CERTIFICATE OF INCUMBENCY AND CERTIFICATION OF TRUST N.R.S. 164.400

CINDY LOU BELLOLI and RANDY WAYNE DUERKSEN, being duly sworn, depose and say:

- 1. That VALITA M. DUERKSEN created a Revocable Living Trust on May 30, 1990, as amended on April 21, 1992 and November 20, 1997.
 - 2. That by the terms of said trust, VALITA M. DUERKSEN was designated as Trustee.
- 3. That VALITA M. DUERKSEN is now deceased, as evidenced by her Certificate of Death, a certified copy of which is attached hereto as Exhibit "A."
- 4. That by the terms of said trust, as amended by the Second Amendment to Revocable Living Trust of Valita M. Duerksen dated November 20, 1997, CINDY LOU BELLOLI and RANDY WAYNE DUERKSEN are named as the successor Co-Trustees of the Revocable Living Trust of Valita M. Duerksen.
- 5. That the trust is now irrevocable and may not be altered, amended or revoked by any person.
 - 6. That the form in which title to assets of the trust is to be taken is:

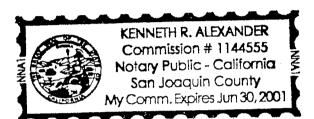
"CINDY LOU BELLOLI and RANDY WAYNE DUERKSEN, Successor Co-Trustees of THE VALITA M. DUERKSEN TRUST dated May 30, 1990, as amended."

- 7. That the real property currently held in the trust includes: see Exhibit "B" attached hereto.
- 8. That the trust has not been revoked or amended so as to make any representations contained in this certification incorrect.

That the signatures shown below are those of the currently acting Successor Co-9. Trustees. That this certificate is made pursuant to Section 164.400 of Nevada Revised Statutes. 10. Signed this June 15 , 2000. 2000.

STATE OF CALIFORNIA)	
	:	SS
COUNTY OF San Jagain)	

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Notary Public

STATE OF HAWAII

COUNTY OF Jamin

On this 21st day of

, 2000, before me, a Notary Public in and for

said County and State, personally appeared RANDY WAYNE DUERKSEN who subscribed to the within instrument in my presence and who acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public

