

When recorded, mail to:
George M. Keele, Esq.
1692 County Road, #A
Minden, NV 89423

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, BARBARA LOUISE INDIANO, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am BARBARA LOUISE INDIANO, one of the Grantors and Trustees named in THE INDIANO FAMILY TRUST AGREEMENT DATED 10/11/95 ("the Trust Agreement).


3. JOHN MICHAEL INDIANO was the other Grantor and Trustee named in the Trust Agreement and JOHN MICHAEL INDIANO was the identical person as JOHN M. INDIANO, the decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, who died on the 20th day of July, 2002, in Carson City, Nevada.

Barbara Louise Indiano
BARBARA LOUISE INDIANO

SIGNED AND SWORN TO (or affirmed)
before me on *December 12*, 2002,
by BARBARA LOUISE INDIANO.

Mary E. Baldecchi
Notary Public

 **MARY E. BALDECCHI**
Notary Public - Nevada
Washoe County
93-0282-2
My Appointment Expires January 10, 2005

 **MARY E. BALDECCHI**
Notary Public - Nevada
Washoe County
93-0282-2
My Appointment Expires January 10, 2005

0561607

BK1202PG09480

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 | | |
| 1. DECEASED—NAME First Middle Last John M. INDIANO | | | DATE OF DEATH (Month, Day, Year) 2 July 20, 2002 | | |
| CITY, TOWN OR LOCATION OF DEATH 3b. Carson City | | | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson - Tahoe Hospital | | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White | | | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. | | |
| STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada | | | CITIZEN OF WHAT COUNTRY 9b. U.S.A. | | |
| SOCIAL SECURITY NUMBER 13. ██████████ 7504 | | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Rancher | | |
| RESIDENCE—STATE 15a. Nevada | | | COUNTY 15b. Douglas | | |
| FATHER—NAME First Middle Last 16. Michel Indiano | | | MOTHER—MAIDEN NAME First Middle Last 17. Jeanne Marie Etchebarren | | |
| INFORMANT—NAME (Type or Print) 18a. Barbara L. Indiano | | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2470 Heybourne Road, Minden, NV 89423 | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial | | | CEMETERY OR CREMATORY—NAME 19b. Garden Cemetery | | |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i> | | | FUNERAL DIRECTOR LICENSE NUMBER 20b. 9 | | |
| 21a. 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. 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> | | |
| DATE SIGNED (Mo., Day, Yr.) 21b. 7/24/02 | | | HOUR OF DEATH 21c. 0920 | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. | | | DATE SIGNED (Mo., Day, Yr.) 22b. | | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Christopher Forman, M.D. 604 W. Washington St. A, Carson City, NV | | | PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON | | |
| REGISTRAR 24a. (Signature) <i>[Signature]</i> | | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 24, 2002 | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <i>cardiac arrest</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>right sided heart failure / emphysema</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>coronary artery disease</i> | | | DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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) 26. No | | |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. | | | DATE OF INJURY (Mo., Day, Yr.) 28b. | | |
| INJURY AT WORK (Specify Yes or No) 28e. | | | HOUR OF INJURY 28c. M | | |
| PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. | | | DESCRIBE HOW INJURY OCCURRED 28d. | | |
| LOCATION. 28g. | | | STREET OR R.F.D. No. CITY OR TOWN STATE | | |

STATE REGISTRAR

No. 224106



[Signature]
Yvonne Sylva

This is to certify that the above is a true and correct copy of the certificate on file in this office. BK 1202 PG 9481

Date Issued: JUL 24 2002 0561607

State Registrar

COPY

0561607

BK 1202 PG 09482

REQUESTED BY

Gerry Keels

IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2002 DEC 20 PM 12:17

LINDA SLATER
RECORDER

\$16⁰⁰ PAID BY *Bl* DEPUTY