



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).

Brandingham

Brandi Ballingham, Legal Assistant
ANDERSON, DORN & RADER, LTD.

APN: 1418-34-110-035

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Ste, 860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

Joseph Caruso and Dolores Lertora
3039 Derby Road
Columbus, OH 43221

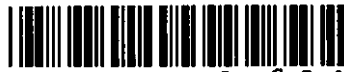
MAIL TAX STATEMENTS TO:

Joseph Caruso and Dolores Lertora
3039 Derby Road
Columbus, OH 43221

AFFIDAVIT OF DEATH OF TRUSTEE

We, JOSEPH CARUSO and DOLORES LERTORA, 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 February 24, 2009, GLORIA STELLABOTTE executed the Stellabotte Living Trust ("Trust").
- (2) Said trust appointed us to serve as Successor Co-Trustees upon the death or incapacity of GLORIA STELLABOTTE.
- (3) GLORIA STELLABOTTE died on June 11, 2009 at Carson City, Nevada, a resident of Carson City, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said GLORIA STELLABOTTE.
- (4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Successor Co-Trustees.



- (5) The following described real property is part of the trust estate: See Exhibit "B" attached.
- (6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Co-Trustees 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 us as Successor Co-Trustees.

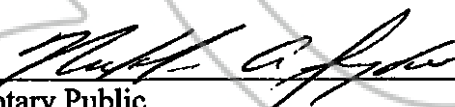
Executed on this 24 day of June, 2009 at Columbus, Ohio.



 JOSEPH CARUSO, Successor Co-Trustee

STATE OF Ohio)
) ss:
 COUNTY OF Franklin

SUBSCRIBED AND SWORN TO before me
by Joseph Caruso this 24 day of June, 2009.



 Notary Public



NICHOLAS SNYDER
 Notary Public
 in and For the State of Ohio
 My Commission Expires
 July 17, 2013



Executed on this 22nd day of June, 2009 at Rockville, Maryland.

Dolores Lertora

DOLORES LERTORA, Successor Co-Trustee

STATE OF Maryland)
) ss:
COUNTY OF Howard)

SUBSCRIBED AND SWORN TO before me
by Dolores Lertora this 22nd day of June, 2009.

Brad Salazar
Notary Public

BRAD A. SALAZAR
NOTARY PUBLIC
HOWARD COUNTY
MARYLAND
MY COMMISSION EXPIRES FEB. 3, 2010

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2009008701

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,MIDDLE,LAST,SUFFIX) Gloria STELLABOTTE		2. DATE OF DEATH (Mo/Day/Year) June 11, 2009		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Evergreen at CC Health and Rehab Ctr		3d. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Nursing Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
7b. UNDER-1 YEAR MOS		7c. UNDER-1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) June 25, 1928	
9a. STATE OF BIRTH (if not U.S.A., name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY-NUMBER 2485		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Antique Dealer		14b. KIND OF BUSINESS OR INDUSTRY Antiques	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Glenbrook	
15d. STREET AND NUMBER 1273 Lincoln Road		16. FATHER - NAME (First Middle Last Suffix) Joseph CARUSO			
17. MOTHER - NAME (First Middle Last Suffix) Mary GARRAMONE		18a. INFORMANT- NAME (Type or Print) Dolores LERTORA			
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 10909 Stillwater Ave Kensington, Maryland 20895		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			
19b. CEMETERY OR CREMATORY - NAME Trucker Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431			
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JOHN LAWRENCE <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lomp Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GAIL KRIVAN MD <i>SIGNATURE AUTHENTICATED</i>					
21b. DATE SIGNED (Mo/Day/Yr) June 16, 2009		21c. HOUR OF DEATH 19:12		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)	
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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) Gail Krivan MD 1001 N. Mountain St. Suite 1D Carson City, NV 89703			
23b. LICENSE NUMBER 9735		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 18, 2009		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) Acute Cardiopulmonary Arrest Interval between onset and death					
(b) Uterine Cancer with Metastasis Interval between onset and death					
(c) Hypertension Interval between onset and death					
(d) Chronic Obstructive Pulmonary Disease Interval between onset and death					
PART II					
26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED					
26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



BK-709
PG-2160

746887 Page: 4 of 5 07/10/2009

VRS-Rev-2008-06-02

278133 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:

06-18-2009

R. J. [Signature]
SIGNATURE AUTHENTICATED

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





EXHIBIT "B"

Legal Description:

LOT 15 AND 17 IN BLOCK B, AS SHOWN ON THE MAP OF LINCOLN PARK,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,
STATE OF NEVADA, ON SEPTEMBER 7, 1921.

APN: 1418-34-110-035

Property Address: 1273 Lincoln Road, Glenbrook, Nevada 89413

