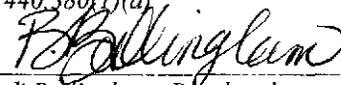


This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).


Brandi Ballingham, Paralegal
ANDERSON & DORN LTD.

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0807 PG-00936 RPTT: 0.00



APN: 1320-30-811-009

RECORDING REQUESTED BY:

Anderson & Dorn, Ltd.
500 Damonte Ranch Parkway, Ste. 860
Reno, NV 89521

WHEN RECORDED MAIL TO:

Myra A. Rossi
✓ P.O. Box 2437
Minden, NV 89423

MAIL TAX STATEMENT TO:

Myra A. Rossi
P.O. Box 2437
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, Myra A. Rossi, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated December 22, 1986, Norman Victor Rossi and I executed the Rossi Family Trust ("Trust")

(2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of Norman V. Rossi.

(3) Norman Victor Rossi died on March 19, 2007, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Norman Victor Rossi.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.

(5) The following described real property is part of the trust estate: See Exhibit "B" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

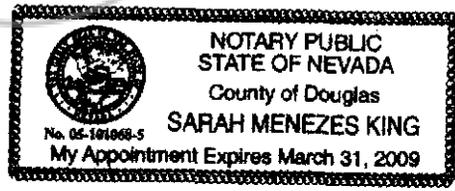
Executed on May 4, 2007, at Minden, Nevada.

Myra A. Rossi
Myra A. Rossi, Trustee

STATE OF NEVADA)
 Douglas) ss:
COUNTY OF WASHOE)

SUBSCRIBED AND SWORN TO before me this 4 day of May, 2007.

Sarah Menezes King
Notary Public



CERTIFICATION OF VITAL RECORD

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CERTIFICATE OF DEATH
VITAL STATISTICS**

2007001297
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME FIRST Norman			1b. MIDDLE V			1c. LAST ROSSI			2. DATE OF DEATH (Mo/Day/Year) March 19, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden				3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1634 Carval Court				3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)				4. SEX Male		
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 21, 1923		
9a. STATE OF BIRTH (If not U.S.A. name country) New York			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Myra STENSTROM				
13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Mechanic				14b. KIND OF BUSINESS OR INDUSTRY Aerospace						
15a. RESIDENCE- STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1634 Carval Court			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
16. FATHER - NAME (First-Middle-Last-Suffix) Vito ROSSI						17. MOTHER - NAME (First-Middle-Last-Suffix) Isabel LOCY								
18a. INFORMANT - NAME (Type or Print) Myra ROSSI						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 2437, Minden, Nevada 89423								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory				19c. LOCATION City or Town State Carson City Nevada 89701						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410								
TRADE CALL - NAME AND ADDRESS														
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN HEWITT DO SIGNATURE AUTHENTICATED						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) stated. (Signature & Title)								
21b. DATE SIGNED (Mo/Day/Yr) March 22, 2007			21c. HOUR OF DEATH 09:40			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN; ATTENDING PHYSICIAN; MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen Hewitt DO, 1090 3rd Street #1 South Lake Tahoe, CA									23b. LICENSE NUMBER NV 1107					
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 23, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)														
PART I (a) End stage congestive heart failure										Interval between onset and death Years				
DUE TO, OR AS A CONSEQUENCE OF										Interval between onset and death				
(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 Organic brain syndrome										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED						
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		STATE		

STATE REGISTRAR



0706832 Page: 3 of 4 08/02/2007

BK- 0807
PG- 938

3RB1004-Rev-E2

T06539 CERTIFIED COPY OF VITAL RECORDS

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:

03/26/2007

SIGNATURE AUTHENTICATED

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

*PRNCO (REV) 1/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

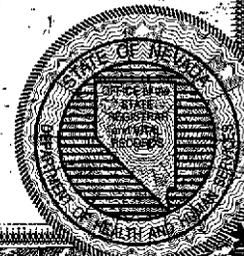


EXHIBIT "B"

LEGAL DESCRIPTION:

Lot 9, as set forth on the map of Beneteau Subdivision filed for record October 21, 1980, as Document No. 49919, Official Records of Douglas County, State of Nevada.

APN: 1320-30-811-009

PROPERTY ADDRESS: 1634 Carval, Minden, Nevada 89423