PRISCILLA A. SHORES

November 29, 2003

SEAL

STATE OF ARIZONA **Certified Copy of Vital Record**

ORIGIN STATE COPY	AL	DEPARTA		ALTH SEF	OF ARIZONA RVICES - OFFI	CE OF VITAL	RECORE	OS DEATH NO.	00-1	ក្រាស្ត្ត ១ ឆ្ន	
COPT			CE	HTIFIC	ATE OF DE	AIH		D 102-		008698	
NAME OF DECEASED	YZAY X	A. FIRST	B. MIDDLE		C. LAST	TON	SEX	DATE		ONTH DAY	YEAR
BACE (a.g. white	VALI		MAY	DE HISPANIC	DUERKS			male FO	UND	April 3, 1999 ASED EVER IN U.S. ARMED	FORCES?
RACE (e.g., white, black, American Indian, [specify tribe] etc.) WAS DECEDENT OF HISPANIC ORIGIN: SPECIFY: White No			CUBAN, ETC.	CUBAN, ETC. (SPECIFY YES OR NO)							
PLACE OF	PLACE OF A, COUNTY B, TOWN OR CITY			C.HOSPITAL OF	C. HOSPITAL OR (IF RESIDENCE; GIVE STREET ADDRESS)						
8	Mohave Kingman			nan	3381 E. Andy Devine Ave.						
BIRTH LAST BIR			AGE (YEARS LAST BIRTHDAY)	GE (YEARS IF UNDER 1 YEAR IF UNDER 1 DAY AST BIRTHDAY) MOS. DAYS HRS. MIN.			WIDOWED, DIVORCED (SPECIFY) SPOUSE				
8A.53 18. 1C.			9. W	9. Widowed 10. UBITY NO. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY)							
CITY OF BIRTH	-	ЛS OBISPO	COUNTRY?	U.S.A.		150	9	one most of working life, eve 4A. Homema	n if retired)	Own Home	
USUAL RESIDENCE	A. STATE	B. CCUINTY	12.	C. TOWN OR	CITY	D. ZIP CODE		W LONG IN ARIZONA?		EDUCATION HIGHEST GRADE COMPLET	TED
15.	levada	CI	ark		aughlin	8902	9 18	2 days	17.		
STREET ADDRE			INSIDE CITY LIMIT (SPECIFY Yes or N	lo) (SF	RESERVATION PECIFY Yes or No)	PREVIOUS STA OF RESIDENCE			ELEMENTARY (0-		OLLEGE 4 or 5 +)
15E. 2308 FATHER'S		Song Avenue	15F. YO		a. No	18. MOTHER'S MAI	DEN	A, FIRST	A. B. MIDDI	I∠ B. LE // C. LAST	
NAME 19		Ray		Drive		NAME 20.		Faye	50 F	Willis	
INFORMANTS S			also.	RE	LATIONSHIP TO CEASED	ADDRESS	California in S	STREET NO.	CITY AND	STATE ZI	P CODE
21.		Cindy Bello		22	ughter		10 Ban			California 9525	
BURIAL, CREMA	ER (Specify)	0.4/07/199	CEMETER	Sutton	Crematory	ION		EMBALMER'S SIGNATU	nembal	med	CERT, NO.
FUNERAL HOME	mation	Q.4 / 0.7 / 1.9 9	26.	Kingma		Y AND STATE		FUNERAL DIRECTOR o	- 100 of 100	etern 988 Mills i	B. CERT. NO.
28. SUTTO	N MEM	ORIAL FUNERA	L HOME 17	01 SYC	AMORE KING	GMAN, AZ 8	6401	29A - 1	Lylins		.98/
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\$ 5 £		31. 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)				To be WEDICO	35. PRONC	DUNCED DEAD (Mo., Day, Y	ear)	PRONOUNCE	PDEAB (I W)
NAME AND ADD	33. RESS OF CE	33. ESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHO				HORITY AL	37. O		999//	11 038 84	P.M.
(Type or Print) 39.	Dr D	Nelson 4788 S	tockton H	ill King			PECIEVI	Yes No 41	Mal	A IN ILeth	900
DATE REGISTER	99	REG. FILE NO. 43. 203	REGISTRAR'S SIG	mature 2	Loute			REG. DISYRICT	5	DATE REC'D. IN STATE OFF	199
47. □ □ □ □ >	100	A. IMMEDIATE CAUSE (FIN	IAL DISEASE OR C	ONDITION RES	SULTING IN DEATH)	ENTER ONLY ONE C	AUSE ON EA			4	
F ANY LIS MEDIA MEDIA TER	DEAT	Pending B. DUE TO OR AS A CONS	Toxicology	/			1 2 5 5			<u>~~~</u>	APPROXI- MATE
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY)	TIATED ING IN LAST. PART I	d. DUE TO ON AS A CONS	EQUENCE OF.	7%							BETWEEN
	SULT	C. DUE TO OR AS A CONS	EQUENCE OF:	1		alia bas Mysan Maria di				사 사건 전 관리적인 공항하다	ONSET AND DEATH
രമ് ഉദ	돌 H	2									DEATH
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I AUTOPSY (Specify Yes or No) WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)											
48. MANNER OF DE	ATH	DATE OF	MO DAY	YR	HOUR	INJURY AT WOR	K? DESCR	49. Yes	50.	Ye:	S
	URAL	HOMICIDE DATE OF INJURY		^		(Specify Yes or No	o)		 		
□ .cc	DENT X	PENDING:	INJURY (At home, fo	arm, street, fact	j 53. lory, office building, etc	M 54. 2.) WHERE LOC	55. CATED?	STREET ADDRESS	经付款 网络眼球儿子	A Markette British and Tribinal	TATE
51. SUK		UNDETERMINED 56.				57.				H. Dir.	
SUPPLEMENTA 58.	RY ENTRIES	SUPPLEMENT	ARY CERT	TFICA	TE OF CAU	USE OF DI	EATH A	ATTACHED.	DN 05	/13/-1999	:

