

Trustees, or their successors in trust, under the (name of trust) _____
Johnson Family Trust
dated Sept. 26, 1996, and any amendments thereto.

Dated this 14th day of March, 2005

Jane E. Johnson
Trustee

Jane E. Johnson
Print or type name here

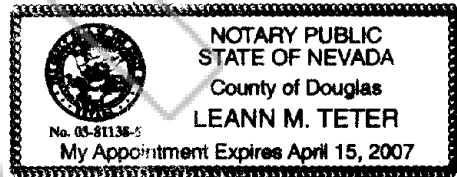
STATE OF NEVADA)
COUNTY OF Douglas)

On this 14th day of March, 20 05, personally appeared
before me, a Notary Public Jane E. Johnson
personally known to me to be the person(s) whose name(e) is subscribed to the above instrument
who acknowledged that She executed this instrument. Witness my hand and official seal.

Leann M. Teter
Notary Public

My commission expires: April 15, 2007

Consult an attorney if you doubt this forms fitness for your purpose.



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
DECEDENT	1. DECEASED—NAME First Middle Last Willard Shephard JOHNSON	2. DATE OF DEATH (Month, Day, Year) May 6, 1998
	CITY, TOWN OR LOCATION OF DEATH Carson City	3a. COUNTY OF DEATH Carson City
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Carson City	3c. Sierra Convalescent Center
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	3e. Inpatient
PARENTS	4. SEX Male	5. DATE OF BIRTH (Mo., Day, Yr.) January 28, 1930
	6. AGE—Last Birthday (Years) 7a. 68	7b. UNDER 1 YEAR MOS : DAYS 7c. :
DISPOSITION	8. STATE OF BIRTH (If not U.S.A., name country) Canada	9b. CITIZEN OF WHAT COUNTRY U.S.A.
	9a. SOCIAL SECURITY NUMBER 5332	10. Decedent's Education. Specify highest grade completed. 16+
CERTIFIER	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Jane Reilly
	13. RESIDENCE—STATE Nevada	14. KIND OF BUSINESS OR INDUSTRY High School Education
CAUSE OF DEATH	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Computer Science	14b. 064
	15a. COUNTY Carson City	15b. CITY, TOWN, OR LOCATION Carson City
CAUSE OF DEATH	15c. STREET AND NUMBER 3491 Mont Blanc	15d. INSIDE CITY LIMITS (Specify Yes or No) Yes
	16. FATHER—NAME First Middle Last Jerome Johnson	17. MOTHER—MAIDEN NAME First Middle Last Margery Martin
CAUSE OF DEATH	18a. INFORMANT—NAME (Type or Print) Jane Johnson	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3491 Mont Blanc Court Carson City, Nevada 89705
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory
CAUSE OF DEATH	19c. LOCATION City or Town State Carson City Nevada	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>
	20b. FUNERAL DIRECTOR LICENSE NUMBER 70	20c. NAME AND ADDRESS OF FACILITY Reno Memorial 253 E. Arroyo Reno, Nevada 89502
CAUSE OF DEATH	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> DATE SIGNED (Mo., Day, Yr.) 5-11-98	21b. HOUR OF DEATH 1645
	21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William P. O'Shaughnessy, MD, 911 Mountain St., Carson City, NV	21d. LICENSE NUMBER 2383
CAUSE OF DEATH	22a. To 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. PRONOUNCED DEAD (Hour)
CAUSE OF DEATH	23a. REGISTRAR <i>[Signature]</i>	23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 11, 1998
	24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CAUSE OF DEATH	PART I (a) Upper gastrointestinal bleeding DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death Hours
	(b) Striato nigral degeneration DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death few years
CAUSE OF DEATH	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) No
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
CAUSE OF DEATH	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M
	INJURY AT WORK (Specify Yes or No) 28e.	DESCRIBE HOW INJURY OCCURRED 28d.
CAUSE OF DEATH	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. 132778

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

Date Issued:

JUN 09 1998

[Signature]
State Registrar

WARNING: IT IS ILLEGAL TO

BK- 0305
PG- 5203
0638850 Page: 3 of 3 03/14/2005