

Recording requested by and,
when recorded, mail to:

HAHN & HAHN (Karl I. Swaidan)
301 East Colorado Boulevard
Suite 900
Pasadena, CA 91107-1977

Mail Tax Statements to:

Mrs. Luigia A. Pizzo, Trustee
183 Kenworthy Drive
Pasadena, California 91105

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss.:
COUNTY OF LOS ANGELES)

The undersigned, Luigia A. Pizzo, Trustee, of legal age, being first duly sworn, deposes and says:

1. On October 5, 1983, Archimede G. Pizzo and Luigia A. Pizzo, as Trustors, and Archimede G. Pizzo, as Trustee, executed a Declaration of Trust (herein referred to as "The Pizzo Family Trust").
2. Pursuant to Article X of said trust, if the initial Trustee fails or ceases to so act, Luigia A. Pizzo shall serve as the sole Trustee.
3. Archimede G. Pizzo died on May 28, 1999. A certified copy of the decedent's death certificate is attached hereto and made a part hereof by this reference.
4. The decedent named in the attached certified copy of Certificate of Death is the same person as Archimede G. Pizzo named as the initial Trustee of The Pizzo Family Trust and is the same person as one of the parties in that certain Deed dated February 11, 1984, executed by Archimede G. Pizzo to Archimede G. Pizzo, Trustee, recorded on April 5, 1984 as Instrument No. 93032 in Book 122, page 113, of Official Records of Eureka County, Nevada, covering an undivided one-half interest in unimproved real property located in the County of Eureka, Nevada, described as follows:

The Southwest Quarter of the Southwest Quarter of Section 5, Township 30 North, Range 49, M. D. B. & M., as per Government Survey.

Subject to: All covenants, conditions, restrictions, reservations, easements, rights and/or rights of way of record.

5. This Affidavit - Death of Trustee is recorded to establish that the successor Trustee of The Pizzo Family Trust is Luigia A. Pizzo by reason of the provisions of said trust.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Executed on 9-13-99, 1999 at Pasadena, California.

Luigia A. Pizzo
Luigia A. Pizzo, Successor Trustee of The
Archimede G. Pizzo and Luigia A. Pizzo
Family Trust dated October 5, 1983

STATE OF CALIFORNIA)
) ss
COUNTY OF LOS ANGELES)

On September 13, 1999, before me, Karen Arigan, a Notary Public in and for said County and State, personally appeared LUIGIA A. PIZZO, 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.



Karen Arigan
Notary Public

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)				LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)		
	Archimede		Galileo		Pizzo		
	4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH MM/DD/CCYY
	02/05/1914		85		Male		05/28/1999
	8. HOUR		1455				
DECEDENT PERSONAL DATA	9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS
	TN				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Married
	13. EDUCATION—YEARS COMPLETED		8				
	14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		
	White		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		self-employed		
USUAL RESIDENCE	17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION		
	Real Estate Developer		Real Estate		40		
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION)						
	183 Kenworthy Dr.						
	21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY
Pasadena		Los Angeles		91105		62	
INFORMANT	25. STATE OR FOREIGN COUNTRY		CA				
	26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)				
	Gina Pizzo, wife		183 Kenworthy Dr Pasadena, CA 91105				
	28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)		
	Gina		A.		Scoppetta		
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE
	Francesco		-		Pizzo		Italy
	35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE
	Giuseppina		-		Truda		Italy
	39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION				
06/02/1999		Forest Lawn Memorial Park Glendale, CA					
DISPOSITION(S)	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.		
	Burial		<i>[Signature]</i>		6371		
	44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY
	Cahot & Sons		FD 341		<i>[Signature]</i>		06/02/1999
	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY
Glendale Adventist Med. Ctr.		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		Los Angeles	
PLACE OF DEATH	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY				
	1509 Wilson Terrace		Glendale				
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						
	IMMEDIATE CAUSE (A)		Cardiorespiratory Arrest		TIME INTERVAL BETWEEN ONSET AND DEATH		
					3 mins		
CAUSE OF DEATH	DUE TO (B)		Ischemic Cardiomyopathy		108. DEATH REPORTED TO CORONER		
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO (C)		Coronary Artery Disease		109. BIOPSY PERFORMED		
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO (D)				110. AUTOPSY PERFORMED		
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
				111. USED IN DETERMINING CAUSE			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
End Stage Renal Failure Chronic Obstructive Pulmonary Disease							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
AV Fistula of left arm 03/22/1999 Left Heart Cath 05/26/1999							
PHYSICIAN'S CERTIFICA- TION	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		116. LICENSE NO.		
	DECEDENT ATTENDED SINCE MM/DD/CCYY		<i>[Signature]</i>		A 29460		
	DECEDENT LAST SEEN ALIVE MM/DD/CCYY		117. TYPE-ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		117. DATE MM/DD/CCYY		
	02/05/1997 05/27/1999		George S. Bridi, MD 1560 E Chevy Chase Glendale CA 91206		06/01/1999		
	118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		119. MANNER OF DEATH		120. INJURY AT WORK		
		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		121. INJURY DATE MM/DD/CCYY			
				122. HOUR			
				123. PLACE OF INJURY			
				124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	

440037907

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Director of Health Service and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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DATE ISSUED JUN 02 1999

BOOK 329 PAGE 436
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
John & Nahn
99 SEP 16 PM 1:46

EUREKA COUNTY NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES 0.00

173006

COPY

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