



LAST WILL AND TESTAMENT OF
CARL H. REIMERS

I, CARL H. REIMERS, of the City of Washburn, County of McLean, and State of North Dakota, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament in the manner following, that is to say:

FIRST: I direct that my body be decently buried with proper regard to my station in life and the circumstances of my estate.

SECOND: I direct that my Personal Representative, hereinafter named, as soon as he has sufficient funds in his hands, pay my funeral expenses and the expenses of my last sickness.

THIRD: I hereby state that my legal heirs at law at this time are as follows: My wife, MARGARET A. REIMERS, my children, LYLE REIMERS, CHARLES REIMERS, ARLENE DOEPKE, JEANNETTE NIERENBERG, MARILYN REIMERS, LAUREL K. NELSON and DAVID REIMERS.

FOURTH: I give, devise and bequeath all of my property, real, personal and mixed wherever the same may be situated to my wife, MARGARET A. REIMERS.

FIFTH: If my wife does not survive me, I give, devise and bequeath all of my property to my seven (7) children above named in equal shares, share and share alike.

SIXTH: I hereby nominate and appoint my son, CHARLES REIMERS, as Personal Representative of this my Last Will and Testament.

LASTLY: I hereby revoke all former Wills by me made.

Dated this 13 day of August, 1979.

Carl H. Reimers

The above and foregoing instrument, consisting of two (2) typewritten pages, including this, was at the date thereof by said CARL H. REIMERS, signed, sealed, published and declared by him to be his Last Will and Testament in the presence of us, who at his request and in his presence and in the presence of each

LAST WILL AND TESTAMENT OF
MARGARET A. REIMERS

I, MARGARET A. REIMERS, of the City of Washburn, County of McLean, and State of North Dakota, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament in the manner following, that is to say:

FIRST: I direct that my body be decently buried with proper regard to my station in life and the circumstances of my estate.

SECOND: I direct that my Personal Representative, hereinafter named, as soon as he has sufficient funds in his hands, pay my funeral expenses and the expenses of my last sickness.

THIRD: I hereby state that my legal heirs at law at this time are as follows: My husband, CARL H. REIMERS, my children, LYLE REIMERS, CHARLES REIMERS, ARLENE DOEPKE, JEANNETTE NIERENBERG, MARILYN REIMERS, LAUREL K. NELSON AND DAVID REIMERS.

FOURTH: I give, devise and bequeath all of my property, real, personal and mixed wherever the same may be situated to my husband, CARL H. REIMERS.

FIFTH: If my husband does not survive me, I give, devise and bequeath all of my property to my seven (7) children above named in equal shares, share and share alike.

SIXTH: I hereby nominate and appoint my son, CHARLES REIMERS, as Personal Representative of this my Last Will and Testament.

LASTLY: I hereby revoke all former Wills by me made.

Dated this 13 day of August, 1979.

Margaret A. Reimers

The above and foregoing instrument, consisting of two (2) typewritten pages, including this, was at the date thereof by said MARGARET A. REIMERS, signed, sealed, published and declared by her to be her Last Will and Testament in the presence of us, who at her request and in her presence and in the presence of each

other have subscribed our names and addresses as witnesses thereto.

Sandra Weisgarber residing at Hensley, N.D.
Julie Dorothy residing at Washburn, N.D.

STATE OF NORTH DAKOTA)
(ss
COUNTY OF MCLEAN)

