

WHEN RECORDED MAIL TO:

PETER J. CONIGLIO  
HUDSON MARTIN FERRANTE & STREET  
490 CALLE PRINCIPAL, BOX 112  
MONTEREY, CALIFORNIA 93942-0112

DOC # 0703118  
06/15/2007 01:30 PM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
HUDSON MARTIN FERRANTE &  
STREET  
Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0607 PG- 4619 RPTT: 0.00



**AFFIDAVIT OF SUCCESSION OF TRUSTEE AFTER DEATH  
OF SETTLOR-TRUSTEE IN RE BENEFICIAL INTEREST**

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF MONTEREY )

RONALD V. CONIGLIO, of legal age, being first duly sworn, deposes and says:

1. That **NICOLETTE CONIGLIO**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **NICOLETTE CONIGLIO** named as one of the parties in that certain Grant Deed described in Exhibit "A" attached hereto and incorporated herein.

2. In said deed, the decedent is settlor, beneficiary and trustee under Declaration of Trust dated February 21, 2002. That in addition to this real property, the settlor did transfer to said Trust various other assets. The said **NICOLETTE CONIGLIO** received said assets as Trustee of said Trust and said assets were vested accordingly, and further, said **NICOLETTE CONIGLIO** did during her life, exercise the capacity of Trustee of said Trust.

3. It being further acknowledged that **RONALD V. CONIGLIO** is the remainder Beneficiary under said Declaration of Trust, and that **RONALD V. CONIGLIO** is the Survivor Trustee.

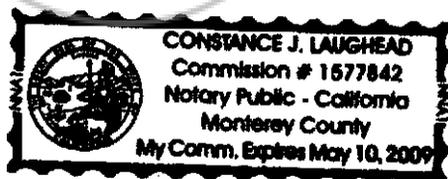
4. From the date of the execution of the **THE CONIGLIO FAMILY 2002 REVOCABLE TRUST** dated February 21, 2002 until the date of death of the Settlor, Beneficiary and Trustee, **NICOLETTE CONIGLIO**, the said **NICOLETTE CONIGLIO** did not revoke, modify or amend the Trust in any manner which would cause the representations contained in the Affidavit to be incorrect, and that said Trust was in full force and effect at the time of the death of said **NICOLETTE CONIGLIO**.

DATED: 9/29/2005, 2005.

*Ronald V. Coniglio*  
RONALD V. CONIGLIO, SURVIVOR TRUSTEE

Subscribed and sworn to (or affirmed) before me on this 29 day of September, 2005, by Ronald V. Coniglio, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Seal)



*Constance J. Laughead*  
Notary Public

## EXHIBIT A - GRANT DEED DESCRIPTION

Deed dated May 13, 2003, executed by Ronald V. Coniglio and Nicolette Coniglio, husband and wife as Community Property to Ronald V. Coniglio and Nicolette Coniglio, Trustees of the Coniglio Family 2002 Revocable Trust dated February 21, 2002, recorded as Document No. 0596572, on November 13, 2003, in Book 1103, Page 05373 of Records of Douglas County, State of Nevada, covering the following described property situated in Douglas County, State of Nevada, and is particularly described as follows:

Lot 30, in Block H, of the First Addition of Kingsbury Meadows Subdivision, according to the Map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on July 17, 1957, as Document No. 12441.

Commonly known as: 182 Chimney Rich, South Lake Tahoe, Nevada  
APN: 07-232-110 ( old APN Number)  
New APN: 1318-23-811-023



BK- 0607  
PG- 4620  
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**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SANTA CLARA**  
**PUBLIC HEALTH DEPARTMENT**  
**VITAL RECORDS AND REGISTRATION**  
645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
Nicolette		CONIGLIO	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
		01/02/1950	
5. AGE Yrs.		6. SEX	
55		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
ID		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. EDUCATION - Highest Level/Type (See worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
Bachelor's		05/08/2005	
14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		8. HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1515	
16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
White		Telecommunications Consultant	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		19. YEARS BY OCCUPATION	
Telecommunications		15	
20. DECEDENT'S RESIDENCE (Street and number or location)			
514 Pine Street			
21. CITY		22. COUNTY/PROVINCE	
Monterey		Monterey	
23. ZIP CODE		24. YEARS IN COUNTY	
93940		7	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		Ronald V. Coniglio - Husband	
27. INFORMANT'S MAILING ADDRESS (Physical and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
514 Pine Street, Monterey, CA 93940		Ronald	
29. MIDDLE		30. LAST ( Maiden Name)	
V.		Coniglio	
31. NAME OF FATHER - FIRST		32. MIDDLE	
Marvin		L.	
33. LAST		34. BIRTH STATE	
Graham		MT	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
Sybil		D.	
37. LAST ( Maiden)		38. BIRTH STATE	
Merrill		ID	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
05/16/2005		Residence Ronald V. Coniglio, 514 Pine Street, Monterey, CA 93940	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/RES		Not Embalmed	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
		Pittsburg Funeral Chapel, Inc.	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD-510		Martin D. Fensterheib	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR	
05/16/2005		Martin D. Fensterheib	
101. PLACE OF DEATH			
Stanford Medical Center			
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input checked="" type="checkbox"/> IP <input type="checkbox"/> SNOP <input type="checkbox"/> DGA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
Santa Clara		300 Pasteur Drive	
106. CITY		107. CAUSE OF DEATH	
Palo Alto		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without citing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. BIOPSY PERFORMED?		111. AUTOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. USED IN DETERMINING CAUSE?	
None		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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	
Decedent Arrested Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		116. LICENSE NUMBER	
(A) mm/dd/yyyy (B) mm/dd/yyyy		117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		05/06/2005	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
1040		Hospital	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
Perforated right iliac artery during angioplastic procedure			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
300 Pasteur Drive, Stanford, CA 94305			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
Massoud Vameghi		05/13/2005	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
Massoud Vameghi, MD/Med. Examiner		Massoud Vameghi, MD/Med. Examiner	
STATE REGISTRAR		FAX AUTH. #	
A B C D E			
CENSUS TRACT			

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA  
COUNTY OF SANTA CLARA

SS DATE ISSUED  
By **MAY 16 2005**

\*H01892941\*

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

*Martin D. Fensterheib MD*  
MARTIN D. FENSTERHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

This copy not valid unless prepared or



BK- 0607  
PG- 4621

