

APN 25-492-03  
1320-32-715-016

RECORDING REQUESTED BY  
AND WHEN RECORDED RETURN TO

✓ ROBERT J. TURRINI, ESQ.  
Freitas, McCarthy, MacMahon & Keating  
1108 Fifth Avenue, Third Floor  
San Rafael, CA 94901  
Mail Tax Statements to:  
Andrea Celoni-Pera  
1317 Olive Avenue  
Novato, CA 94945

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT DEATH OF TRUSTEE**

STATE OF NEVADA ) (Assessor's Parcel No.25-492-03)  
 ) §§:  
COUNTY OF DOUGLAS )

ANDREA CELONI-PERA, of legal age, being first duly sworn, deposes and says:

THAT ELIZABETH ANN CADIGAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ELIZABETH A. CADIGAN named as Trustee in that certain Declaration of Trust dated May 15, 1991, entitled the EXEMPT TRUST UNDER THE CADIGAN FAMILY TRUST, which Trust acquired title to real property by deed executed by SUSAN ROSE RIFFEL, recorded on March 4, 1996, as Instrument No. 382504 in Book 0396 and Page 0252, of Official Records in the Office of the County Recorder of Douglas, State of Nevada, describing the real property in the County of Douglas, State of Nevada, more particularly described as set on Exhibit "A" attached hereto and incorporated herein by this reference

THAT MADELINE CELONI and ANDREA CELONI-PERA are the duly appointed, nominated and acting co-successor Trustees of the EXEMPT TRUST UNDER THE CADIGAN FAMILY TRUST DATED MAY 15, 1991.

Dated this 16 day of Oct, 2001.

*Andrea Celoni-Pera*  
ANDREA CELONI-PERA

STATE OF CALIFORNIA )  
 ) §§:  
COUNTY OF MARIN )

The undersigned, being duly sworn says:  
That she is the person signing the above document; that she has read the same, and knows the contents thereof, and that the facts stated therein are true.

*Andrea Celoni-Pera*  
ANDREA CELONI-PERA

Subscribed and sworn to before me

Oct 16<sup>th</sup>, 2001

Notary's Signature *Robert J. Cuddy*

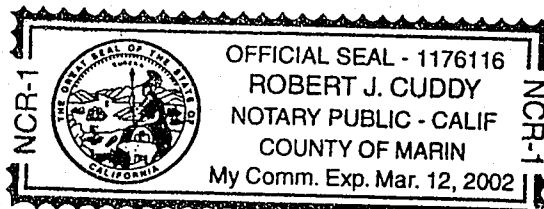


EXHIBIT A

Lot 7, Block B, as said lot and block are shown on the map of CENTERTOWNE  
SUBDIVISION P.U.D., filed for record in the office of the County Recorder of Douglas  
County, Nevada, on November 4, 1977 as Document No. 14725.

COPY

0526948

BK 1101 P60912



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3 200121001333

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) ELIZABETH		2. MIDDLE ANN		3. LAST (FAMILY) CADIGAN			
4. DATE OF BIRTH M/M/DD/CCYY 11/27/1921		5. AGE YRS. 79		6. SEX F		7. DATE OF DEATH M/M/DD/CCYY 09/17/2001	
8. HOUR 2115		9. STATE OF BIRTH CO		10. SOCIAL SECURITY NO. [REDACTED] 6189		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Widowed		13. EDUCATION—YEARS COMPLETED 13		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER Self employed		17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 55	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 646 Canyon Road #304							
21. CITY Novato		22. COUNTY Marin		23. ZIP CODE 94947		24. YRS IN COUNTY 55	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Andrea Celoni - Daughter					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1317 Olive Avenue, Novato, CA 94945							
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -			
31. NAME OF FATHER—FIRST Christopher		32. MIDDLE -		33. LAST Snyder		34. BIRTH STATE MO	
35. NAME OF MOTHER—FIRST Madeline		36. MIDDLE -		37. LAST (MAIDEN) Baer		38. BIRTH STATE KS	
39. DATE M/M/DD/CCYY 09/21/2001		40. PLACE OF FINAL DISPOSITION RES: Andrea Celoni, 1317 Olive Avenue, Novato, CA 94945					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ Not Embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR ADOBE CREEK FUNERAL HOME		45. LICENSE NO. FD-1646		46. SIGNATURE OF LOCAL REGISTRAR ▶ Fred S. Schwartz, M.D. OMA		47. DATE M/M/DD/CCYY 09/19/2001	
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 Marin	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 646 Canyon Road #304						106. CITY Novato	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) Lung Cancer						108. DEATH REPORTED TO CORONER TIME INTERVAL BETWEEN ONSET AND DEATH: Months <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B) -						109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) -						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D) -						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 -							
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 M/M/DD/CCYY 12/11/2000		115. SIGNATURE AND TITLE OF CERTIFIER ▶ <i>J. Lucas</i>		116. LICENSE NO. A062799		117. DATE M/M/DD/CCYY 09/18/2001	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Jennifer Lucas MD, 1350 So. Eliseo Dr., Greenbrae, CA 94904							
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 ▶		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A		B		C	
		D		E		F	
		G		H		FAX AUTH. #	
						CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF MARIN } SS

DATE ISSUED  
09/21/2001

SEAL

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

*Fred S. Schwartz, M.D.*

HEALTH OFFICER  
MARIN COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY  
Freitag, McCarthy et al  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 NOV -5 AM 11:59

LINDA SLATER  
RECORDER

\$ 17<sup>00</sup> PAID ks DEPUTY

0526948

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