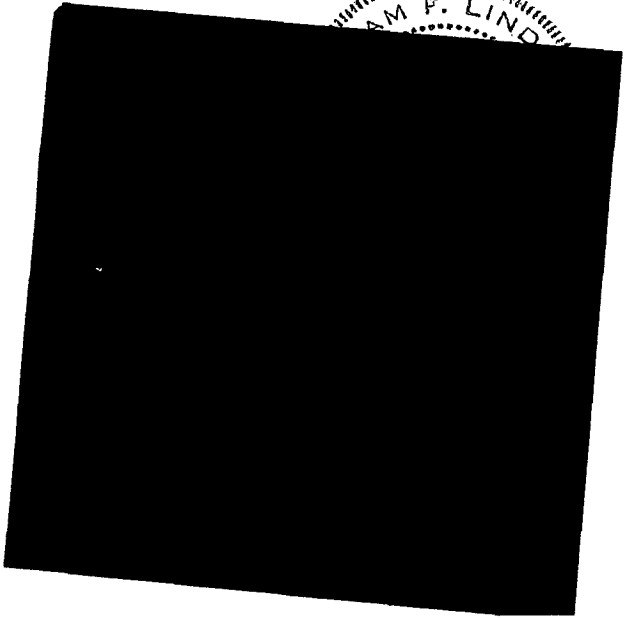
We, MARGARET A. REIMERS, the Testator, and Sandra Weisgarber and Julie Dorothy the witnesses, respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the Testator signed and executed the instrument as her Last Will and that she had signed and executed the instrument as her free and voluntary act for the purposes therein expressed; and that each of the witnesses, in the presence and hearing of the Testator, signed the Will as witnesses and that to the best of their knowledge, the Testator was at the time an adult, and of sound mind and under no constraint or undue influence.

Margaret A. Reimers
Sandra Weisgarber
Julie Dorothy

Subscribed and sworn to and acknowledged before me by the Testator and subscribed and sworn to before me by the witnesses, this 13th day of AUGUST, 1979.

William F. Lindell
Notary Public

WILLIAM F. LINDELL
Notary Public, McLEAN COUNTY, N. Dak.
My Commission Expires AUG. 20, 1983



CERTIFICATE OF DEATH
State Department of Health

ATE FILE No.

Local Registrar's No

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDECENT-NAME FIRST MIDDLE LAST CARL HENRY REIMERS			2. SEX Male	DATE OF DEATH (Mo Day Yr) September 15, 1986	
4a. RACE (ie g., White, Black, American Indian, etc.) (Specify) White		4b. ORIGIN OR DESCENT (ie g. Italian, Mexican, German, Puerto Rican, English, Cuban, etc.) (Specify) German-Danish	5a. AGE-Last Birthday (Yrs.) 83	5b. UNDER 1 YEAR MOS DAYS	5c. UNDER 1 DAY HOURS MINS
7a. COUNTY OF DEATH Burleigh			6. DATE OF BIRTH (Mo Day Yr) July 13, 1903		

DECEDECENT

7b. CITY, TOWN OR LOCATION OF DEATH Bismarck	7c. HOSPITAL OR OTHER INSTITUTION-Name (if not in either, give street and number) Missouri Slope Lutheran Home	7d. IF HOSP OR INST. Indicate DOA (OP, Emer, Rm, Inpatient) (Specify) inpatient
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IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

8. STATE OF BIRTH (if not in U.S.A., name country) ND	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	11. SURVIVING SPOUSE (if wife, give maiden name) Margaret Finneman	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) no
13. SOCIAL SECURITY NUMBER 502-01-2181		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (ret.)	14b. KIND OF BUSINESS OR INDUSTRY Cattle & Grain	
15a. RESIDENCE-STATE ND	15b. COUNTY Burleigh	15c. CITY, TOWN OR LOCATION Bismarck	15d. STREET AND NUMBER 2425 Hillview Ave.	15e. INSIDE CITY LIMITS (Specify Yes or No) yes

PARENTS

16. FATHER-NAME FIRST MIDDLE LAST Adolph Reimers			17. MOTHER-MAIDEN NAME FIRST MIDDLE LAST Anne Jensen		
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18a. INFORMANT-NAME (Type or Print) Charles Reimers	18b. MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 218 Nova Dr. Bismarck, ND 58501
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DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial 9-19-86	19b. CEMETERY OR CREMATORY-NAME Riverview Cemetery	19c. LOCATION CITY OR TOWN STATE Washburn, ND
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>Alan D. Goetz</i> #888	20b. NAME OF FACILITY Goetz Funeral Home	20c. ADDRESS OF FACILITY Box 436 Washburn, ND

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <i>O. V. Lindelow, M.D.</i>		22a. 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) stated (Signature and Title) <i>O. V. Lindelow, M.D.</i>	
21b. DATE SIGNED (Mo Day Yr) 9-22-86	21c. HOUR OF DEATH 7:55 p M	22b. DATE SIGNED (Mo Day Yr)	22c. HOUR OF DEATH
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. O. V. Lindelow, M.D., Mid Dakota Clinic, Box 978, Bismarck, ND 58501		22d. PRONOUNCED DEAD (Mo Day Yr)	22e. PRONOUNCED DEAD (Hour)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

