

APN: 1420-34-201-013

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 : ss.
County of Douglas)

I, **ANDREW E. POZZI**, 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 **ANDREW E. POZZI**, one of the initial two Co-Trustees designated in **The Pozzi Family Trust U/D/T 02-12-97**, wherein **ANDREW E. POZZI** and **ROSALIE A. POZZI** were named as Co-Trustees.

By Grant, Bargain, Sale Deed recorded on February 14, 1997, as Document No. 0406701, said Trust holds title to a certain parcel of real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

See Exhibit "A" attached hereto and made a part hereof by this reference.

That **ROSALIE A. POZZI** is the identical person as decedent **ROSALIE A. POZZI** 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 husband of said decedent, who died on the 4th day of October, 2002.

I am the remaining Co-Trustee of said Trust and I hereby accept the appointment as sole Trustee and I agree to assume and perform all of the fiduciary duties as sole Trustee under said Trust.

Dated this 8 day of November, 2002.

Andrew E. Pozzi
ANDREW E. POZZI, TRUSTEE

STATE OF NEVADA)
 : ss.
County of Douglas)

This instrument was acknowledged before me on the 8th day of November, 2002, by **ANDREW E. POZZI**.

Heidi Coulam
Notary Public **0559312**

WHEN RECORDED MAIL TO:
ANDREW E. POZZI
2713 KAYNE DRIVE
MINDEN, NEVADA 89423

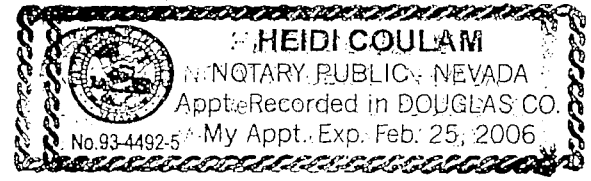


EXHIBIT A

LEGAL DESCRIPTION

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

A portion of the Northwest 1/4 of Section 34, Township 14 North, Range 20 East, M. D. B. & M. Commencing at the one-quarter corner common to Sections 33 & 34, Township 14 North, Range 20 East, M. D. B. & M.; thence North $89^{\circ}55'20''$ East 661.70 feet; thence North $0^{\circ}02'47''$ East 311.60 feet to the true point of beginning; thence North $0^{\circ}02'47''$ East 140.80 feet; thence North $89^{\circ}55'20''$ East 330 feet; thence South $0^{\circ}02'47''$ West 140.80 feet; thence South $89^{\circ}55'20''$ West 330 feet to the true point of beginning and being a portion of the Southwest quarter of the Northwest quarter of Section 38, Township 14 North, Range 20 East, M. D. B. & M.

Assessor's Parcel Number: ~~21-170-43-6~~
1420-34-201-013

Per NRS 111.312, this legal description was previously recorded at Document No. 0406701, Book 0297, Pages 1906-7, on February 14, 1997.

0559312

BK 1102 PG 12641

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Rosalie A. POZZI		2. DATE OF DEATH (Month, Day, Year) October 4, 2002	
3a. COUNTY OF DEATH Carson City		3b. SEX Female	
3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson Tahoe Hospital	
3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rim. Inpatient (Specify) Inpatient		4. SURVIVING SPOUSE (If wife, give maiden name) Andrew E. Pozzi	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 85		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) September 5, 1917	
9a. STATE OF BIRTH (If not U.S.A., name country) Louisiana		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 10		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. SOCIAL SECURITY NUMBER 8548		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker	
14b. KIND OF BUSINESS OR INDUSTRY Own Home		15a. RESIDENCE—STATE Nevada	
15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Minden	
15d. STREET AND NUMBER 2713 Kayne Ave.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER—NAME First Middle Last Frank Abinanti		17. MOTHER—MAIDEN NAME First Middle Last Maria Casio	
18a. INFORMANT—NAME (Type or Print) Andrew E. Pozzi		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2713 Kayne Ave. Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Carson Sierra Crematory	
19c. LOCATION City or Town State Carson City Nevada		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	
20b. FUNERAL DIRECTOR LICENSE NUMBER 09		20c. NAME AND ADDRESS OF FACILITY Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, NV. 89703	
21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		22a. To be completed by Coroner's Office 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>[Signature]</i>	
21b. DATE SIGNED (Mo., Day, Yr.) 10-8-02		21c. HOUR OF DEATH 13:34	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
22e. PRONOUNCED DEAD (Hour)		22f. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Phillip Aldrich M.D. 412 W. John St. Carson City, Nevada 89703		23b. LICENSE NUMBER 3334	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Oct 9 2002	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) probable myocardial infarction : Interval between onset and death : HA 3	
(b) atherosclerosis & heart disease : Interval between onset and death : YNS		(c) : Interval between onset and death : YNS	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Shingles / Scorbis / Ulceration		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 218957



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

Date Issued: **OCT 09 2002**

Gyonne Sylvia
0559312

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

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

2002 NOV 27 PM 2:53

LINDA SLATER
RECORDER

\$ 17⁰⁰ PAID KY DEPUTY

0559312

BK 1102 PG 12643