

APN# NONE

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Vaughan & Hull, Ltd.

P.O. Box 1420

Elko, NV 89803

BOOK *408* PAGE *50-53*  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Vaughan & Hull*  
2005 MAR 21 PM 1:00

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES *17.00*

**196561**

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CERTIFICATION OF TRUST

### CERTIFICATION OF TRUST

STATE OF NEVADA       )  
                                  ) SS.  
COUNTY OF ELKO       )

The undersigned Trustees hereby declare, represent and confirm, pursuant to Nevada Revised Statutes Chapter 164:400-440.

A. The ROBERTA M. DAMELE REVOCABLE TRUST was created by a Revocable Trust executed on February 7, 1991.

B. The Settlor of the Trust was ROBERTA M. DAMELE.

C. The Trustee of the Trust was ROBERTA M. DAMELE.

D. The Trust Agreement was amended and restated April 28, 1994, and September 7, 1999.

E. The powers of the Trustee and any restrictions imposed upon the Trustee in dealing with the assets of the Trust are as set out in Section VII of the Trust in the attached copies of pages 6 and 7 of the Trust Agreement.

F. The Trust was revocable by ROBERTA M. DAMELE.

G. The powers of the Trustee were to be exercised by ROBERTA M. DAMELE.

H. ROBERTA M. DAMELE, who was also known as ROBERTA MERIALDO DAMELE, died on July 13, 2004, as evidenced by Certificate of Death attached hereto, and pursuant to the terms of the Trust ARLENE DAMELE SMITH and STEPHANIE DAMELE SITTNER became the Co-Trustees of said Trust, unless either is unwilling or unable to serve as Trustee, and then the other shall act as the sole Trustee.

I. The assets comprising the Trust were conveyed to ROBERTA M. DAMELE, Trustee of the ROBERTA M. DAMELE TRUST dated February 7, 1991.

J. Upon the death of ROBERTA M. DAMELE, the Trust provides the Trust assets be distributed to her daughters, ARLENE DAMELE SMITH and STEPHANIE DAMELE SITTNER.

The undersigned hereby certify that the Trust has not been revoked or amended to make any representations contained in this certification incorrect, and that the signature of the Trustee below is that of the currently acting Trustees and further declare under the penalty of perjury that the foregoing is true and correct.

Reproduction of this executed original (with reproduced signatures) shall be deemed to be original counterparts of this Certificate.

DATED the 2nd day of March, 2005.

Arlene Damele Smith  
ARLENE DAMELE SMITH, Trustee

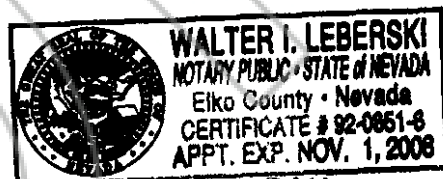
Stephanie Damele Sittner  
STEPHANIE DAMELE SITTNER, Trustee

STATE OF NEVADA       )  
                                  ) SS.  
COUNTY OF Elko       )

The foregoing instrument is acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2005, by ARLENE DAMELE SMITH, Trustee of the ROBERTA M. DAMELE REVOCABLE TRUST.

Walter I. Leberski  
NOTARY PUBLIC

STATE OF Colorado       )  
                                  ) SS.  
COUNTY OF Adams       )



The foregoing instrument is acknowledged before me this 2nd day of March, 2005, by STEPHANIE DAMELE SITTNER, Trustee of the ROBERTA M. DAMELE REVOCABLE TRUST.

Patricia Miller  
NOTARY PUBLIC 2/3/09

# CERTIFICATION OF VITAL RECORD

## STATE OF COLORADO

HOLD TO LIGHT TO VIEW WATERMARK

### STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

<b>DECEDENT</b>		1. DECEDENT'S NAME (First, Middle, Last) <b>Roberta Merialdo DAMELE</b>		2. SEX <b>Fe</b>	3. DATE OF DEATH (Month, Day, Year) <b>July 13, 2004</b>
4. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		5a. AGE - Last Birthday (Years) <b>83</b>	5b. UNDER 1 YEAR Mos : Days : Hrs : Mins	5c. UNDER 1 DAY Hrs : Mins	6. DATE OF BIRTH (Month, Day, Year) <b>June 6, 1921</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		7. BIRTHPLACE (City and State or Foreign Country) <b>Eureka, Nevada</b>	
9b. FACILITY NAME (If not institution, give street and number) <b>Elms Haven Care Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Thornton</b>		9d. COUNTY OF DEATH <b>Adams</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Rancher</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Ranching</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>	
13a. RESIDENCE-STATE <b>Nevada</b>		13b. COUNTY <b>Eureka</b>		12. SPOUSE (If wife, give maiden name) <b>John V. Damele</b>	
13c. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. STREET AND NUMBER <b>143 Spring Street</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
13e. ZIP CODE <b>89316</b>		15. RACE: American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (9 through 12) College (13 through 16 or 17+) <b>16</b>	
<b>PARENTS</b>		17. FATHER-NAME (First, Middle, Last) <b>Peter Merialdo</b>		18. MOTHER-NAME (First, Middle, Last (Maiden Name)) <b>Dolores Mann</b>	
<b>DISPOSITION</b>		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		19. INFORMANT-NAME and relationship to deceased. <b>Arlene Smith - Daughter</b>	
		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eureka Catholic Cemetery</b>		20c. LOCATION - City or Town, State <b>Eureka, Nevada</b>	
		21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>[Signature]</b>		21b. NAME AND ADDRESS OF FACILITY: <b>Olinger Highland Mortuary 10201 Grant Street, Thornton, CO ZIP: 80229</b>	
		22a. REGISTRAR'S SIGNATURE <b>[Signature]</b>		22b. DATE FILED (Month, Day, Year) <b>JUL 13 2004</b>	
		23. TIME OF DEATH <b>6:53A. M</b>		24. DATE PRONOUNCED DEAD <b>JULY 13, 2004</b>	
		25. WAS CORONER NOTIFIED? (Yes or No) <b>Yes</b>			
<b>CERTIFIER</b>		26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <b>[Signature]</b>		27. 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) and manner as stated. Signature: <b>[Signature]</b>	
		28. DATE SIGNED (Month, Day, Year) <b>JULY 13 04</b>		29. DATE SIGNED (Month, Day, Year)	
		30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) <b>DNUEHA FRANCISCA MD P.O. BOX 460729 DENVER CO ZIP: 80246</b>			
		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)			
<b>CAUSE OF DEATH</b>		32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year)	
		33b. TIME OF INJURY M : <input type="checkbox"/> Yes <input type="checkbox"/> No		33c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		33d. DESCRIBE HOW INJURY OCCURRED		33e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)	
		33f. LOCATION (Street and Number or Rural Route Number, City, County, State)			
		34. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.] (a) <b>PNEUMONIA</b> DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death <b>WEEKS</b>	
		(b) <b>GENERAL GERIATRIC DECLINE 20 TO DEMENTIA</b> DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death <b>YEARS</b>	
		(c)		Interval between onset and death	
		PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker).		35. AUTOPSY (Yes or No) <b>No</b>	
				36. IF YES were findings considered in determining cause of death?	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED  
ADRS-16 1-89 (Rev.)

JUL 19 2004

RONALD S. HYMAN  
STATE REGISTRAR

196561

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes up and copies or otherwise use any vital statistics record. NOT VALID IF PHOTOCOPIED.

REV 07/03