24a. REGISTRAR (Signature) <i>Mason Bueh</i>	24b. DATE RECEIVED BY REGISTRAR (Mo Day Yr) <i>Sept 24/1986</i>
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CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death
(a) Bronchopneumonia		
(b) Generalized arteriosclerosis.		
(c)		

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause given in PART I (a)	26a. AUTOPSY (Specify) (Yes or No) NO	26b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
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27. WAS CASE REFERRED TO CORONER (Specify Yes or No)	28a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION (Specify)	28b. DATE OF INJURY (Mo Day Yr)	28c. HOUR OF INJURY
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28d. DESCRIBE HOW INJURY OCCURRED	28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)
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28g. LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE	29. WAS DECEDENT PREGNANT WITHIN 18 MONTHS OF DEATH (Specify Yes or No)
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CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) MARGARET ALVINA ANNE REIMERS				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) December 4, 1994	
4. SOCIAL SECURITY NUMBER 501-46-1825		5a. AGE-Last Birthday (Years) 83	5b. UNDER 1 YEAR Months	5c. UNDER 1 DAY Days	6. DATE OF BIRTH (Month, Day, Year) July 2, 1911		7. BIRTHPLACE (City and State or Foreign Country) Anamoose, ND
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 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) Missouri Slope Lutheran Care Center				9c. CITY, TOWN, OR LOCATION OF DEATH Bismarck		9d. COUNTY OF DEATH Burleigh	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		11. SPOUSE (If wife, give maiden name) Carl H. Reimers		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Housewife		12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE - STATE ND		13b. COUNTY Burleigh		13c. CITY, TOWN, OR LOCATION Bismarck		13d. STREET AND NUMBER 2425 Hillview Ave.	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 58501	14. ANCESTRY (e.g. Cuban, Mexican, Puerto Rican, English, German, Norwegian, etc.) (Specify) German		15. RACE (American Indian, Black, White, etc.) (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>	

DECEDENT

PARENTS

17. FATHER'S NAME (First, Middle, Last) Peter Finneman		18. MOTHER'S NAME (First, Middle, Maiden Surname) Emma Kegel	
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INFORMANT

19a. INFORMANT'S NAME (Type/Print) Charles Reimers		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 218 Nova Dr. Bismarck, ND 58501	
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DISPOSITION

20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input 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) Riverview Cemetery		20c. LOCATION (City or Town, State) Washburn, ND	
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21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>John D. Soet</i>		21b. LICENSE NUMBER (of Licensee) #888	22. NAME AND ADDRESS OF FACILITY Goetz Funeral Home Box 436 Washburn, ND 58577	
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CERTIFIER

23. TIME OF DEATH 9:05 A. M		24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. TIME OF DEATH M		26a. DATE PRONOUNCED DEAD (Month, Day, Year)	
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Victor Lindelow, M.D.</i>				27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)			
25a. DATE SIGNED (Month, Day, Year) 12-12-94				27a. DATE SIGNED (Month, Day, Year)			
28. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type/Print) O. Victor Lindelow, M.D., Mid Dakota Clinic, Bismarck, ND 58501						28a. LICENSE NUMBER 2436	

REGISTRAR

29. REGISTRAR'S SIGNATURE <i>Sabra Huntley</i>		30. DATE FILED (Month, Day, Year) December 15, 1994	
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CAUSE OF DEATH

31. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Bowel obstruction.</u> DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				Approximate Interval Between Onset and Death			
PART II a. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <u>Old stroke. ASHD. Diabetes mellitus.</u>				32a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY M	34c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	34d. DESCRIBE HOW INJURY OCCURRED:		
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
35. WAS DECEDENT PREGNANT WITHIN 18 MONTHS OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No							

PROOF OF DEATH AND HEIRSHIP

STATE OF NORTH DAKOTA)
) ss:
 COUNTY OF BURLINGHAM)

MICHAEL ARNOLD of BISMARCK ND,
 of lawful age, after being first duly sworn, deposes and states:

