

4. That as of this date, the said trust has not been revoked and Affiant is the sole Trustee thereof.

5. That this Affidavit has been executed in the county of Carson City, state of Nevada.

6. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

DATED Jan 30, 2012.

[Signature]
LORA COOK

On January 30, 2012, before me, Deirdre Reid, a notary public, personally appeared LORA COOK, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person (or entity upon behalf of which the person acted), executed the instrument.

WITNESS my hand and official seal.

[Signature]
NOTARY PUBLIC

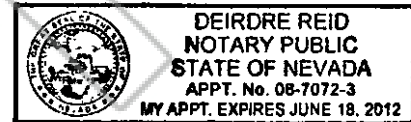




EXHIBIT 1

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011015400
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) Robert James COOK			2. DATE OF DEATH (Mo/Day/Year) October 01, 2011		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) Carson Tahoe Regional Medical Center		3e. If Hosp or Inst. indicate DOA, OPI/Emer. Rm Inpatient (Specify) Inpatient		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 84	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) October 08, 1926
9a. STATE OF BIRTH (If not U.S.A., name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 18	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (If wife, give maiden name)
13. SOCIAL SECURITY NUMBER 8416		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Coach		14b. KIND OF BUSINESS OR INDUSTRY Sports		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1236 Centerville Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER/PARENT - NAME (First Middle Last Suffix) James COOK				17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT-NAME (Type or Print) Lora COOK			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1101 Glengary Place Colorado Springs, Colorado 80921			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION: City or Town State Carson City Nevada 89706		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOSH FAULKNER <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 775	20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706			
21. 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) JORGE SALLABERRY MD <i>SIGNATURE AUTHENTICATED</i>			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) October 05, 2011		21c. HOUR OF DEATH 21:50		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. Jorge Sallaberry MD - 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 13619	
24a. REGISTRAR (Signature) STEVE F GILBERT <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 05, 2011		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death	
PART I (a) Acute Myocardial Infarction					Days	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) Acute Embolic Cerebrovascular Accident					Days	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) Atrial Fibrillation					Years	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I: Human Immunodeficiency Virus, Prostate Cancer					26. AUTOPSY: (Specify Yes or No) No	
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HONL, UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED			
28a. 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


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PG- 304
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VRS-Rev-20110104

405941

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: **10/05/2011**


 STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

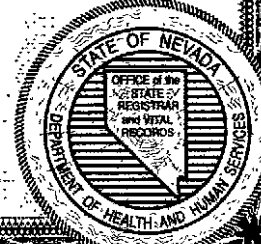




EXHIBIT 2

COPY

EXHIBIT 2

LEGAL DESCRIPTION

Two Parcels of land located within Section 9, T.12N., R.20E., M.D.R.&M., in Douglas County, Nevada and more particularly described as follows:

Commencing at the SW corner of Section 9, T.12N., R.20E., M.D.R.&M.; thence N20°52'28"E a distance of 2,245.14 feet to the true point of beginning; thence East a distance of 431.14 feet to a point on the Westerly boundary of Centerville Lane; thence along a curve to the left with a radial bearing of N76°22'34"W, a tangent bearing of N13°37'26"E, and a radius of 960 feet through a central angle of 7°01'57" and an arc distance of 117.83 feet to a point on the Westerly boundary of Centerville Lane; thence N77°51'45"W a distance of 462.77 feet; thence S0°10'30"E a distance of 213.24 feet to the true point of beginning. Said parcel containing 1.684 acres more or less.

Commencing at the SW corner of Section 9, T.12N., R.20E., M.D.R.&M.; thence N20°52'28"E a distance of 2,245.14 feet; thence N0°10'30"W a distance of 213.24 feet to the true point of beginning; thence N0°10'30"W a distance of 13.86 feet; thence N2°43'50"E a distance of 242 feet; thence S84°00'03"E a distance of 449.60 feet to a point on the Westerly boundary of Centerville Lane; thence S0°02'30"E a distance of 195.00 feet to a point on the Westerly boundary of Centerville Lane; thence along a curve to the right with a radius of 960 feet through a central angle of 6°37'59" and an arc distance of 111.14 feet to a point on the Westerly boundary of Centerville Lane; thence N77°51'45"W a distance of 462.77 feet to the true point of beginning. Said parcel containing 2.932 acres more or less.

(Pursuant to NRS 111.312 this legal description was previously recorded on December June 5, 1991, as Document No. 252104)

Assessor's Parcel Number 1220-09-301-003