

CERTIFICATE OF INCUMBENCY

STATE OF NEVADA)
 : SS
COUNTY OF WASHOE)

MICHELLE ANN HINEMAN certifies as follows:

1. On May 22, 1989, SHIRLEY LEROY OGAN and MARIE ANN OGAN executed a declaration of trust in which they were named as trustors and as trustees. That said declaration of trust was amended on August 26, 1993.

2. MICHELLE ANN HINEMAN is named in said trust as successor trustee to act upon the death of SHIRLEY LEROY OGAN and MARIE ANN OGAN.

3. MARIE ANN OGAN died on June 20, 1993. A certified copy of her Certificate of Death is attached hereto as "Exhibit A".

4. SHIRLEY LEROY OGAN, also known as S. L. OGAN, died on June 11, 1995. A certified copy of his Certificate of Death is attached hereto as "Exhibit B".

4. A Grant, Bargain, Sale Deed to the trust for property located in Douglas County, Nevada, described as follows:

Lot 1, Block A, as said lot and block are set forth on the Official Plat of MACKLAND SUBDIVISION, filed in the Office of the County Recorder of Douglas County, Nevada on December 4, 1980, in Book 1280, Page 475, as Document No. 51372.

A.P.N. 25-551-01-1

was recorded on May 26, 1989, in the office of the County Recorder of Douglas County, Nevada, in Book 589, Page 3631.

5. MICHELLE ANN HINEMAN hereby accepts the trusteeship of said trust, subject

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to the terms and conditions thereof.

DATED this 13 day of July, 1995.


MICHELLE ANN HINEMAN

SUBSCRIBED AND SWORN to before me

this 13 day of July, 1995.


Notary Public



COPIES

James M. O'Reilly, Attorney at Law
317 South Sixth Street, Las Vegas, Nevada 89101-5806 (702) 477-7517
1463 Highway 395 North, Suite 102, Gardnerville, Nevada 89410-8968 (702) 782-3647

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Page 2

BK0795PG2142

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last Marie Ann OGAN	DATE OF DEATH (Month, Day, Year) June 20, 1993	STATE FILE NUMBER	
TYPE OR PRINT IN PERMANENT BLACK INK	CITY, TOWN, OR LOCATION OF DEATH Minden		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1687 MacLand	COUNTY OF DEATH Douglas	
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. No	AGE—Last Birthday (Years) 63	SEX Female	
	STATE OF BIRTH (If not U.S.A., name country) Ohio	CITIZEN OF WHAT COUNTRY USA	Decedent's Education: Specify highest grade completed. 12	DATE OF BIRTH (Mo., Day, Yr.) Sept. 3, 1929	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 3876	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Hair Dresser	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife, give maiden name) Shirley Ogan	
	RESIDENCE—STATE Nevada	COUNTY Douglas	CITY, TOWN, OR LOCATION Minden	KIND OF BUSINESS OR INDUSTRY Self-Employed	
PARENTS	FATHER—NAME First Middle Last John P. Mack	MOTHER—MAIDEN NAME First Middle Last Millie A. Podlesak	STREET AND NUMBER 1687 MacLand		
	INFORMANT—NAME (Type or Print) Shirley Ogan - Husband		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1687 MacLand, Minden, Nevada 89423		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY—NAME Walton's Carson Gardens	LOCATION City or Town State Carson City, Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Frank D. Lala</i>	FUNERAL DIRECTOR LICENSE NUMBER #36	NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home, 833 N. Edmonds Dr. Carson City, NV 89701		
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>Richard Yamamoto, 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) and manner stated. (Signature and Title) <i>Richard Yamamoto, M.D.</i>		
	DATE SIGNED (Mo., Day, Yr.) June 21, 1993		DATE SIGNED (Mo., Day, Yr.) June 22, 1993		
	HOUR OF DEATH 0425		HOUR OF DEATH 0425		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Richard Yamamoto, M.D. 604 W. Washington, Suite D. Carson City NV 89703		PRONOUNCED DEAD (Mo., Day, Yr.) ON		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR (Signature) <i>Anne Wilson, Deputy</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 22, 1993		
	23a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	PART I (a) End stage chronic obstructive lung disease DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) NO		
	ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	WAS CASE REFERRED TO CORONER (Specify Yes or No) YES	
	INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	DESCRIBE HOW INJURY OCCURRED 28d.	

EXHIBIT

SEAL

No. 051712

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **JUN 28 1993** STATE REGISTRAR

By: *Anne Wilson*
Deputy Registrar



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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	
		S. L. OGAN		2 June 11, 1995	3a Douglas	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX	
	3b Minden	3c 1687 Mackland Avenue		3e	4 Male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS.	DATE OF BIRTH (Mo., Day, Yr.)
	5 White	6	7a 80	7b	7c	8 September 6, 1914
PARENTS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education—Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
	9a California	9b USA	10 12	11 Widowed	12	
DISPOSITION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
	13 5351	14a Service Technician	14b Gas Company			
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a Nevada	15b Douglas	15c Minden	15d 1687 Mackland	15e Yes	
CAUSE OF DEATH	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last				
	16 Melvin L. Ogan	17 Esta L. Nowlin				
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a Michelle Hineman	18b 1687 Mackland Avenue Minden, Nevada 89423				
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State			
	19a Burial	19b Walton's Carson Garden Cemetery	19c Carson City, Nevada			
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
	20a	20b #36	20c 833 N. Edmonds Drive Carson City, Nevada 89701			
CAUSE OF DEATH	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.	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) and manner stated.				
	(Signature and Title) DATE SIGNED (Mo., Day, Yr.)	(Signature and Title) DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
CAUSE OF DEATH	21b 6-12-95	21c 0811		22b		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	22d ON		22e AT		
CAUSE OF DEATH	23a Dr. Shallenberger 1524 Hwy 395 Gardnerville, Nevada 89410	LICENSE NUMBER		23b #4951		
	REGISTRAR (Signature)	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
CAUSE OF DEATH	24a	24b 6-13-95	24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	Interval between onset and death				
CAUSE OF DEATH	PART I (a) DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death				
	(b) CANCER	Interval between onset and death				
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)			
	26 No	27 Yes				
CAUSE OF DEATH	ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
	28a	28b	28c M	28d		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE	
	28e	28f	28g			

EXHIBIT

No. 74031

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

JUN 13 1995

By:

Gyonna Sylva
Deputy Registrar



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COPY

REQUESTED BY
James O'Reilly
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 JUL 17 AM 1:31

LINDA SLATER
RECORDER

\$ 11.⁰⁰ PAID Ke DEPUTY

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