113 P02 DEC 29 '99 .14:29

PMB 1040
6450 Louetta Rd. Sle 140

Spring, TX 77379 .

AFFIDAVIT OF CERTIFICATION OF TRUST

STATE OF NEVADA,)	
) ss.	
COUNTY OF)	

Charles A. Hancock of Spring, Texas, being first duly sworn, deposes and says:

- 1. That the Oliver Thomas DeVine Living Trust was executed on May 16, 1983. The First Amendment to the Oliver Thomas DeVine Living Trust was executed on February 12, 1986. The Second Amendment to the Oliver Thomas DeVine Living Trust was executed on December 8, 1988. The Oliver Thomas DeVine Living Trust, as amended aforesaid, is hereinafter referred to as the "Trust". Oliver Thomas DeVine was the Grantor of the Trust and was the original Trustee of the Trust.
- 2. That Oliver Thomas DeVine died on January 4, 1989, and a certified copy of his death certificate is attached hereto and incorporated herein by this reference as Exhibit "A".
- 3. That upon the death of Oliver Thomas DeVine, the undersigned, Charles A. Hancock, became sole Trustee of the Trust.
- 4. That the Trustee is by the terms of said Trust given the full power of investment of the Trust Estate, without the necessity of supervision of any court and has the power, for example, not by way of limitation, to invest and reinvest in real estate and to manage, control and convey Trust property with all of the powers provided to Trustees under the statutes of the State of Nevada as they existed as of May 16, 1983.
 - 5. That upon the death of Oliver Thomas DeVine, the Trust became irrevocable.
 - 6. That the federal tax identification number of the Trust is 93-6218684.
- 7. That the Trust has not been revoked or amended to make any representations contained in this certification incorrect, and that the signature is of the currently acting Trustee.

Dated this 30 day of December, 1999.

. **P**

Charles A. Hancock

Subscribed and sworn to before me this 30+10 day of December, 1999.

Notary Public

CAROL MILLER
NOTARY PUBLIC - NEVADA
Appt. Recorded in DOUGLAS CO.