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

1948615



MAY 14 1999

SEAL



This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing

0495578



STATE OF ARIZONA

Certified Copy of Vital Record



STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES VITAL RECORDS SECTION NO. 99-008698 SUPPLEMENTARY CERTIFICATE OF CAUSE OF DEATH						
NAME OF A. First DECEASED 1. VALITA SEX RACE OR COLOR	B. Middle C. Last DATE OF Month Day Year DEATH DEATH DEATH DEATH DEATH 2. FOUND APRIL 3, 1999 [AGE AT DEATH IF BABY - Mos. Days Hrs. Min. PLACE OF State or Country SOCIAL SECURITY NO.					
3 FEMALE 4 WHIT	CALIFORNIA 7. 1506					
PLACE OF a. County DEATH MOHAVE	b. Town cr City (If residence, yes arrow dress) KINGMAN 3381 E. ANDY DEVINE AVE.					
9. MEDICAL STATEMENT OF CAUSE OF DEATH	ART I. DEATH WAS CAUSED BY (Enter only one cause on each line ONSET AND DEATH A. IMMEDIATE CAUSE (CLUTE prisoription drug tricity) ESTIMATED TIME BETWEEN ONSET AND DEATH					
FILL OUT CAREFULLY Enter immediate cause on line A. Other precipitating causes should be given	B. DUE TO OR AS A CONSEQUENCE OF:					
on lines B. and C. respectively. List underlying cause last.	C. DUE TO OR ASI A CONSEQUENCE OF:					
importance contributing to death but not directly related to immediate cause.	PART II. OTHER SIGNIFICANT CONDITIONS AUTOPSY? If yes, were findings considered in determining cause of death? 10a. PES NO SPECIFY:					
I amend or supplement the original death certificate to certify that according to the best of my knowledge and professional judgment death was due to the causes.	HYSICIAN'S SIGNATURE 1a. ADDRESS Institution or Street Number City and State DATE SIGNED 2. 13. 14.					
MANNER OF DEATH ACCIDENT SUICIDE HOMICIDE MINED	DATE OF 180. Day Year Hour HOW DID INJURY OCCUR? (Circumstances only, not cause) 1181. HOW DID INJURY OCCUR? (Circumstances only, not cause) 1182. HOW HOW DID INJURY OCCUR? (Circumstances only, not cause) 1183. HOW HOW DID INJURY OCCUR? (Circumstances only, not cause) 1184. HOW DID INJURY OCCUR? (Circumstances only, not cause) 1185. HOW DID INJURY OCCUR? (Circumstances only, not cause) 1186					
DECEASED WAS PRONOUNCED DEAD A	INJURED? Yes, No, Unknown AFTER DEATH? Yes or No Autopsy, Inquest, Uther Yes, No, Unknown 1 above 20. SPECIFY: NO 21. SPECIFY: US 22. (LLLTASSY) 23. SPECIFY: NO					
EXPLANATORY INFORMATION 24.	(Medical Examiner may enter any details here in support of aboye statements)					
25. I amend or supplement the original death ce to certify that on the basis of examination investigation, in my opinion death occurred time, date and place and due to the cause(s)	at the MAIL ADDRESS Street and Number . City and State					
SUPPLEMENTARY ENTRIES 29.	IREG. DISTRICT ASST. IDATE REC'D, IN STATE					
DATE REGISTERED REG. FILE NO. 30. MAY 1 3 1999 31. 203	REGISTRAR'S SIGNATURE 32. REG. DISTRICT ASST. DATE REC'D. IN STATE OFFICE ASST. OFFICE ASST. 33. STATE REGISTRAR 34. DATE REC'D. IN STATE OFFICE ASST. OFFICE ASST. OAT REC'D. IN STATE OAT REC'D. I					

DATE ISSUED

NAY 12 1995 SEAL

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITÁL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

JAMES R ALLEN M.D. M.P.H. Director

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.

