

Official Record

Recording requested By  
FIRST AMERICAN TITLE CO

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$41.00

Page 1 of 3

RPTT:

Recorded By: FES

Book- 0469 Page- 0313

Recording Requested By  
First American Title Insurance  
Company of Nevada

When Recorded Return to  
And Mail Tax Statements to:

Arlene M. Depaolia  
P.O. Box 351  
Eureka, NV 89316



0211669

Space Above This Line for  
Recorder's Use Only

A.P.N. 001-135-01

File No.: 152-2345110 (MJ)

Affidavit - Death of Trustee

State of Nevada )  
 )ss.  
County of Eureka )

**Arlene M. DePaoli** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Roberta Merialdo Damele** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **July 13, 2004** at **Thornton, Colorado** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 28, 1976** executed by **Dolores Merialdo** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Dolores Merialdo Trust** dated **28th day of May, 1976**
4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: January 10, 2008

DECLARANT:

*Arlene M. DePaoli*  
Arlene M. DePaoli, Trustee

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 18<sup>th</sup> day of January, 20 08 by Arlene M. DePaoli, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

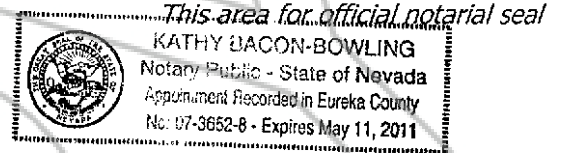
WITNESS my hand and official seal.

Signature Kathy Bacon-Bowling

My Commission Expires: May 11, 2011

Notary Name: Kathy Bacon-Bowling  
Notary Registration Number: NO 07-3652-8

Notary Phone: 775-237-5270  
County of Principal Place of Business: Eureka



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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		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>	7. BIRTHPLACE (City and State or Foreign Country) <b>Eureka, Nevada</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) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
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>	12. SPOUSE (If wife, give maiden name) <b>John V. Damele</b>	
13a. RESIDENCE-STATE <b>Nevada</b>	13b. COUNTY <b>Eureka</b>	13c. CITY, TOWN, OR LOCATION <b>Eureka</b>		13d. STREET AND NUMBER <b>143 Spring Street</b>		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE <b>89316</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:		15. RACE: American Indian, Black, White, etc. (Specify) <b>White</b>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 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>		19. INFORMANT NAME and relationship to decedent. <b>Arlene Smith - Daughter</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)		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			21b. NAME AND ADDRESS OF FACILITY: <b>Olinger Highland Mortuary 10201 Grant Street, Thornton, CO ZIP: 80229</b>			
22a. REGISTRAR'S SIGNATURE <i>Roberta Ann Hood, Deputy</i>			22b. DATE FILED (Month, Day, Year) <b>JUL 19 2004</b>			
23. TIME OF DEATH <b>6:53A. M</b>		24. DATE PRONOUNCED DEAD Month: <b>JULY</b> Day: <b>13</b> Year: <b>2004</b> Hour: <b>6:53A.M.</b>		25. WAS CORONER NOTIFIED? (Yes or No) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>CERTIFIER</b>			<b>TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN</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: <i>[Signature]</i>			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: <i>[Signature]</i>			
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>ONUOHA 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>			<b>TO BE COMPLETED BY CORONER</b>			
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide			33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY <b>M</b>	33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)			33d. DESCRIBE HOW INJURY OCCURRED			
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.] PART I CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (c) (a) <b>PNEUMONIA</b> DUE TO OR AS A CONSEQUENCE OF (b) <b>GENERAL GERIATRIC DECLINE 2° TO DEMENTIA</b> DUE TO OR AS A CONSEQUENCE OF (c)			Interval between onset and death <b>WEEKS</b>		Interval between onset and death <b>YEARS</b>	
PART II 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. 1)

**JUL 19 2004**

*Ronald S. Hyman*  
RONALD S. HYMAN  
STATE REGISTRAR

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, 1993, if any person alters, uses, attempts to use or furnishes to another for deceptive use