1. That the statements hereinafter set forth, including answers to questions, constitute a true and correct and complete statement of the family history of the person hereinafter named as "decedent" and of the estate of such decedent.
2. Name of decedent: Jeanette Nierenberg
3. Date of death: 7-10-2003 Where? Sauk Rapids, MN
4. Was decedent married or single at time of death? single
 Did decedent leave a Will? Yes If yes, attach copy
 Has estate been probated? N/A If yes, County & State _____
see attached letter.
5. If decedent was married one or more times, give the following information (list names in order of marriage):

NAME OF SPOUSE	LIVING OR DECEASED (IF DECEASED - DATE OF DEATH)	IF DIVORCED - DATE	PLACE OF DEATH OR DIVORCE (CITY, COUNTY & STATE)
George S. Azure	8-21-1967		Breckenridge, MN
Howard D. Nierenberg	1-31-1999		Wahepton, ND

6. If decedent had any children by any spouse, give following information:

NAME OF CHILD	ADDRESS	PRESENT AGE	SON OR DAUGHTER	LIVING OR DECEASED (IF DECEASED-DATE)
Lowell <u>James</u> Azure	<u>25581 Ingebo Rd</u> <u>Cohasset, MN 55721</u>	52	son	living
Paul Vernon Azure	<u>PO Box 165</u> <u>Fairmont ND 58030</u>	51	son	living
Jeffrey George Azure	<u>55 158 St NE</u> <u>Minot ND 58558</u>	49	son	living
Corey Thomas Azure		1	son	living

7. If decedent had any children by adoption, give following information:

NAME OF CHILD	ADDRESS	PRESENT AGE	SON OR DAUGHTER	LIVING OR DECEASED (IF DECEASED-DATE)
N/A				

8. The above named children who have died had only the following children (natural or adopted) and other heirs:

NAME OF DECEASED CHILD	NAMES OF SPOUSE & CHILDREN	ADDRESS	AGE	LIVING OR DECEASED (IF DECEASED-DATE)
N/A				

9. In case decedent left no surviving spouse and no children or children of deceased children, give the following information:

	NAME	ADDRESS	LIVING	DATE OF DEATH
FATHER				
MOTHER				
BROTHER(S)				
SISTER(S)				

10. Affiant states he/she was well acquainted with financial condition of decedent and knows that decedent died solvent and that all debts against the estate were paid.

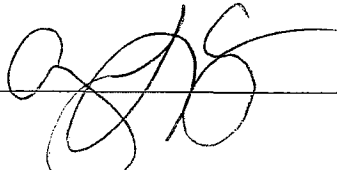
State your relationship or acquaintance with decedent and how long and how well you knew the decedent and the decedent's family.

I am a family friend. I have known the family since 1981.

Further affiant saith not.

Signed Michael W. Arnold

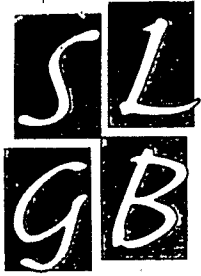
Subscribed and sworn to before me this 14 day of December, 2009.



 Notary Public

AMY L. SENGER
 Notary Public
 State of North Dakota
 My Commission Expires Oct. 4, 2011

My commission expires:



The Law
Offices of **SCHULZ, LERVICK
GEIERMANN & BERGESON**

August 1, 2003

Jeff Azure
55 158th Street NE
Menoken ND 58558

Re: Jeanette Nierenberg Estate

Dear Jeff:

I am writing you this letter as a follow-up to our recent office conference regarding your mother's estate. She was a resident of the state of North Dakota and passed away in Minnesota on July 10, 2003. On July 29, 2003, I had an office conference with you and your wife Tari to discuss issues concerning your mother's estate.

During our discussion, you informed me that there were three major assets that needed to be distributed to you and your three brothers as the heirs of your mother's estate. The assets were a trust account held by Wells Fargo Investments, Account #W63100051, a Wells Fargo Bank IRA account, Account #W63100052, and a trailer house located in Arizona. You have provided me with documentation on all of these assets, with the exception of the trailer house.

The purpose of our office conference was to discuss the distribution of these assets and the need for filing a probate to distribute these assets. After reviewing all of the materials in regards to the three major assets, I am of the opinion that the Last Will and Testament of your mother dated April 30, 1998, will not have to be filed in probate court, and the assets can be distributed without going through formal probate.

