

APN: 1420-07-614-006

THAT NANCY P. SHEEK is the surviving Trustee of the SHEEK FAMILY TRUST.

THAT as of this date, the said trust has not been amended or revoked, and Affiant is the sole Trustee thereof.

THAT this notice was executed in Carson City, Nevada.


FURTHER Affiant sayeth naught.

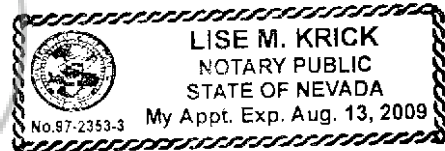
Dated: 12/22/2006



Nancy P. Sheek, Surviving Trustee of the Sheek Family Trust, dated October 8, 2002.

On 22 Dec, 2006, personally appeared before me, a Notary Public, Nancy P. Sheek, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Notice of Death of Trustee, who acknowledged to me that she executed the foregoing document.


Notary Public



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

2005003363

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

LOCAL FILE NUMBER 2005003363		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Walter Charles SHEEK Jr.			DATE OF DEATH (Month, Day, Year) 2. December 1, 2005
CITY, TOWN OR LOCATION OF DEATH 3b. Reno			COUNTY OF DEATH 3a. Washoe
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	SEX Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 67	DATE OF BIRTH (Mo., Day, Yr.) 8. February 21, 1938
STATE OF BIRTH (If not U.S.A., name country) 9a. Missouri	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 15	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
SOCIAL SECURITY NUMBER 13. [REDACTED] 7062	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Manager	KIND OF BUSINESS OR INDUSTRY 14b. Grocery	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Carson City	STREET AND NUMBER 15d. Haystack Dr. 1027
FATHER—NAME First Middle Last 16. Walter Charles Sheek Sr.		MOTHER—MAIDEN NAME First Middle Last 17. Ruth J. Crotty	
INFORMANT—NAME (Type or Print) 18a. Nancy Sheek		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1027 Haystack Dr. Carson City, Nevada 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Walton's	LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	FUNERAL DIRECTOR LICENSE NUMBER 20b. 009	NAME AND ADDRESS OF FACILITY 20c. Walton's Douglas Mortuary 1478 4th Street, Minden, Nevada 89423	
21a. To the best of my knowledge, death occurred on the date, 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.) 21b. 12-7-2005	HOUR OF DEATH 21c. 2345	DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Kosta Argeros M.D. 75 Angle #401 Reno, NV 89502			LICENSE NUMBER 23b. 4093
REGISTRAR 24a. [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 7, 2005	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART (a)	CARDIOGENIC SHOCK		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:			
PART (b)	ANTERIOR WALL MYOCARDIAL INFARCTION		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:			
PART (c)	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1		
AUTOPSY (Specify Yes or No) 26. NO		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.
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. 321259

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: DEC 9 2005

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK- 0107 PG- 4826 01/18/2007