

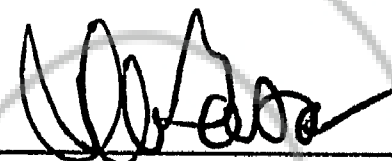
Said trust holds title to bank accounts, business interests, and personal property as more particularly described in the Trust Instrument, and real property as more particularly described in Exhibits "A", "B", "C", "D", and "E", attached hereto and incorporated herein by reference..

That said Trust Instrument provides that upon the death of the settlor, the trust is to continue for administrative purposes and until distribution by the successor trustees.

DATED: November 5, 2002.



RICHARD OCCHIPINTI, Surviving Co-Trustee of
THE THOMAS MICHAEL OCCHIPINTI
REVOCABLE LIVING TRUST

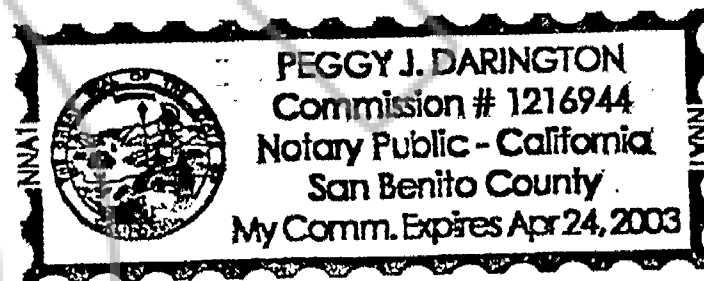


ROBERT BASSO, Surviving Co-Trustee of
THE THOMAS MICHAEL OCCHIPINTI
REVOCABLE LIVING TRUST

SUBSCRIBED AND SWORN TO before me this 5th day of November, 2002.



NOTARY PUBLIC FOR CALIFORNIA



AFFIDAVIT OF DEATH OF TRUSTEE OF THE THOMAS MICHAEL OCCHIPINTI REVOCABLE LIVING
TRUST DATED: SEPTEMBER 16, 1997

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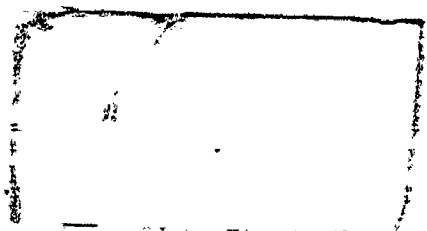


EXHIBIT "A"

That certain real property situated in the County of San Benito, State of California, commonly referred to as 5595 Diablo Hills Road, Tres Pinos, California, and more particularly described as follows:

PARCEL 1

Lot 42 as shown on that certain Map entitled Tract No. 215, Diablo Hills filed in the office of the San Benito County recorder on July 18, 1989, in Book 10 of Maps, at page 59.

PARCEL 2

A non-exclusive easement of use, enjoyment, ingress, egress, and support in, over, and throughout the common area for the uses permitted by the Covenants, Conditions, and Restrictions.

PARCEL 3

A non-exclusive easement for ingress and egress by foot upon and over the "Pedestrian Pathway" easement area designated on the Map located on Lot 52 for the purpose of access to a public school site off the subdivision.

Assessor's Parcel No: 022-30-0-003-0

AFFIDAVIT OF DEATH OF TRUSTEE OF THE THOMAS MICHAEL OCCHIPINTI REVOCABLE LIVING
TRUST DATED: SEPTEMBER 16, 1997

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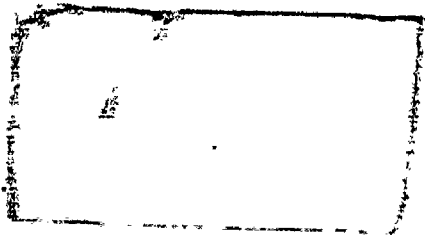


EXHIBIT "B"

That certain real property situated in the County of Douglas, State of Nevada, commonly referred to as 185 South Benjamin, Stateline, Nevada, and more particularly described as follows:

LOT 2, Block 6, as said lot and block are shown on the map of KINGSBURY ESTATES, UNIT NO. 2, filed in the office of the County Recorder on June 6, 1962.