I have reviewed the documents regarding the revocable trust which was established by your mother on April 30, 1998. Under the trust, upon her death, all trust assets were to be distributed equally to you and your three brothers. The trust also provides in paragraph 6(d) that you are named as the successor trustee of the trust and that your appointment became immediate upon your mother's death without the necessity of a court appointment or other written authorization or documentation. Therefore, in regards to the irrevocable trust assets, you would simply need to present to the Wells Fargo Investment representative a copy of the trust along with a certified copy of your mother's death certificate. Upon the presentation of these documents, the trust assets should be distributed pursuant to the trust. As the trustee of the trust, it is your responsibility to make sure that the trust assets are distributed pursuant to the terms of the trust. The original trust document is in my office, and I would ask that you come to my office and retrieve the original.

In regards to the IRA account of your mother, which is held at Wells Fargo Investments, by

Jeff Azure
August 1, 2003
Page 2

the terms of the account, you and your three brothers are all beneficiaries of the account. This account can be distributed without probate and may be distributed to you and your brothers in equal shares. Once again, it is my recommendation that you present to the custodian of the IRA account a certified copy of your mother's death certificate. Most likely, the custodian of the IRA will make distributions to each one of your brothers in equal shares.

In regards to the trailer house in Arizona, it is my understanding that prior to your mother's death she transferred the title to you. You have agreed, with your brothers, that you will sell the trailer house and split the proceeds equally among the four heirs. I am sure you understand that there is no legal requirement that you share any of the proceeds of the sale of the trailer house with your brothers. However, as you have agreed to do that, I am sure that you will fulfill that obligation. Since this is going to be considered as a gift, you will need to file a gift tax return. While I am fairly certain there will be no tax owing on this particular transaction, a gift tax return still needs to be completed. In addition, you should check with that accountant to see if a tax return will need to be filed for your mother, based upon the income she has received for 2003.

Besides the three assets that I have named in this letter, you have indicated to me that there are no other real assets that your mother had at the time of her death. She distributed clothes and other types of household furnishings prior to her death which will not need to go through probate. You have explained to me that it was your mother's intention to try to avoid probate by distribution of the assets, the naming of beneficiaries, and the establishment of the trust. She has certainly succeeded in that goal.

I have the original of your mother's will and the original of the trust agreement in my office. I would ask that you come to my office and retrieve those documents. We will keep copies of those documents in our office, but I do not want the originals. They should be returned to you.

If there are any questions, please feel free to contact me.

Yours very truly,

SCHULZ LERVICK GEIERMANN
& BERGESON LAW OFFICES, P.C.



Michael Geiermann
gmann@slgblaw.com

pmp

DEATH CERTIFICATE

DECEDENT'S NAME	JEANETTE LOUISE NIERENBERG		
DECEDENT'S ALIAS			
SEX, SOCIAL SECURITY NUMBER, MAIDEN NAME	FEMALE	502-34-9260	REIMERS
RESIDENCE (COUNTY AND CITY, STATE)	BENTON	SAUK RAPIDS, MINNESOTA	
DATE AND PLACE OF BIRTH	JANUARY 08, 1938	UNDERWOOD, NORTH DAKOTA	
MARITAL STATUS SPOUSE'S NAME	WIDOWED HOWARD D. NIERENBERG		
PARENT(S) NAME(S)	CARL REIMERS MARGARET FINNEMAN		
DATE OF DEATH	JULY 10, 2003		
PLACE OF DEATH (COUNTY AND CITY)	BENTON	SAUK RAPIDS	
FUNERAL HOME	DANIEL FUNERAL HOME & CREMATION SERVICE		
CAUSE OF DEATH IMMEDIATE UNDERLYING	METASTATIC SMALL CELL CARCINOMA OF THE LUNG, DIAGNOSED		
CONTRIBUTING CONDITIONS			
MANNER	NATURAL		
CORONER, MEDICAL EXAMINER OR PHYSICIAN	HAROLD E WINDSCHITL M.D. 1900 CENTRACARE CIRCLE, SUITE 1600, SAINT CLOUD, MINNESOTA 56303		

