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

16-

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA) : ss.
COUNTY OF DOUGLAS)

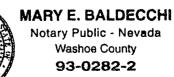
- I, BARBARA LOUISE INDIANO, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:
- 1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
- 2. I am BARBARA LOUISE INDIANO, one 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 James Indiano

SIGNED AND SWORN TO (or affirmed) before me on <u>locamber 12</u>, 2002, by BARBARA LOUISE INDIANO.

Notary Public





My Appointment Expires January 10, 2005 0 5 6 1 6 0 7

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS

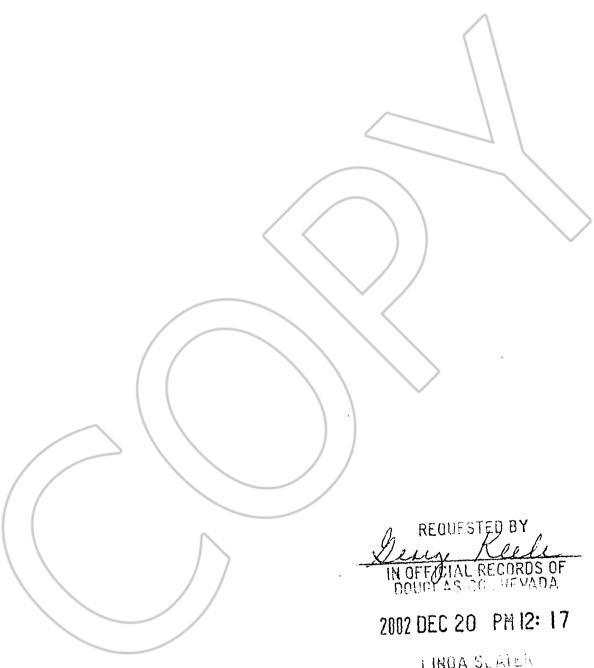
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

