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OFFICIAL RECORD

Requested By:
AARONSON DICKERSON COHN &
LANZONE

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 7 Fee: 20.00
BK-0111 PG- 3067 RPTT: 0.00



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Recording requested by and)
When recorded mail to:)
Robert J. Lanzone)
Aaronson, Dickerson, Cohn & Lanzone)
939 Laurel Street, Suite D)
San Carlos, California 94070)

AFFIDAVIT DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN MATEO)

I, Ivana Brandolino, being first duly sworn, declare:

1. That Piero Sebastiani, the named Trustee of the Piero Sebastiani Revocable Trust Agreement dated January 11, 2000, passed away on December 19, 2010, and is the same person described in the certified copy of the Certificate of Death, attached hereto.

2. That the Trust holds title to real property located at 2903 Hot Springs Road, Minden, Nevada, APN 1420-28-211-026, more particularly described as follows:

Lot 6, in Block A, as set forth on the map of SARATOGA SPRINGS ESTATES UNIT NO. 4 filed for record in the Office of the Douglas County Recorder on May 19, 2000, in Book 0500, Page 4445, as Document No. 492337, Official Records and Amended by Certificate of Amendment recorded November 30, 2000, in Book 1100, Page 6042, as Document No. 504169, of Official Records.

3. That the Trust provides that if Piero Sebastian ceases to act as Trustee, then Ivana Brandolino shall act as Successor Trustee thereof. See Exhibit A attached hereto and made a part hereof.

4. That Affiant Ivana Brandolino, hereby accepts the position of Successor


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TELEPHONE (650) 593-3117



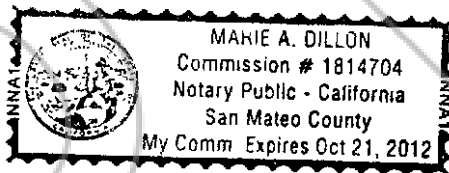
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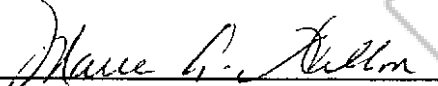
Trustee of the Piero Sebastiani Revocable Trust Agreement dated January 11, 2000.

Dated: 1/6/11


Ivana Brandolino, Successor Trustee

Subscribed and sworn to (or affirmed) before me on this 6th day of January, 2011, by Ivana Brandolino, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.




Notary Public

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH SYSTEM
SAN MATEO, CALIFORNIA

BK- 0111
PG- 3069
0776930 Page: 3 of 7 01/14/2011

CERTIFICATE OF DEATH

3201041004384

1. NAME OF DECEDENT - FIRST (Given) PIERO		2. MIDDLE		3. LAST (Family) SEBASTIANI	
AKA, ALSO KNOWN AS - include full AKA (FIRST MIDDLE LAST)					
4. DATE OF BIRTH mm/dd/yyyy 06/22/1934		5. AGE Yrs 76		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY ITALY		10. SOCIAL SECURITY NUMBER ■■■■-■■■-8574		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS/SP* (at time of Death) DIVORCED		7. DATE OF DEATH mm/dd/yyyy 12/19/2010		8. HOUR (24 Hour) 0105	
13. EDUCATION - Highest Level/Degree BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SELF EMPLOYED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency etc.) BUILDING MAINTENANCE COMPANY		19. YEARS IN OCCUPATION 48	
20. DECEDENT'S RESIDENCE (Street and number, or location) 201 HILLCREST ROAD					
21. CITY SAN CARLOS		22. COUNTY/PRIOR/CITY SAN MATEO		23. ZIP CODE 94070	
24. YEARS IN COUNTY 20		25. STATE OF BIRTH COUNTRY CA			
26. INFORMANT'S NAME RELATIONSHIP MARCELLO SEBASTIANI, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 102 DAWN PLACE, PETALUMA, CA 94952		
28. NAME OF SURVIVING SPOUSE/SURV* - FIRST MARIE		29. MIDDLE		30. LAST (BIRTH NAME) SEBASTIANI	
31. NAME OF FATHER/PARENT - FIRST MATELE		32. MIDDLE		34. BIRTH STATE ITALY	
35. NAME OF MOTHER/PARENT - FIRST MARIA		36. MIDDLE		37. LAST (BIRTH NAME) PANERO	
38. BIRTH STATE ITALY		38. BIRTH STATE ITALY			
39. DISPOSITION DATE mm/dd/yyyy 12/23/2010		40. PLACE OF FINAL DISPOSITION MOUNT OLIVET CEMETERY, 270 LOS RANCHITOS ROAD, SAN RAFAEL, CA 94903			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMERALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT MONTE'S CHAPEL OF THE HILLS		45. LICENSE NUMBER FD602		47. DATE mm/dd/yyyy 12/22/2010	
46. SIGNATURE OF LOCAL REGISTRAR SCOTT MORROW, MD		47. DATE mm/dd/yyyy 12/22/2010			
101. PLACE OF DEATH SEQUOIA HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ENP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE Nursing Home/LTC <input type="checkbox"/> Dependent's Home <input type="checkbox"/> Other <input type="checkbox"/>	
104. COUNTY SAN MATEO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 170 ALAMEDA DE LAS PULGAS		106. CITY REDWOOD CITY	
107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CONGESTIVE HEART FAILURE					
(B) ISCHEMIC CARDIOMYOPATHY					
(C) CORONARY ARTERY DISEASE					
108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
109. SPOCY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ACUTE RENAL FAILURE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER PHILLIP NG M.D.		116. LICENSE NUMBER A61233	
117. DATE mm/dd/yyyy 12/17/2010		118. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP CODE PHILLIP NG M.D. 4151 MIDDLEFIELD ROAD SUITE 111, PALO ALTO, CA 94303		117. DATE mm/dd/yyyy 12/22/2010	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hour)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN MATEO

