

RECORDING REQUESTED BY )  
WHEN RECORDED, MAIL TO: )

STEVEN P. HASKETT, ESQ. )  
PHILLIPS, HASKETT & )  
INGWALSON )  
185 West "F" St., 7th Floor )  
San Diego, CA 92101 )

APN: 5-710-28

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF CALIFORNIA )  
 )ss  
COUNTY OF SAN DIEGO )

DIANNA CHILDS RUGGIERO, of legal age, being first duly sworn, deposes and says:

That DOROTHEA ANGERMAN CALAHAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DOROTHEA A. CALAHAN, named as one of the parties in that certain Quitclaim Deed dated September 23, 1993, executed by DOROTHEA A. CALAHAN, to the DOROTHEA A. CALAHAN LIVING TRUST UDT DATED AUGUST 27, 1993, wherein DOROTHEA A. CALAHAN is the Trustor, or any successor Trustee thereunder, recorded March 10, 1999, at Book 326, Page 120 as File Number 171984, of the Public Records of Eureka County, Nevada, covering the following described property situated in the County of Eureka, State of Nevada:

Township 30 North, Range 48 East, M D B & M Section 9: SW 1/4  
and NE 1/4.

Pursuant to the terms of the Declaration of Trust, the undersigned, DIANNA CHILDS RUGGIERO, is the Successor Trustee of the DOROTHEA A. CALAHAN LIVING TRUST UNDER DECLARATION OF TRUST DATED AUGUST 27, 1993, wherein DOROTHEA A. CALAHAN is the Trustor

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

DATED: April 5, 1999

  
DIANNA CHILDS RUGGIERO

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF SAN DIEGO

## CERTIFICATE OF DEATH

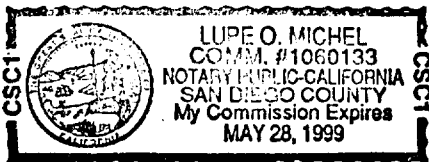
3 199837 019225

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
DOROTHEA		ANGERMAN		CALAHAN	
4. DATE OF BIRTH M/M/DD/CYY		5. AGE YRS.		6. SEX	
05/22/1914		84		F	
7. DATE OF DEATH M/M/DD/CYY		8. HOUR		9. STATE OF BIRTH	
12/30/1998		1438		CA	
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. USUAL EMPLOYER	
16		WHITE		U.S. DEPT. OF JUSTICE	
16. USUAL EMPLOYER		17. OCCUPATION		18. KIND OF BUSINESS	
16		OFFICE MANAGER		LAW ENFORCEMENT	
19. YEARS IN OCCUPATION		20. RESIDENCE—(STREET AND NUMBER OR LOCATION)		21. CITY	
20		3008 LLOYD STREET		SAN DIEGO	
22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
SAN DIEGO		92117		14	
25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	
CALIFORNIA		DIANNA RUGGIERO (DAUGHTER/DPOAH)		3008 LLOYD STREET, SAN DIEGO, CA 92117	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
—		—		—	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
ERNEST		LEMOURE		ANGERMAN	
34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
DC		CATHERINE		—	
37. LAST (MAIDEN)		38. BIRTH STATE		39. DATE M/M/DD/CYY	
REYBURN		DC		01/05/1999	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
PROSPECT HILL CEMETERY, 2201 N. CAPITOL ST., NE, WASHINGTON, DC 20002		CR/TR/BU		NOT EMBALMED	
43. LICENSE NO.		44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.	
—		TELOPHASE CREMATION SOCIETY SD		F-1272	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/CYY		48. SIGNATURE OF LOCAL REGISTRAR	
[Signature]		01/04/1999		[Signature]	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:	
OWN RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OR <input type="checkbox"/> DQA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY	
SAN DIEGO		3008 LLOYD STREET		SAN DIEGO	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER		109. BIOPSY PERFORMED	
IMMEDIATE CAUSE (A) RESPIRATORY FAILURE		DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) RECURRENT ASPIRATION PNEUMONIA		MOS.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED		111. USED IN DETERMINING CAUSE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		CACHEXIA; POLYMYALGIA RHEUMATICA; CONGESTIVE HEART FAILURE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
NO		DECEDENT ATTENDED SINCE M/M/DD/CYY		116. LICENSE NO.	
04/14/1997		12/16/1998		G67138	
117. DATE M/M/DD/CYY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH	
01/04/1999		MAIDA V. SOGHKIAN, MD 10666 N. TORREY PINES ROAD LA JOLLA, CA 92037		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	
120. INJURY AT WORK		121. INJURY DATE M/M/DD/CYY		<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	
<input type="checkbox"/> YES <input type="checkbox"/> NO				122. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
123. PLACE OF INJURY		124. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		125. SIGNATURE OF CORONER OR DEPUTY CORONER	
				126. DATE M/M/DD/CYY	
				127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
				[Signature]	
128. SIGNATURE OF CORONER OR DEPUTY CORONER		129. DATE M/M/DD/CYY		130. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
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		[Signature]			
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		[Signature]			

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

On April 3<sup>rd</sup>, 1999, before me, Lupe O. Michel, a Notary Public in and for said County and State, personally appeared DIANNA CHILDS RUGGIERO, ~~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 the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



Lupe O. Michel  
NOTARY PUBLIC

haskett\est\calahan\affidavit.1

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Phillips, Haskett & Ingvalson  
99 MAY -5 PM 1:02

EUREKA COUNTY NEVADA  
M.H. REBALEATI, RECORDER  
FILE NO. FEES 9.00

**172201**

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