

3. That THE DEPAOLI 1994 REVOCABLE TRUST has not been revoked, modified, or amended in any manner which would cause the representations contained herein to be incorrect.

4. That the undersigned HELEN DEPAOLI is the surviving Settlor and Beneficiary under said Declaration of Trust, as well as one of the Successor co-Trustees under said Declaration of Trust. HELEN DEPAOLI is the sole Trustee of the DEPAOLI SURVIVING SPOUSE'S TRUST. HELEN DEPAOLI, BERNICE FERGUSON and BOB FERGUSON are the Successor co-Trustees of all other trusts under said declaration of trust, including the DEPAOLI 1994 REVOCABLE TRUST, the DEPAOLI MARITAL QTIP TRUST and the DEPAOLI FAMILY BYPASS TRUST.

5. The undersigned have accepted the office of trustee.

6. The trustee's powers include authority to sell, encumber, lease or otherwise enter into transactions concerning the following described real property in the County of Douglas, State of Nevada:

FOR LEGAL DESCRIPTION SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

Commonly known as 2123 The Back Road, Glenbrook, Nevada
A.P. No. 01-202-03

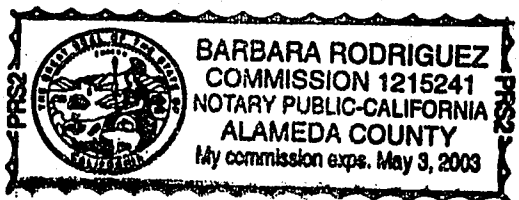
7. The above described property is now vested in title as follows:
"HELEN DEPAOLI, BERNICE FERGUSON and BOB FERGUSON, Successor Trustees of THE DEPAOLI 1994 REVOCABLE TRUST dated December 19, 1994."

Dated: 12/29/99.

HELEN DEPAOLI
HELEN DEPAOLI, Trustee

Subscribed and sworn to before me this
29th day of December, 1999.

Barbara Rodriguez
NOTARY PUBLIC, STATE OF CALIFORNIA



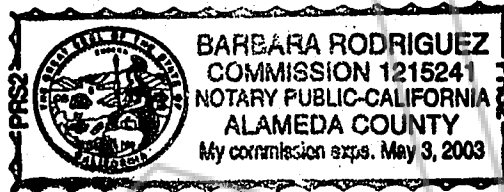
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Dated: 12-29-99.

Bernice Ferguson
BERNICE FERGUSON, Trustee

Subscribed and sworn to before me this
29th day of Dec, 1999.

Barbara Rodriguez
NOTARY PUBLIC, STATE OF CALIFORNIA



Dated: 12/29/99.

Bob Ferguson
BOB FERGUSON, Trustee

Subscribed and sworn to before me this
29th day of Dec, 1999.

Barbara Rodriguez
NOTARY PUBLIC, STATE OF CALIFORNIA

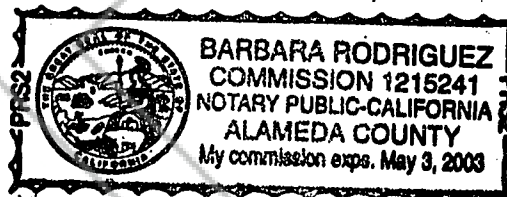


EXHIBIT "A"

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

Lot 17, in Block A, of GLENBROOK UNIT 3-A, as shown on the map of Glenbrook Unit No. 3, filed in the Office of the Recorder of Douglas County, Nevada, on June 13, 1980, as Instrument No. 45299, in Book 680 of maps, at Page 1269, and amendment thereto recorded March 3, 1981, in Book 381 of Official Records at Page 117, Douglas County, Nevada.

Assessment Parcel No. 01-202-03.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issue or profits thereof.

