c. COUNTY Douglas		13d. STATE Nevada		14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No (If yes, Specify)	
15. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify) White		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 14		17. FATHER'S NAME (First, Middle, Last) Otto Harry Zimmerman	
18. MAIDEN NAME OF MOTHER (First, Middle, Last) Mamie Fern Giseburt		19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Anna Celestia M. Zimmerman, 1530 Desert Gold Court, Gardnerville, Nevada 89410 (Wife)			
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input checked="" type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION Sept 24, 1998		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Central Utah Cremation	
21c. LOCATION - City or Town, State Provo, Utah 84606		22. SIGNATURE OF FUNERAL SERVICE LICENSEE D. Scott Nishle			
23. LICENSEE NUMBER 22-105277-0902		24. FUNERAL HOME, ADDRESS Nickle Mortuary 190 South Center Street P. O. Box 846 Delta, Utah 84624			
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes, enter the date and hour reported: M.E. Case No. HOUR MO. DAY YEAR			
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.					
27b. SIGNATURE AND TITLE OF CERTIFIER Steven Shamo MD		27c. LICENSE NUMBER 93-263400-1205		27d. DATE SIGNED (Mo., Day, Yr.) 9/25/98	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) Steven W. Shamo MD, 140 White Sage Avenue, Delta, Utah 84624					
29. REGISTRAR'S SIGNATURE Robert Remonds, MHA, MTL(ASCP)		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) September 24, 1998		30b. DATE FILED (Mo., Day, Yr.) SEP 28 1998	
31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Massive head trauma with skull fracture DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death: Instant Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.					
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
34. MANNER OF DEATH <input type="checkbox"/> 1. Natural <input checked="" type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposely or Accidentally <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.) September 23, 1998		35b. TIME OF INJURY (24 Hour Clock) 1552	
35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		35d. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify) Highway		35e. If motor vehicle accident specify if decedent was Driver or pedestrian. Passenger	
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31) Ford Explorer Eastbound exited highway on right, reentered & overcorrected to right, rolled six times, one side side, three end to end, two side to side and came to rest on the wheels facing South in Eastbound lane. Deceased was partially ejected through rear door window. Traveled 280 feet. Occupants were wearing seatbelts.					

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

SEP 28 1998
Date Issued:
Central Ut Public
Health Dept.
County
Registrar

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By *Debra Jensen*
0453739



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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

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COPY

REQUESTED BY
Lifeline Estates
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 NOV 10 P12:41

0453739

BK1198PG2159

LINDA SLATER
RECORDER
\$10⁰⁰ PAID *KY* DEPUTY