Assessor's Parcel No.: 11-223-02

NEW 1319-19-810-013

AFFIDAVIT OF DEATH OF TRUSTEE OF THE THOMAS MICHAEL OCCHIPINTI REVOCABLE LIVING TRUST DATED: SEPTEMBER 16, 1997

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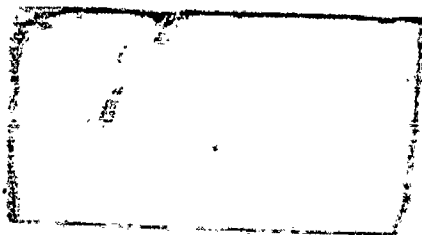


EXHIBIT "C"

That certain real property situated in the County of Placer, State of California, commonly known as 535 Red Cedar Street, Tahoe City, California, and more particularly described as follows:

LOT NUMBERED 21 AS SAID LOT IS SHOWN UPON THAT CERTAIN MAP ENTITLED "TAHOE CITY TERRACE", FILED AUGUST 6, 1945 IN BOOK "D" OF MAPS, AT PAGE 81 IN THE OFFICE OF THE PLACER COUNTY RECORDER.

Assessor's Parcel No. 094-122-049

AFFIDAVIT OF DEATH OF TRUSTEE OF THE THOMAS MICHAEL OCCHIPINTI REVOCABLE LIVING
TRUST DATED: SEPTEMBER 16, 1997

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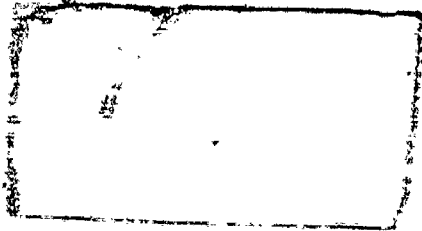


EXHIBIT "D"

That certain real property situated in the County of Placer, State of California, commonly known as 545 Red Cedar Street, Tahoe City, California, and more particularly described as follows:

LOT NUMBERED 22 AS SAID LOT IS SHOWN UPON THAT CERTAIN MAP ENTITLED "TAHOE CITY TERRACE", FILED AUGUST 6, 1945 IN BOOK "D" OF MAPS, AT PAGE 81 IN THE OFFICE OF THE PLACER COUNTY RECORDER.

Assessor's Parcel No. 094-122-048-00

AFFIDAVIT OF DEATH OF TRUSTEE OF THE THOMAS MICHAEL OCCHIPINTI REVOCABLE LIVING
TRUST DATED: SEPTEMBER 16, 1997

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EXHIBIT "E"

That certain real property situated in the County of Placer, State of California, commonly referred to as 555 Red Cedar Street, Tahoe City, California, more particularly described as follows:

LOT 23 OF TAHOE CITY TERRACE, AS SHOWN ON THE MAP FILED IN BOOK D OF MAPS, PAGE 81, PLACER COUNTY RECORDS.