98-4922-5 My Appt Exp. Oct 1, 2000

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**

1	LOOM FILE MINNER	•			STATE FILE NUMBER		
TYPE	LOCAL FILE NUMBER DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH		
OR PRINT IN	01	r Thomas	DEVINE	2 January 4, 1989	3a. Douglas		
PERMANENT BLACK INK	1. Olive:		R INSTITUTION—Name (If not either, give s				
	CITT, TOWN, OR LOCATION OF			Rm. Inpatient (Specity)	7 4 Male		
DECEDENT	3b. Rural-Douglas		imney Rock Drive	36.			
DEGENERAL	RACE—(e.g., White, Black, Americ Indian, etc) (Specify)	an Was Decedent of Hispanic Or specify Mexican, Cuban, Puer	igin? Specify ☐ yes X) no If yes, AGE—La: to Rican, etc. Birthday,(St UNDER 1 YEAR UNDER 1 DAY Years) MOS • DAYS HOURS • MINS	DATE OF BIRTH (Mo., Day, Yr.)		
	Indian, etc) (Specify) 5. White specify Mexican, Cuban, Puerto Rican, etc. 6. Specify Mexican, Cuban, Puerto Rican, etc. 7a. The specify Most DAYS HOURS MINS 8. June 16, 1917						
IF DEATH	STATE OF BIRTH	CITIZEN OF WHAT COUN	TRY Decedent's Education. Specify high	est MARRIED, NEVER MARRIED, SL	JRVIVING SPOUSE (If wife, give maiden name)		
OCCURRED IN	(II not U.S.A., name country) Nevada	U.S.A.	grade completed.	MARRIED, NEVER MARRIED, SI WIDOWED, DIVORCED (Specify) Married	Virginia Roper		
INSTITUTION SEE HANDBOOK							
REGARDING COMPLETION OF	Working Life, Even if Retired)						
RESIDENCE ITEMS	13. 7736		ment (ret.) Olq				
1.	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		Prive INSIDE CITY LIMITS (Specify Yes or No)		
	🔪 15a. Nevada	156. Douglas	15c. Stateline	15d175 Chimney I	Rock 15e. no		
	FATHER-NAME First	Middle	Last MOTHER—MAI	DEN NAME First M	iddle Last		
PARENTS	16. George	Ρ.	DeVine 17.	Lena	Eien		
	INFORMANT—NAME (Type or Prin		MAILING ADDRESS	(Street or R.F.D. No., City or Town, Sta	ite, Zip)		
			18b. P.O. Box 3	600, Stateline, Nevad	la 89449		
	18a Virginia L.		The state of the s		ity or Town State		
DISPOSITION	19a. Removal/Emto		ternal Hills Cemete	ry 19c. Oceans:	ide California		
DISPOSITION	FUNERAL DIRECTOP SIGNATU (Or Person Actino 19 Such)	FUNERA LICENSI	L DIRECTOR NAME AND ADDRESS OF	FACILITY FitzHenry's Fund	eral Home and 0)		
!	20a. > ///////////////////////////////////	M / Cor 200. #3	36 200. Crematory	, P.O. Box 1775, Cars	son City, NV 89702		
	Z 21a. To the best of my know	visage, death occurred at the time, d	ate and place and	22a. On the basis of examination and/or invest at the time, date and place and due to the	igation, in my opinion death occurred		
	due to the cause(s) sta	180.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signature and Title)	causa(s) and marrier stated.		
	DATE SIGNED (Mo., D	HOUR ORD	EATH SE	DATE SIGNED (Mo. Day, Vr.) HO	UR OF DEATH		
	<u> </u>		0535 E	22b. 22c			
CERTIFIER	21a: To the begon my know a due to the cause(s) starting to the cause(s	, 1989 21c. (S PHYSICIAN IF OTHER THAN CER		PRONOUNCED DEAD (Mo., Day, Yr.) PR	ONOUNCED DEAD (Hour)		
	OF NAME OF ATTENDING	S PHYSICIAN IF OTHER THAN CER	TIFIER (Type or Print)	PRONOUNCED BEND (Mo., Day, 11.)	ONCONCED DEAD (NOD)		
0				22d. ON 22e	o. AT		
F	NAME AND ADDRESS	OF CERTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXAMINER.	OR CORONER). (Type or Print.) 95731	LICENSE NUMBER		
∞	23a. Randall	M. Goethals, M.	D., P.O. Box 7715.	South Lake Tahoe, Ca	1 23b.#G29134-CA		
CONDITIONS	REGISTRAR		DATE RECEIVED BY REC	GISTRAR (Mo., Day, Yr.) DEATH DUE TO CON	MUNICABLE DISEASE		
IF ANY WHICH GAVE	24a. (Signature)	May to	24b.	C 10 89 24c. YES 1	10 EX		
RISE TO IMMEDIATE		TER ONLY ONE CAUSE PER LINE	FOR (a), (b), AND (c).)		Interval between onset and death		
CALISE 1	7	1 adina April	act		Me cur to		
STATING THE UNDERLYING CAUSE LAST	PART (a) (A)	CONCECUENCE OF	- C: 3.1		Interval between onset and death		
CAUSE LAST	1 1/4	LA LA +	Dicenson 1	1. 10- 1/1	deales		
/	4245 (b) VA 1014 DUE TO, OR AS A	WAR NEWY	XIGURU HOR	The regurality	MECBACI		
m/ /	DUE TO, OR AS A	CONSEQUENCE OF:		1 ,	Interval between onset and death		
CAUSE OF	(c)				:		
DEATH	PART OTHER SIGNIFICANT	CONDITIONS—Conditions contributing	to death but not resulting in the underlying c	ause given in Part I. AUTOPSY (Spec. Yes or N	ity WAS CASE REFERRED TO o) CORONER (Specify Yes or No)		
C 20-11 IN	ü			_{26.} no	yes		
17	ACC., SUICIDE, HOM., UNDET.,	DATE OF INJURY (Ma., Oay, Yr.) H	OUR OF INJURY DESCRIBE HOW	INJURY OCCURRED			
3	OR PENDING INVEST. (Specify)	28b. 28	oc. M 28d.				
7	28a. INJURY AT WORK	PLACE OF INJURY—At home, farm		STREET OR R.F.D. No. CITY	OR TOWN STATE		
299P6	(Specify Yes or No)	building, etc. (Specify)				
O)	28e.	28f.	28g.				
₽ /	Birth certificate	e #17 - 613		NI	5. 000168 <i>%</i>		
(a) \(\lambda_1\)	AAA.	/ /	STATE REGISTRAF	144			
∞		/ /					
				,			
11 / Ut	IEI of Fat				$n \rightarrow -$		
William Sylva: The Sylva:							
	STATISTICS OF THE STATIST O						

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

> THUSING INVESTIGATION IN ANY SYTH WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

Date Issued: DEC 2 7 1999

State Registrar

Sanah Lamench Chi IN OFFICIAL PECORDS OF DOUGLES OF STADA

1999 DEC 30 PM 12: 04

LINDA SLATER
RECORDER

SPAID BCBEPUTY

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