

15-

DOC # 0635636
01/31/2005 01:25 PM Deputy: BC
OFFICIAL RECORD
Requested By:
THOMAS COLLINS

When Recorded Mail To:
✓ KATSUMI O. CANNELL
47 OCELET PLACE
RENO, NV 89511

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0105 PG-10941 RPTT: 0.00




**NOTICE OF DEATH OF TRUSTEE AND OF
APPOINTMENT OF SUCCESSOR TRUSTEE**

KNOW ALL MEN BY THESE PRESENTS, that EDWARD AUGUSTUS CANNELL, of the County of Douglas, State of Nevada, executed a trust entitled the TRUST OF EDWARD A. CANNELL, dated June 20, 2001.

EDWARD AUGUSTUS CANNELL, Trustee, died on the 19th day of December, 2004. A certified copy of the Death Certificate of EDWARD AUGUSTUS CANNELL is attached hereto as Exhibit "A".

Under the terms of the Trust, KATSUMI O. CANNELL, of Reno, Nevada, is the sole successor Trustee, and assumes the appointment as successor Trustee under said Trust.


KATSUMI O. CANNELL, Successor Trustee of the
TRUST OF EDWARD A. CANNELL
TRUST, dated June 20, 2001.

STATE OF NEVADA)
)ss
COUNTY OF WASHOE)

On the 10 day of JAN, 2005, before me, the undersigned, a NOTARY PUBLIC, in and for said State, personally appeared KATSUMI O. CANNELL, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same.

WITNESS my hand and official seal.


NOTARY PUBLIC

 ANGELA LORD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 97-1228-2 - Expires April 4, 2005

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

DECEASED—NAME First Middle Last 1. Edward Augustus CANNELL 2. December 19, 2004 3a. Douglas

CITY, TOWN OR LOCATION OF DEATH 3b. Indian Hills 3c. 1008 Haystack Drive 3e. SEX 4. Male

RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White 6. Was Decedent of Hispanic Origin? Specify [] yes [X] no If yes, specify Mexican, Cuban, Puerto Rican, etc. 7a. 85 7b. 7c. 8. August 2, 1919

STATE OF BIRTH (If not U.S.A., name country) 9a. British Columbia 9b. U.S.A. 10. 13 11. Widowed 12. SURVIVING SPOUSE (If wife, give maiden name)

SOCIAL SECURITY NUMBER 13. 7062 14a. Antique Dealer 14b. Antiques

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) 15a. Nevada 15b. Douglas 15c. Indian Hills 15d. 1008 Haystack Dr 15e. No

FATHER—NAME First Middle Last 16. Edward Douglas Cannell 17. MOTHER—MAIDEN NAME First Middle Last Rose Amelia Jones

INFORMANT—NAME (Type or Print) 18a. Katsumi O. Cannell MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 47 Ocelet Place Reno, Nevada 89511

BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation 19b. Carson Sierra Crematory 19c. Carson City Nevada

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature] 20b. 09 20c. Society 1614 N. Curry St. Carson City, NV. 89703

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) [Signature] 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]

DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 21b. 12/20/04 21c. 07:45 22b. 22c. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. John P. Kelly M.D. 2874 N. Carson St. Suite 210, Carson City, NV 23b. 89706 LICENSE NUMBER 6376

REGISTRAR 24a. [Signature] 24b. December 21, 2004 24c. YES [] NO [X]

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Prostate Cancer DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: 14 months

(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 26. No 27. No

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. DATE OF INJURY (Mo., Day, Yr.) 28b. HOUR OF INJURY 28c. DESCRIBE HOW INJURY OCCURRED 28d. M

INJURY AT WORK (Specify Yes or No) 28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.

STATE REGISTRAR

No. 272071

23636

CERTIFIED COPY OF VITAL RECORDS

EXHIBIT "A"

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

DEC 21 2004

[Signature] STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

TYPE OF PRINT IN PERMANENT BLACK INK

EDENT

DEATH OCCURRED IN INSTITUTION HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS

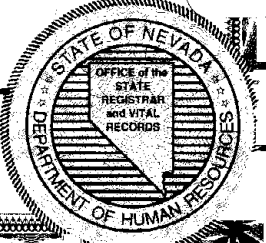
ENTS

POSITION

TIFIER

ITIONS MAY GIVE RE TO DATE USE THE TRYING LAST

SE OF ATH



BK- 0105 PG- 10942 01/31/2005 0635636 Page: 2 of 2