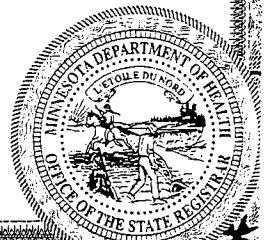
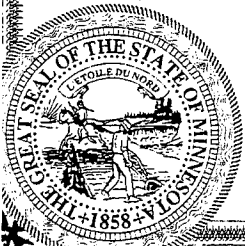
S22-001320378

THIS IS A TRUE AND OFFICIAL RECORD OF THE DEATH REGISTERED IN THE
OFFICE OF THE STATE REGISTRAR. DATE FILED: JULY 30, 2003

PLACE ISSUED: STEARNS

DATE ISSUED: JULY 30, 2003

Barbara A. Carter
STATE REGISTRAR



COPY

Last Will and Testament
of

JEANETTE NIERENBERG

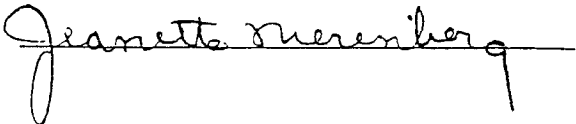
I, JEANETTE NIERENBERG, a resident of Richland County, North Dakota, being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby expressly revoking any and all former wills and codicils by me made.

I declare that I am married to HOWARD NIERENBERG, and whenever the term my spouse is used herein, such term shall be construed to refer to him. I have four children, namely, LOWELL JAMES AZURE, PAUL VERNON AZURE, JEFFREY GEORGE AZURE and COREY THOMAS AZURE. I have no other children living or deceased.

FIRST: I give and devise my entire estate, of every kind, nature and description, and wherever located, to LOWELL JAMES AZURE, PAUL VERNON AZURE, JEFFREY GEORGE AZURE and COREY THOMAS AZURE, equally.

SECOND: I specifically make no bequest to my spouse since he is adequately provided for financially.

THIRD: I hereby nominate and appoint JEFFREY GEORGE AZURE to be personal representative of my estate and order and direct that he may serve without bond. In the event JEFFREY GEORGE AZURE shall be unable to act as personal representative for any reason whatsoever, I nominate and appoint LOWELL JAMES AZURE as



personal representative and direct that he may serve without bond.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 30th day of April, 1998, in the office of Kragness & Sandberg, Ltd., Wahpeton, North Dakota.

Jeanette Nierenberg

THIS INSTRUMENT, consisting of this and the foregoing one page of typewritten matter, was on this 30th day of April, 1998, signed at the end thereof and on the bottom of said foregoing one page of typewriting by the above named Jeanette Nierenberg, in the presence of us and each of us, and the same was by her declared and published as her Will in the presence of us and each of us, and at her request, and in the presence of each other, we have this day hereunto subscribed our names as attesting witnesses, that we know said Jeanette Nierenberg, and we believe her to be in sound mind and to have all of her faculties.

Duane Kragness residing at Wahpeton ND
Brandie L. Wagner residing at Wahpeton ND

SELF-PROVED WILL

STATE OF NORTH DAKOTA)
) SS
COUNTY OF RICHLAND)

I, JEANETTE NIERENBERG, the testator, sign my name to this instrument this 30th day of April, 1998, and being first sworn, declare to the undersigned authority that I sign and execute this instrument as my last will, that I sign it willingly or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Jeanette Nierenberg

We, DUANE KRAGNESS and BRANDIE L. WAGNER, the witnesses, sign our names to this instrument, and being first sworn, declare to the undersigned authority that the testator signed and executed this instrument as her last will, that she signed it willingly or willingly directed another to sign for her, that each of us, in the presence and hearing of the testator, signs this will as a witness to the testator's signing, and that to the best of our knowledge the testator is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Duane Kragness
Brandie L. Wagner

Subscribed, sworn to and acknowledged before me by JEANETTE NIERENBERG, the testator, and subscribed and sworn to before me by DUANE KRAGNESS and BRANDIE L. WAGNER, witnesses, this 30th day of April, 1998.

KATHLEEN A. DOSCH
Notary Public, State of North Dakota
My Commission Expires July 20, 2001
STATE OF NORTH DAKOTA
NOTARY PUBLIC SEAL

Kathleen A. Dosch
Notary Public