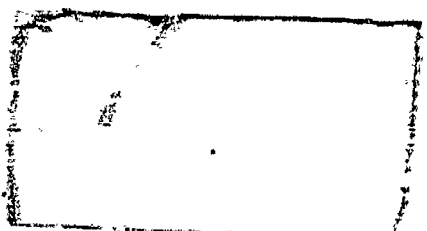
Assessor's Parcel No. 094-122-001

AFFIDAVIT OF DEATH OF TRUSTEE OF THE THOMAS MICHAEL OCCHIPINTI REVOCABLE LIVING TRUST DATED: SEPTEMBER 16, 1997

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

CERTIFICATE OF DEATH

3 2002 38 004599

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)			
THOMAS		MICHAEL		OCCHIPINTI			
4. DATE OF BIRTH M/M/D/D/C/C/Y		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/D/D/C/C/Y	
12/17/1951		50		M		09/16/2002	
8. HOUR		9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
0447		NJ		4107		DIVORCED	
12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED		14. RACE		15. HISPANIC—SPECIFY	
DIVORCED		17		CAUCASIAN		NO	
16. USUAL EMPLOYER		17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
SELF-EMPLOYED		PROPRIETOR		MOVING AND STORAGE		35	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)							
5595 DIABLO HILLS							
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
TRESPINOS		SAN BENITO		95075		10	
25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP					
CALIFORNIA		CELESTE OCCHIPINTI-MOY - SISTER					
27. MAILING ADDRESS—(STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)				28. NAME OF SURVIVING SPOUSE—FIRST			
5073 DURANGO COURT, SAN JOSE, CA 95118				---			
29. MIDDLE		30. LAST (MAIDEN NAME)		31. NAME OF FATHER—FIRST		32. MIDDLE	
---		---		CHARLES		---	
33. LAST		34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
OCCHIPINTI SR.		NJ		VIRGINIA		---	
37. LAST (MAIDEN)		38. BIRTH STATE		39. DATE M/M/D/D/C/C/Y			
TATTI		NY		09/24/2002			
40. PLACE OF FINAL DISPOSITION				41. TYPE OF DISPOSITION(S)			
OAK HILL MEMORIAL PARK, SAN JOSE, CA				BU			
42. SIGNATURE OF ENBALMER		43. LICENSE NO.		44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO. AND SIGNATURE OF LOCAL REGISTRAR	
<i>Christina Rubicki</i>		8487		OAK HILL FUNERAL HOME		FD 991	
46. DATE M/M/D/D/C/C/Y		47. DATE M/M/D/D/C/C/Y					
09/20/2002		09/20/2002					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY	
KAISER FOUNDATION HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		SAN FRANCISCO	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)				106. CITY			
2425 GEARY BOULEVARD				SAN FRANCISCO			
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						108. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A) MULTIPLE SYSTEM ORGAN FAILURE						5 DAYS	
DUE TO (B) SEPTIC SHOCK						5 DAYS	
DUE TO (C) ENTEROCOCCAL ENDOCARDITIS						3 WKS.	
DUE TO (D) ANTIBIOTIC RESISTANT E. COLI SPLENIC ABSCESS						3 WKS.	
109. BIOPSY PERFORMED						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
CVA							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
AORTIC AND MITRAL VALVE REPLACEMENT 09/11/2002							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/D/D/C/C/Y	
DECEDENT ATTENDED SINCE M/M/D/D/C/C/Y		DECEDENT LAST SEEN ALIVE M/M/D/D/C/C/Y		<i>S. Ferguson MD</i>		G-049275	
08/22/2002		09/16/2002		S. FERGUSON, MD		09/18/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		120. INJURY AT WORK		121. INJURY DATE M/M/D/D/C/C/Y		122. HOUR	
S. FERGUSON, MD 2425 GEARY BLVD., SF, CA 94115		<input type="checkbox"/> YES <input type="checkbox"/> NO					
119. MANNER OF DEATH		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE							
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)				126. SIGNATURE OF CORONER OR DEPUTY CORONER			
127. DATE M/M/D/D/C/C/Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		STATE REGISTRAR		CENSUS TRACT	
				A B C D E F G H			

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3802728744 STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED SEP 26 2002

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

Mitchell Katz
Mitchell Katz, M.D.
Health Officer and Local Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**AFFIDAVIT RE DEATH OF TRUSTEE
OF THE
THOMAS MICHAEL OCCHIPINTI REVOCABLE LIVING TRUST
DATED: SEPTEMBER 16, 1997**

SEPARATE PAGE PURSUANT TO NRS 247.110.3

REQUESTED BY
William G Tiffany Ess
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2003 APR -9 AM 9: 50

WERNER CHRISTEN
RECORDER

\$22⁰⁰ PAID *K2* DEPUTY

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