



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

Brandi Ballingham, Paralegal
ANDERSON, DORN & RADER, LTD.

APN: 1220-24-302-029

RECORDING REQUESTED BY:

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

WHEN RECORDED MAIL TO:

Ikbal H. Lahnala
707 Carrousel Court
Gardnerville, Nevada 89410

MAIL TAX STATEMENTS TO:

Ikbal H. Lahnala
707 Carrousel Court
Gardnerville, Nevada 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, Momtaz G. Beshay, the undersigned, affirm and certify under penalty of perjury under the laws of the State of California that the following is true and correct:

(1) By instrument dated January 24, 1989, Edward H. Lahnala and Ikbal H. Lahnala executed the Lahnala Living Trust ("Trust").

(2) Said trust appointed me and Nagwa G. Hanna to serve as Successor Trustees upon the death or incapacity of Edward H. Lahnala and Ikbal H. Lahnala.

(3) Edward H. Lahnala died on July 30, 2009, at Reno, Nevada, a resident of Washoe County, California. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Edward H. Lahnala. Ikbal H. Lahnala is incapacitated and unable to manage Trust affairs.

**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2009011529
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) Edward H LAHNALA		2 DATE OF DEATH (Mo/Day/Year) July 30 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) Continuicare Hospital of Carson Tahoe, Inc		3e If Hosp or Inst. Indicate DOA, OPI, Emer, Rm Inpatient (Specify) Inpatient	
5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE Last birthday (Years) 78	
9a STATE OF BIRTH (if not U.S.A. name country) Michigan		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 16	
11 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife give maiden name) Ikbal HANNAWI		13 SOCIAL SECURITY NUMBER 7751	
14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life Even if Retired) Mechanical Engineer		14b KIND OF BUSINESS OR INDUSTRY Engineer		Ever in US Armed Forces? No	
15a RESIDENCE STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 707 Carousel Court		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER NAME (First Middle Last Suffix) John LAHNALA	
17 MOTHER NAME (First Middle Last Suffix) Anna SIIRA		18a INFORMANT NAME (Type or Print) Dinah COROLI		18b MAILING ADDRESS (Street or R.F.D. No, City or Town State Zip) 707 Carousel Court Gardnerville Nevada 89410	
19a BURIAL CREMATION REMOVAL OTHER (Specify) Bunal		19b CEMETERY OR CREMATORY NAME Eastside Memorial Park		19c LOCATION City or Town State Minden Nevada 89423	
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) JOSE ALFREDO AGUIRRE MD 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) August 10, 2009		21c HOUR OF DEATH 22 45		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22e PRONOUNCED DEAD AT (Hour)	
22d PRONOUNCED DEAD (Mo/Day/Yr)		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER OR CORONER) (Type or Print) Jose Alfredo Aguirre MD, 1600 Medical Parkway Carson City, NV 89703			
23b LICENSE NUMBER 11479		24a REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 12, 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) Sepsis DUE TO OR AS A CONSEQUENCE OF (b) Pneumonia DUE TO OR AS A CONSEQUENCE OF (c) (d)			
PART II End Stage Renal Disease, Acute Liver Failure		26 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a ACC SUICIDE FROM, UNDER 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	

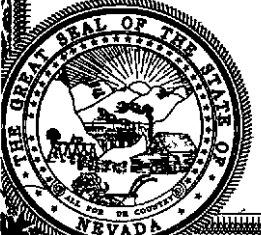
STATE REGISTRAR



BK-909
PG-3629

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1002137



284844 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: **08/12/2009**

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

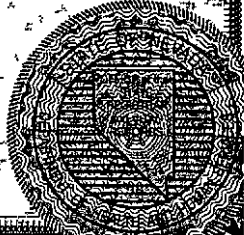




EXHIBIT "B"

Legal Description:

All that certain lot piece or parcel of land situate in the County of Douglas, State of Nevada, more particularly described as follows:

BEING a portion of the South $\frac{1}{2}$ of the Northeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ and the Southwest $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 24, Township 12 North, Range 20 East, M.D.B. & M., and more particularly described as follows:

Parcel 1C as set forth on Parcel Map #1 for Beverly Roberts, et al, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on February 26, 1991, in Book 291, Page 3044, as Document No. 245551.

APN: 1220-24-302-029

Property Address: 707 Carrousel Court, Gardnerville, NV 89410