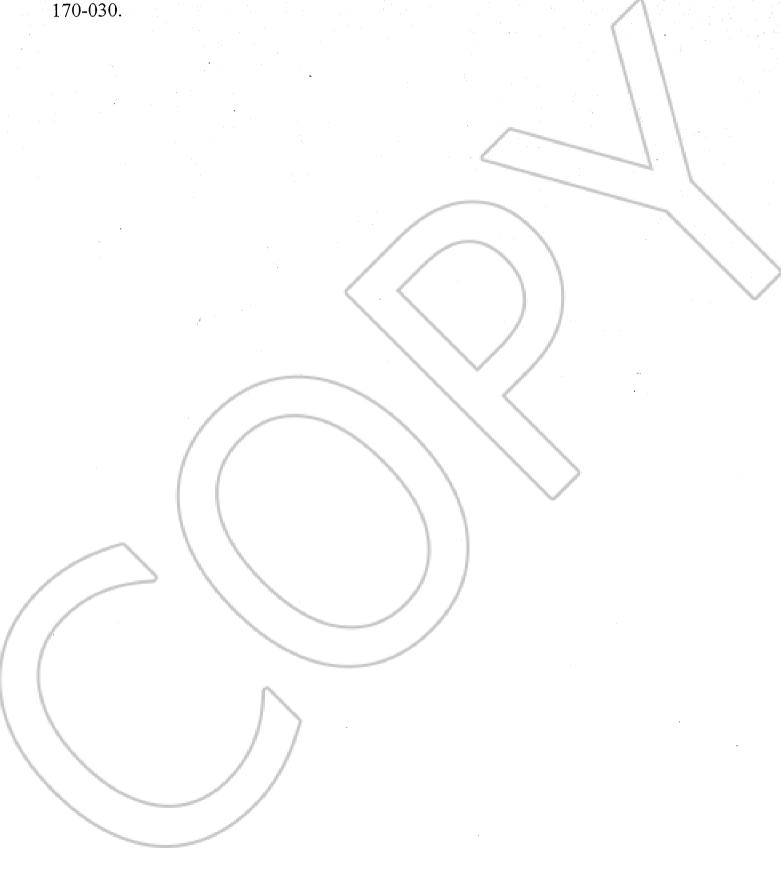
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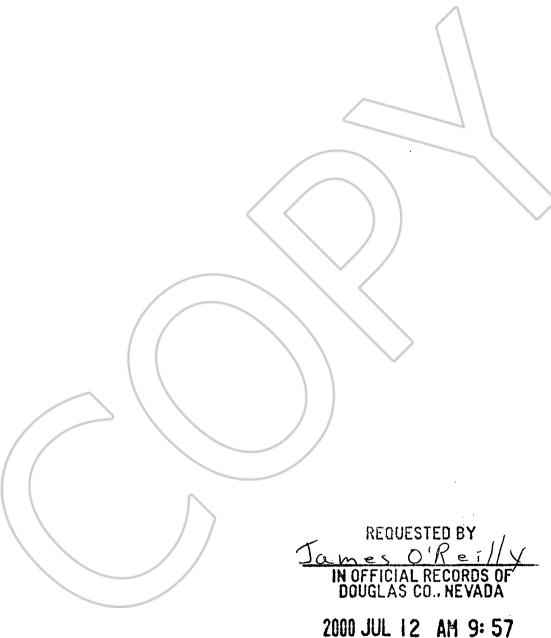
1948625

EXHIBIT "B"

All that real property bounded and described as follows:

Lot 14, Unit 1, as shown on the map of TOPAZ RANCH ESTATES, DOUGLAS COUNTY, NEVADA, filed in the Office of the County Recorder, Douglas County, Nevada; A.P.N. 37-170-030





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LINDA SLATER RECORDER