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3199901001255

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITZOUTS OR ALTERATIONS VB-11 (REV. 7/87)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Edward		2. MIDDLE Anthony		3. LAST (FAMILY) DePaoli			
4. DATE OF BIRTH M/M/DD/CCYY 03/12/1927		5. AGE YRS. 71	IF UNDER 1 YEAR MONTHS: _____ DAYS: _____	IF UNDER 24 HOURS HOURS: _____ MINUTES: _____	6. SEX M	7. DATE OF DEATH M/M/DD/CCYY 02/14/1999	8. HOUR 1200
9. STATE OF BIRTH Ca	10. SOCIAL SECURITY NO. 7963		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	13. EDUCATION—YEARS COMPLETED 12	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self-employed			
17. OCCUPATION Cattleman		18. KIND OF BUSINESS Operating Cattle Ranches			19. YEARS IN OCCUPATION 60		
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 2482 Chardonnay Way							
21. CITY Livermore		22. COUNTY Alameda		23. ZIP CODE 94550	24. YRS IN COUNTY 71	25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Helen J. DePaoli-Wife				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2482 Chardonnay Way, Livermore Ca 94550			
28. NAME OF SURVIVING SPOUSE—FIRST Helen		29. MIDDLE Jean		30. LAST (MAIDEN NAME) Ulm			
31. NAME OF FATHER—FIRST GUIDO		32. MIDDLE		33. LAST DePAOLI		34. BIRTH STATE ITALY	
35. NAME OF MOTHER—FIRST HELEN		36. MIDDLE MADALINE		37. LAST (MAIDEN) ROSE		38. BIRTH STATE CA	
39. DATE M/M/DD/CCYY 02/17/1999		40. PLACE OF FINAL DISPOSITION ST. MICHAEL'S CATHOLIC CEMETERY, LIVERMORE, CA 94550					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>Anthony DePaoli</i>			43. LICENSE NO. 7470		
44. NAME OF FUNERAL DIRECTOR CALLAGHAN MORTUARY		45. LICENSE NO. FD 416	46. SIGNATURE OF LOCAL REGISTRAR <i>Ant. Chin</i>		47. DATE M/M/DD/CCYY 02/17/1999		
101. PLACE OF DEATH OWN RESIDENCE		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. CARE <input type="checkbox"/> OTHER		104. COUNTY ALAMEDA	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 2482 CHARDONNAY WAY		106. CITY LIVERMORE					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH 14 MONS		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
IMMEDIATE CAUSE (A) METASTATIC COLON CANCER				109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (B)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (D)							
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. RIGHT HEMICOLECTOMY 01/21/1998							
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 M/M/DD/CCYY 02/20/1998		115. SIGNATURE AND TITLE OF CERTIFIER <i>B. Wilson</i>		116. LICENSE NO. G 07244		117. DATE M/M/DD/CCYY 02/16/1999	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP B. Wilson, MD, 5720 Stoneridge Mall Rd., Pleasanton, CA 94588							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	121. INJURY DATE M/M/DD/CCYY	122. HOUR	123. PLACE OF INJURY		
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Ant. Chin</i>		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER ANTHONY CHIN			
STATE REGISTRAR		A	B	C	D	E	F
		G	H	FAX AUTH. # 28347		CENSUS TRACT	

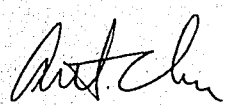
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 02/22/1999


 HEALTH OFFICER AND LOCAL REGISTRAR
 ALAMEDA COUNTY, CALIFORNIA

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



AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER _____

BIRTH DEATH FETAL DEATH
 NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER _____

STATE/LOCAL REGISTRAR USE ONLY	1. _____	2. _____	3. _____
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PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) EDWARD	2. MIDDLE ANTHONY	3. LAST (FAMILY) DePAOLI
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 02/14/1999	6. CITY OF OCCURRENCE LIVERMORE
	7. COUNTY OF OCCURRENCE ALAMEDA		8. FATHER'S NAME AS STATED ON ORIGINAL GUIDO DePAOLI
		9. MOTHER'S NAME AS STATED ON ORIGINAL HELEN MADALINE ROSE	

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

	10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
LIST ONE ITEM PER LINE	10	[REDACTED] - 7963	[REDACTED] - 7963

REASON FOR CORRECTION	13. TO CORRECT RECORD
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AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON <i>Debra A. Kato</i>	15. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR	16. DATE SIGNED—MM/DD/CCYY 02/26/1999
	17. AGE ADULT	18. ADDRESS (STREET, CITY, STATE, ZIP) 3833 EAST AVE. LIVERMORE, CA 94550	
USE BLACK INK ONLY	19. SIGNATURE OF SECOND PERSON <i>Shirley M. Bailey</i>	20. TITLE/RELATIONSHIP TO PERSON IN PART I SECRETARY	21. DATE SIGNED—MM/DD/CCYY 02/26/1999
	22. AGE ADULT	23. ADDRESS (STREET, CITY, STATE, ZIP) 3833 EAST AVE. LIVERMORE, CA 94550	

STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR ▶	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY 0494324
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COPY

REQUESTED BY
Vanni Fraser et al
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUN 19 AM 10:58

LINDA SLATER
RECORDER

\$13⁵⁰ PAID K2 DEPUTY

0494324

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