DATE ISSUED

DEC 30 2010

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

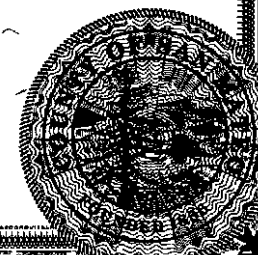
Anabel Tingin

SCOTT MORROW, MD
SCOTT MORROW, M.D.

000658357

By _____ HEALTH OFFICER AND REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.



COPY

EXHIBIT A

CERTIFICATION OF TRUST AGREEMENT

THIS CERTIFICATION is made and entered into in San Carlos, California this 26th day of February, 2004, **Piero Sebastiani**, Trustor, and **Piero Sebastiani**, Trustee currently acting and appointed in the Trust. The name of the Trust is the **Piero Sebastiani Revocable Trust** Dated January 11, 2000.

THE TRUSTORS AND THE TRUSTEES CERTIFY AS FOLLOWS:

Abstract and Description of Trust: The Trustors and Trustees desire to confirm the establishment of a revocable trust on and for the benefit of the Trustors and containing essentially the following provisions:

1. Piero Sebastiani is designated as Trustee to serve until death, resignation or incompetency.

2. When Piero Sebastiani is no longer serving as Trustee, the following shall serve in the order named as Successor Trustee:

Ivana Sebastiani Brandolino
Marcello G. Sebastiani

3. The Trustor retains the unlimited right to withdraw income and principal from the Trust during his life.

4. Piero Sebastiani, Trustee, or any Successor Trustee shall have the power and authority to manage and control the Trust property, in such manner as the Trustees or Successor Trustee may deem advisable, and shall have, enjoy, and exercise all powers and rights over and concerning the property and its proceeds as fully and amply as though the Trustee was the absolute and unqualified owner, including the power to grant, bargain, purchase, sell and convey, encumber and hypothecate, real and personal property, and the power to invest and reinvest the Trust Estate in every kind of property, real, personal, or mixed, and every kind of investment, specifically including, but not by way of limitation, corporate obligations of every kind, stocks, preferred or common, shares of investment trusts, investment companies and mutual funds and mortgage participation, options and commodities; and with respect to securities held in the Trust, to have all the rights, powers and privileges of an owner, including, but not by way of limitation, the power to vote, give proxies and pay assessments, to participate in voting trusts, pooling agreements, foreclosures, reorganizations, consolidations, mergers, liquidations, sales and leases and, incident to such participation, to deposit securities with and transfer title to any protective or other committee on such terms and conditions as the Trustee may deem advisable; and to exercise or sell stock subscription or conversion rights.

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5. Following the death of the Trustor, the Trust is distributed in whole or in part for the benefit of this named beneficiaries according to the terms of the Trust.

6. Unless otherwise indicated to a prospective transferee, the Trustee has full power to transfer assets held in the name of the Trust and subsequent transferees shall be entitled to reply upon such transfer provided the chain of title is not otherwise deficient.

7. All personal property transferred into Trust shall remain personal property and all that real property transferred into Trust shall remain real property.

8. This Trust contains a spendthrift provision. No one other than the Trustee may use the principal or income of the Trust as security or collateral for any transaction.

9. The situs of the Trust is the State of California.

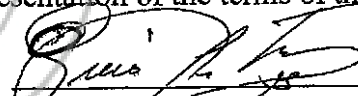
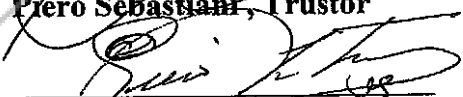
Title to assets transferred to the Trust shall be taken in the name of Piero Sebastiani , Trustee of the Piero Sebastiani Revocable Trust dated January 11, 2000.

The use of this Abstract of Trust Agreement is for convenience only and the Trust Agreement is solely controlling as to provisions and interpretations, and any conflict between this Abstract and the Trust Agreement shall be decided in favor of the Trust Agreement.

Certificate of Trust: The undersigned declare under penalty of perjury under the laws of the State of California that:

The Trust has not been revoked, modified, or amended in any manner which would cause the above representations to be incorrect, and

The above abstract is a true and correct representation of the terms of the Trust Agreement.

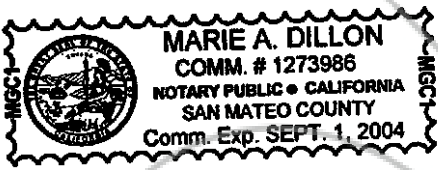

Piero Sebastiani, Trustor

Piero Sebastiani, Trustee

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STATE OF CALIFORNIA)
)ss.
COUNTY OF SAN MATEO)

On February 26, 2004 before me, Marie A. Dillon, a Notary Public in and from said County and State, personally appeared Piero Sebastiani personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS, my hand and official seal.



Marie A. Dillon
NOTARY PUBLIC in and for said
State

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