

1220-15-210-015
APN # 0000-27-403-060
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services Inc.
3708 Lakeside Drive, Suite 202
Reno, Nevada 895089

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0506 PG- 1427 RPTT: 0.00



MAIL TAX STATEMENTS TO:
Tosca T. Carolo
2161 Logan Way
Sparks Nevada 89431

AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE

Douglas County, Nevada

SEE EXHIBIT "A" ATTACHED

The undersigned, TOSCA T. CAROLO, hereby declares that, STEVE JOHN CAROLO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as STEVE JOHN CAROLO, named as one of the initial Co-Trustee's in that certain Declaration of Trust titled the CAROLO FAMILY TRUST DATED SEPTEMBER 5, 1995.

Declarant further declares that she is the remaining initial Co-Trustee named in the Declaration of and that she hereby assumes the position as sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

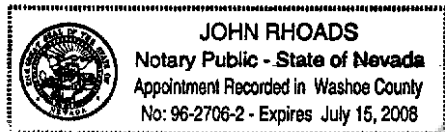
Executed on March 3, 2006, in the City of Reno, County of WASHOE, Nevada.

Tosca T. Carolo
TOSCA T. CAROLO, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On March 3, 2006, before me, John Rhoads, a Notary Public in and for said County and State, personally appeared TOSCA T. CAROLO, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal



[Handwritten Signature]

Notary Public

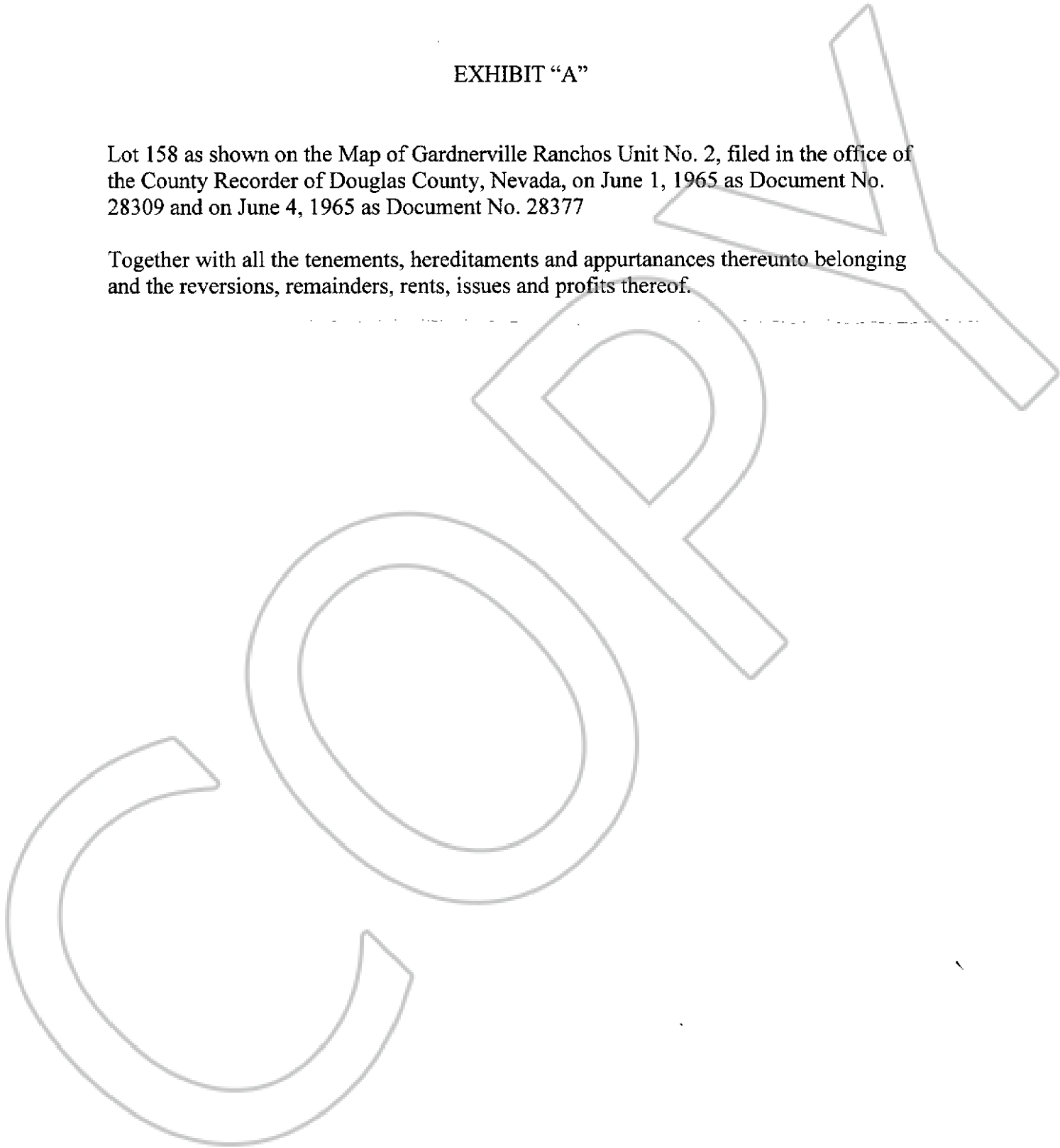
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EXHIBIT "A"

