

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.

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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.

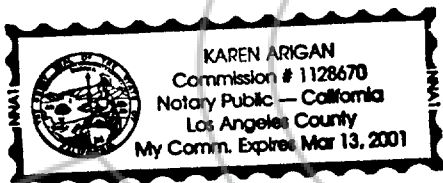
Executed on 9-13-99, 1999 at Pasadena, California.

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) Archimede		2. MIDDLE Galileo		3. LAST (FAMILY) Pizzo					
	4. DATE OF BIRTH MM/DD/CCYY 02/05/1914		5. AGE YRS. 85		6. SEX Male		7. DATE OF DEATH MM/DD/CCYY 05/28/1999			
	9. STATE OF BIRTH TN		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		12. MARITAL STATUS Married			
	14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. USUAL EMPLOYER self-employed					
USUAL RESIDENCE	17. OCCUPATION Real Estate Developer		18. KIND OF BUSINESS Real Estate		19. YEARS IN OCCUPATION 40					
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 183 Kenworthy Dr.									
	21. CITY Pasadena		22. COUNTY Los Angeles		23. ZIP CODE 91105	24. YRS IN COUNTY 62	25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP Gina Pizzo, wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 183 Kenworthy Dr Pasadena, CA 91105								
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST Gina		29. MIDDLE A.		30. LAST (MAIDEN NAME) Scoppetta					
	31. NAME OF FATHER—FIRST Francesco		32. MIDDLE -		33. LAST Pizzo		34. BIRTH STATE Italy			
	35. NAME OF MOTHER—FIRST Giuseppina		36. MIDDLE -		37. LAST (MAIDEN) Truda		38. BIRTH STATE Italy			
	39. DATE MM/DD/CCYY 06/02/1999		40. PLACE OF FINAL DISPOSITION Forest Lawn Memorial Park Glendale, CA							
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) Burial		42. SIGNATURE OF EMBALMER <i>[Signature]</i>			43. LICENSE NO. 6371				
	44. NAME OF FUNERAL DIRECTOR Cabot & Sons		45. LICENSE NO. FD 341		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE MM/DD/CCYY 06/02/1999			
PLACE OF DEATH	101. PLACE OF DEATH Glendale Adventist Med. Ctr.		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Los Angeles			
	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1509 Wilson Terrace		106. CITY Glendale							
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	IMMEDIATE CAUSE (A) Cardiorespiratory Arrest		3 mins		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DUE TO (B) Ischemic Cardiomyopathy		2 yrs		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DUE TO (C) Coronary Artery Disease		10 yrs		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 CERTIFICATION	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 MM/DD/CCYY 02/05/1997 DECEDENT LAST SEEN ALIVE MM/DD/CCYY 05/27/1999		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. A 29460		117. DATE MM/DD/CCYY 06/01/1999			
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP George S. Bridi, MD 1560 E Chevy Chase Glendale CA 91206									
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR			
	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		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

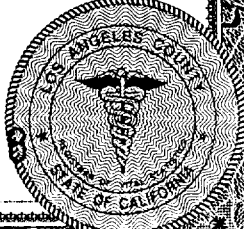
440037907

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.

[Signature] DATE ISSUED **JUN 02 1999**
Director of Health Service and Registrar

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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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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
John & John
99 SEP 16 PM 1:46

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

173006

COPY

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