· I			OLITINIOA!	L OF DEAT	11			
TYPE ,	LOCAL FILE NUMBER DECEASED—NAME First	l Middle	Last	DAT	TE OF DEATH (Month, D		STATE FILE NUMBER COUNTY OF DEATH	
OR PRINT IN	1. John	М.	INDIANO		• •	1 \		
PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF D		TIND LAINU OTHER INSTITUTION—Name (If no		uly 20, 20	or Inst. indicate DOA,	3a. Carson City OP/Emer. SEX	·
Marana de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición d	3b. Carson City		n - Tahoe Hospi		Rm. Inpa	atient (Specify)	\	
DECEDENT.	RACE—(e.g., White, Black, Americ Indian, etc.) (Specify)	an Was Decedent of Hispar	nic Origin? Specify ☐ yes ☐ no If yes Puerto Rican, etc.		3e. 11	npatient	4. Male DATE OF BIRTH (Mo., Day, Yr.)	
	Indian, etc.) <i>(Specify)</i> 5. White	specify Mexican, Cuban, 6.	Puerto Rican, etc.	1 ''	MOS : DAYS	HOURS : MINS S	eptember 11, 19	20
IF DEATH	STATE OF BIRTH	CITIZEN OF WHAT	COUN- Decedent's Education.	7a. 81	7b	· · ·	VING SPOUSE (If wife, give maiden na	
OCCURRED IN INSTITUTION	(If not Ų.S.A., name country) 9a. Nevada	TRY 9b. U.S.A.	grade completed.	W	IDOWED, DIVORCED Decimentary	The same of the sa	arbara Sarasola	
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	USUAL OCCUPATION (Give Kind of Work Done During Mo		KIND OF BUSINESS OR INDUSTRY		arbara Sarasora	·
COMPLETION OF RESIDENCE ITEMS	13. 7504	Working Life, Even if	Working Life, Even if Retired) 14a. Rancher		14b. Farming			
TIEOTOCHOC TIERIO	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCAT		STREET AND NU	JMBER	INSIDE CITY LIMITS	
└ ▶[√ 15a. Nevada	15b. Douglas	15c. Minden		No.	ybourne Ro	(Specify Yes or No)	
10. T 10. Property 10. Sec. 10. C	FATHER—NAME First	Middle		OTHER-MAIDEN NA		Middle	15e. Yes	
PARENTS	\ 16. Michel		Indiano / 17	Jean	ne	Marie	Etchebarren	
	INFORMANT—NAME (Type or Prin	nt)	MAILING ADDRES		(Street or R.F.D. No.,		76.	
	18a. Barbara L.	Indiano	18b. 2470	Hevbourne	Road, Mine	-		
ſ	BURIAL, CREMATION, REMOVAL,		METERY OR CREMATORY-NAME		LOCATI			
	19a. Burial	19b.	Garden Cemeter	V	19c. G	ardnervil.	le. NV	
DISPOSITION	FUNERAL DIRECTOR—SIGNATUR (Or Person Acting as Such)	RE FUN		DDRESS OF FACILIT	اليالي		the Valley	
Į	20a. >	20b.		No. Roop	St. Carso	on City. N	VV 89706	
CERTIFIER	20a. 20b. 9 20c. 1281 No. Roop St., Carson City, NV 89706 21a. To the best of my knowledge, death occurred all 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) (Signature and Title)							
	DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH	
	21a. To the best of my knowledge, death occurred stitute time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21b. 21c. 10 the best of my knowledge, death occurred stitute time, date and place and due to the cause(s) and manner st (Signature and Title) DATE SIGNED (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.)							
	이 NAME OF ATTENDING	PHYSICIAN IF OTHER THAN	CERTIFIER (Type or Print)	PRON	OUNCED DEAD (Mo., D	ay, Yr.) PRONOL	UNCED DEAD (Hour)	
				22d. C	ON	22e. AT		
	•		TTENDING PHYSICIAN, MEDICAL	. 1	307	NV	LICENSE NUMBER	
	23a. Christe	opher Forman,	M.D. 604 W. Wa				23ь. 5528	
CONDITIONS IF ANY	SIZE (CINETAL DE LA COMMINICABLE DISEASE							
WHICH GAVE RISE TO IMMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE (EN	TER ONLY ONE CAUSE PER O	NE FOR (2) (b) AND (c)	ely 24,	2002 24c.	YES NOX		
CAUSE STATING THE		il de la constitución de la cons	1 2 3 1 1	∔' ∣ ∘		: "	nterval between onset and death	
UNDERLYING CAUSE LAST	PART (a) DUE TO, OR AS A.	CONSEQUENCE OF: /	avan	/ 			Minde	
1	V a data	Cal Man	L Links	/ Quero A	show		nterval between onset and death	,
	DUE TO, OR AS A	CONSEQUENCE OF:	0 0000	1 3-119	7 42000		nterval between onset and death	_
	(in Citrary	was as	to a los	an &		• "	1 -0 11 a 1	,
CAUSE OF DEATH	PART OTHER SIGNIFICANT O	CONDITIONS Conditions contri	buting to death but not resulting in the	he underlying cause gi	iven in Part 1. AUTOPS		AS CASE REFERRED TO	
PEALUR	11	•	J		26.	Yes or No) Co	ORONER (Specify Yes or No)	
\ I	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY DESC	CRIBE HOW INJURY		1.0		\dashv
\	(Specify) 28a.	28b.	28c. M 28d.					
\ \	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, building, etc.	farm, street, factory, office LOCA	ATION. S	TREET OR R.F.D. No.	CITY OR T	OWN STATE	\dashv
1	28e.	28f.	28g.					
	LAAAA A	/ /				A I	008400	
_ 1	OF NEW	STAT	E REGISTRAR			NO.	224106	
	OF CIPE OF COME							

State Registrar



0561607 BK1202PG09482 LINDA SCATER RECORDER

SIG PAID BL DEPUTY