

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 : ss.
County of Carson)

I, **MARY E. SANDHAGEN**, 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 **MARY E. SANDHAGEN**, one of the initial two Co-Trustees designated in **The Bruce E. Sandhagen & Mary E. Sandhagen Revocable Living Trust Dated 09-05-97**, wherein **BRUCE E. SANDHAGEN** and **MARY E. SANDHAGEN** were named as Co-Trustees.

That said Trust is the owner of a certain parcel of real property situate in Douglas County, Nevada and is described as follows:

Lot 73 of Block D as said Lot and Block are set forth on the Final Map #PD99-02-04 for **SARATOGA SPRINGS ESTATES UNIT 4**, A Planned Unit Development, recorded May 19, 2000 in Book 0500 of Official Records, page 4445, Douglas County, Nevada as Document No. 492337.

That **BRUCE E. SANDHAGEN** is the identical person as decedent **BRUCE ERVIN SANDHAGEN** 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 wife of said decedent, who died on the 5th day of April, 2002.

I am the remaining Co-Trustee of said Trust and I hereby accept the appointment as sole Trustee under said Trust.

Dated this 25 day of June, 2002.

Mary E. Sandhagen
MARY E. SANDHAGEN, TRUSTEE

STATE OF NEVADA)
 : ss.
County of Carson)

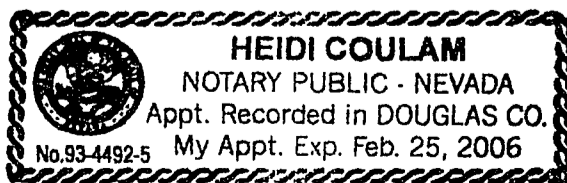
WHEN RECORDED MAIL TO &
MAIL TAX STATEMENTS TO

✓ MARY E. SANDHAGEN
2864 HOT SPRINGS ROAD
MINDEN, NEVADA 89423

This instrument was acknowledged before me on the 25th day of June, 2002, by **MARY E. SANDHAGEN**.

Heidi Coulam

Notary Public



0546764

BK 0702 PG 03027

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

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			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Bruce Ervin SANDHAGEN			2. April 5, 2002		3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3b. Minden		3c. 2864 Hot Springs Road		3e. 4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
5. White		6. 7a. 77		7b. 7c. UNDER 1 YEAR MOS : DAYS UNDER 1 DAY HOURS : MINS	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Iowa		9b. U.S.A.		10. 12	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]-2084		14a. Salesman		14b. Bakery	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Douglas		15c. Minden	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
16. Ervin Albert Sandhagen		17. Flavelle Viola Dill		15d. 2864 Hot Springs Rd.	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Mary Sandhagen		18b. 2864 Hot Springs Road, Minden, Nevada 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Truckee Meadows Crematory		19c. Sparks Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>Carol Duggan</i>		20b. 20		20c. Neptune Society of Nevada 5401 Longley Lane Suite 11 Reno Nevada 89511	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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>Christopher Foreman M.D.</i>			(Signature and Title) <i>[Signature]</i>		
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		
21b. 4/8/2002			21c. 1950		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
21d.			22b. 22c.		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			PRONOUNCED DEAD (Hour)		
23a. Christopher Foreman M.D., 604 W. Washington, Suite A, Carson City, NV			22d. ON 22e. AT		
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		LICENSE NUMBER
24a. (Signature) <i>[Signature]</i>			24b. April 8, 2002		23b. 5528
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PART I (a) <i>prosummed</i>			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			2 weeks		
(b) <i>lung carcinoma</i>			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			2 years		
(c)			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.			AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No			27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a.		28b.	28c. M	28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28f.		28g.			



STATE REGISTRAR

No. 216631

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

Date Issued: 0546764

APR 08 2002

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0702PG03028

COPY

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

2002 JUL 11 AM 9: 10

LINDA SLATER
RECORDER

\$16⁰⁰ PAID A DEPUTY

0546764

BK 0702 PG 03029