

**AFFIDAVIT OF DEATH OF CO-TRUSTEE**

STATE OF NEVADA            )  
  : ss.  
County of Carson            )

I, **WAYNE L. SANDE**, 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 **WAYNE L. SANDE**, one of the initial two Co-Trustees designated in **The Sande Family Trust U/D/T 06-24-02**, wherein **WAYNE L. SANDE** and **LOANNE F. SANDE** were named as Co-Trustees. The Sande Family Trust owned certain real property in the County of Douglas, State of Nevada, commonly known as 1569 Putter Lane, and more particularly described as follows:

Lot 31, as shown on the map of Gardnerville Ranchos Subdivision Unit No. 3, filed for record on June 1, 1965, in Book 1 of Maps, as Document No. 28310 and amended title sheet recorded June 4, 1965, in Book 1 of Maps, as Document No. 28378, Official Records of Douglas County, State of Nevada.

That **LOANNE F. SANDE** is the identical person as decedent **LOANNE F. SANDE** 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 3rd day of December, 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 11 day of December, 2002.

*Wayne L Sande*  
\_\_\_\_\_  
**WAYNE L. SANDE, TRUSTEE**

STATE OF NEVADA            )  
  : ss.  
County of Carson            )

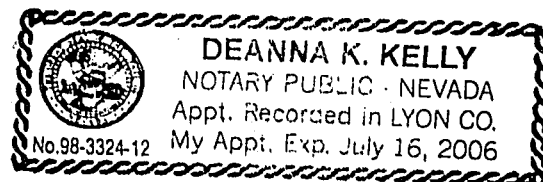
WHEN RECORDED MAIL TO:

This instrument was acknowledged before me on the 11<sup>th</sup> day of December, 2002, by **WAYNE L. SANDE**.

WAYNE L. SANDE  
1569 PUTTER LANE  
GARDNERVILLE, NV 89410

*Deanna K. Kelly* 0561983  
Notary Public

BK 1202 PG 11380



# 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 <b>Loanne F. Sande</b>		2. DATE OF DEATH (Month, Day, Year) <b>December 3, 2002</b>	
3. CITY, TOWN OR LOCATION OF DEATH <b>Carson City</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Carson Tahoe Hospital</b>		3c. If Hosp. or Inst. Indicate DOA, OP/Emer. Rim. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>			
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		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) <b>68</b>		7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) <b>July 22, 1934</b>			
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. Decedent's Education. Specify highest grade completed. <b>10</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
12. SURVIVING SPOUSE (If wife, give maiden name) <b>Wayne Sande</b>			
13. SOCIAL SECURITY NUMBER <b>██████████-4770</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Underwriter</b>	
14b. KIND OF BUSINESS OR INDUSTRY <b>Auto</b>			
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	
15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1569 Putter Ln</b>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER—NAME First Middle Last		17. MOTHER—MAIDEN NAME First Middle Last	
18a. INFORMANT—NAME (Type or Print) <b>Wayne Sande - Husband</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1569 Putter Lane, Gardnerville, NV 89460</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>	
19c. LOCATION City or Town State <b>Carson City, Nevada</b>			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>	
20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410</b>			
21. 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> DATE SIGNED (Mo., Day, Yr.) <b>12/3/2002</b> 21b. HOUR OF DEATH <b>1055</b> 21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Andrea Weed, D.O., 1007 N. Curry #300, Carson City, NV</b> 21d. LICENSE NUMBER <b>D0675</b>		22. 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.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT	
23a. REGISTRAR (Signature) <i>[Signature]</i>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>December 5, 2002</b>	
23c. DEATH DUE TO COMMUNICABLE DISEASE 24. 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) <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Septic Endocarditis</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Protein Calorie Malnutrition with cirrhosis</b>		Interval between onset and death <b>hours</b> Interval between onset and death <b>days</b> Interval between onset and death <b>months</b>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 26. AUTOPSY (Specify Yes or No) <b>no</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>yes</b>	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>		28b. DATE OF INJURY (Mo., Day, Yr.)	
28c. HOUR OF INJURY <b>M</b>		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.		28h. STREET OR R.F.D. No.	
28i. CITY OR TOWN		28j. STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

No.230562

STATE REGISTRAR

*[Signature]*  
Gyonna Sylva

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

Date Issued: DEC 05 2002 0561983 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1202PG11381



COPY

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

2002 DEC 24 PM 2: 12

LINDA SLATER  
RECORDER

\$ 16<sup>00</sup> PAID K2 DEPUTY

0561983

BK 1202 PG 11382