

All-Purpose Acknowledgment

State of California

County of Placer

On 4th March 2014 before me, Sarah Louise Johnson, Notary Public, personally
(date) (name, title of officer)

appeared Rose T. Fischetto, who proved to me on the basis of
(name(s) of signer(s))

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 signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature]



(Seal)

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

Form with fields for decedent information (Richard Anthony Fischetto), date of death (02/25/2002), cause of death (Cardio Pulmonary Arrest), and registrar information.

Vertical stamp: BK: 0314 PG: 1713 9/12/2014

Vertical stamp: 0835401 page 3 of 3

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CERTIFIED COPY OF VITAL RECORDS 6464

STATE OF CALIFORNIA COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: March 5, 2002

Signature of Registrar: Elizabeth J. Trickett M.D. LOCAL REGISTRAR

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