Lot 158 as shown on the Map of Gardnerville Ranchos Unit No. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965 as Document No. 28309 and on June 4, 1965 as Document No. 28377

Together with all the tenements, hereditaments and appurtenances thereunto belonging and the reversions, remainders, rents, issues and profits thereof.



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 118 IMAGE 881

LOCAL FILE NUMBER

1908

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE AREA

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATE THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First: Steve Middle: John Last: CAROLO			2. DATE OF DEATH (Month, Day, Year) June 29, 2005		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 2161 Logan Way		3e. SEX Male		
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 76		
8. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education: Specify Highest grade completed. 13		
11. SOCIAL SECURITY NUMBER [REDACTED]-8502		11c. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Plumber/Pipe Fitter		11d. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
12. RESIDENCE—STATE Nevada		12b. COUNTY Washoe		12c. CITY, TOWN, OR LOCATION Sparks		
12d. STREET AND NUMBER 2161 Logan Way		12e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12f. KIND OF BUSINESS OR INDUSTRY Construction		
16. FATHER—NAME First: Anthony Middle: Middle Last: CAROLO			17. MOTHER—MAIDEN NAME First: Mary Middle: Nevada Last: Fontana			
18a. INFORMANT—NAME (Type or Print) Tosca Carolo			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2161 Logan Way, Sparks, Nevada 89431			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Our Mother of Sorrows		19c. LOCATION City or Town State Reno, Nevada		
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 09		20c. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 1745 Sullivan Lane, Sparks, Nevada 89431		
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>		21b. DATE SIGNED (Mo., Day, Yr.) July 5, 2005		21c. HOUR OF DEATH 1542		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520		21e. PRONOUNCED DEAD (Mo., Day, Yr.) ON June 29, 2005		21f. PRONOUNCED DEAD (Hour) AT 1542		
22a. REGISTRAR <i>[Signature]</i>		22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 5, 2005		22c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
23a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Gunshot wound through head DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(b)		Interval between onset and death				
(c)		Interval between onset and death				
23b. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		23c. AUTOPSY (Specify Yes or No) No		23d. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
24a. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) Suicide		24b. DATE OF INJURY (Mo., Day, Yr.) June 29, 2005		24c. HOUR OF INJURY 1531 M		
24d. INJURY AT WORK (Yes or No) No		24e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Home		24f. DESCRIBE HOW INJURY OCCURRED Shot self with pistol		
24g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 2161 Logan Way, Sparks, Nevada						

STATE REGISTRAR

No. 289420

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

Deputy Registrar: *Mary A. Anderson*

Date: NOV 21 2005

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK- 0506 PG- 1430 0674054 Page: 4 Of 4 05/03/2006

