

**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 That the trust has not been revoked or amended so as to make any representations contained in this certification incorrect.

✓ James M. O'Reilly, Attorney at Law

3321 North Buffalo Drive, Suite 200, Las Vegas, Nevada 89101 (702) 477-7510  
1492 Highway 395, Suite 106, Gardnerville, Nevada 89410 (775) 782-3647

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9. That the signatures shown below are those of the currently acting Successor Co-Trustees.

10. That this certificate is made pursuant to Section 164.400 of Nevada Revised Statutes.

Signed this June 15, 2000.

Cindy Lou Belloli  
CINDY LOU BELLOLI

Signed this 6/29, 2000.

Randy Wayne Duerksen  
RANDY WAYNE DUERKSEN

*Pr. P.*

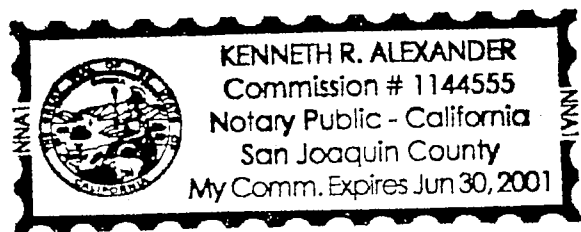
*R.D*

**COPY**

STATE OF CALIFORNIA )  
 : SS  
COUNTY OF San Joaquin )

On this 15<sup>th</sup> day of JUNE, 2000, before me, a Notary Public in and for said County and State, personally appeared CINDY LOU BELLOLI who subscribed to the within instrument in my presence and who acknowledged to me that she 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.



*Kenneth R. Alexander*  
Notary Public

STATE OF HAWAII )  
 : SS  
COUNTY OF Hawaii )

On this 21<sup>st</sup> day of June, 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.

*Priscilla A. Shores*  
Notary Public

**PRISCILLA A. SHORES**  
November 29, 2003

L.S.  
**SEAL**

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA
Certified Copy of Vital Record

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO. 99-008698
D 102-

Form containing personal details of the deceased: VALITA MAY DUERKSEN, Female, born April 1, 1937, died April 3, 1999. Includes fields for race, date of death, residence, and cause of death (Pending Toxicology).

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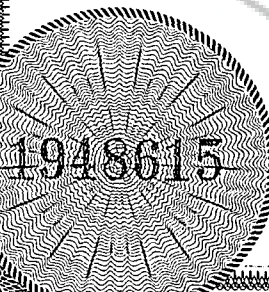


EXHIBIT
'A'



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

**CERTIFICATION OF VITAL RECORD**

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

**STATE OF ARIZONA**  
**DEPARTMENT OF HEALTH SERVICES ■ VITAL RECORDS SECTION**  
**SUPPLEMENTARY CERTIFICATE OF CAUSE OF DEATH**

STATE FILE  
 NO. 99-008698

1. NAME OF DECEASED A. First <b>VALITA</b> B. Middle <b>MAY</b> C. Last <b>DUERKSEN</b>			DATE OF DEATH 2. <b>FOUND</b> : APRIL 3, 1999		
3. SEX <b>FEMALE</b>	4. RACE OR COLOR <b>WHITE</b>	5a. AGE AT DEATH (Years) <b>62</b>	5b. IF BABY - Mos. Days Hrs. Min.	6. PLACE OF BIRTH <b>CALIFORNIA</b>	7. SOCIAL SECURITY NO. <b>1506</b>
8. PLACE OF DEATH a. County <b>MOHAVE</b>		b. Town or City <b>KINGMAN</b>		c. Hospital or institution (If residence, give street address) <b>3381 E. ANDY DEVINE AVE.</b>	

9. MEDICAL STATEMENT OF CAUSE OF DEATH  FILL OUT CAREFULLY Enter immediate cause on line A. Other precipitating causes should be given on lines B. and C. respectively. List underlying cause last.	PART I. DEATH WAS CAUSED BY (Enter only one cause on each line)			ESTIMATED TIME BETWEEN ONSET AND DEATH
	A. IMMEDIATE CAUSE <i>Acute prescription drug toxicity</i>			
	B. DUE TO OR AS A CONSEQUENCE OF:			
C. DUE TO OR AS A CONSEQUENCE OF:				

Other conditions of significant medical importance contributing to death but not directly related to immediate cause.	PART II. OTHER SIGNIFICANT CONDITIONS	AUTOPSY? 10a. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, were findings considered in determining cause of death? 10b. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SPECIFY:
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11. 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 stated above.	PHYSICIAN'S SIGNATURE	TITLE OR DEGREE	If deceased was adult female, was she pregnant at death or any time in past year? Yes, No, Unknown SPECIFY:
11a. ADDRESS	Institution or Street Number	City and State	13. DATE SIGNED
12.			14.

MANNER OF DEATH <input type="checkbox"/> ACCIDENT <input type="checkbox"/> NATURAL CAUSES <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> HOMICIDE	DATE OF INJURY 16a. <b>4-3-99</b>	HOW DID INJURY OCCUR? 16b. <b>UNK.</b> 17. <i>Overdose of prescription drug</i>	(Circumstances only, not cause)
15.	PLACE OF INJURY 18a. <i>Motel Room</i>	WHERE LOCATED? 18b. <i>3381 Andy Devine Ave, Kingman</i>	

DECEASED WAS PRONOUNCED DEAD AT: 19. M. on the date entered above	20. SPECIFY: <i>no</i>	21. SPECIFY: <i>yes</i>	22. <i>Autopsy</i>	EVIDENCE OF CRIMINAL ACTS? Yes, No, Unknown 23. SPECIFY: <i>no</i>
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EXPLANATORY INFORMATION (Medical Examiner may enter any details here in support of above statements)

25. I amend or supplement the original death certificate to certify that 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.	MEDICAL EXAMINER (OR TRIBAL LAW ENFORCEMENT AUTHORITY) SIGNATURE 25a. <i>Donald H. Nelson</i>	TITLE 26. <i>Medical Examiner</i>	DATE SIGNED <i>4/29/99</i>
	MAIL ADDRESS 28. <i>3269 Hockton Hill Rd, Kingman, Az 86401</i>	Street and Number	City and State

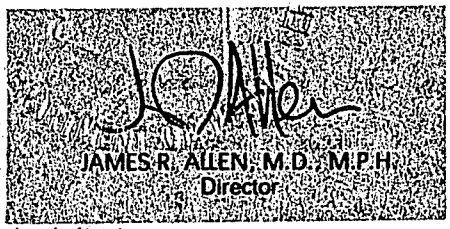
SUPPLEMENTARY ENTRIES

DATE REGISTERED 30. <b>MAY 13 1999</b>	REG. FILE NO. 31. <b>203</b>	REGISTRAR'S SIGNATURE 32. <i>Henry M. ...</i>	REG. DISTRICT ASST. 33. <b>STATE REGISTRAR</b>	DATE REC'D. IN STATE OFFICE 34. <b>MAY 13 1999</b>
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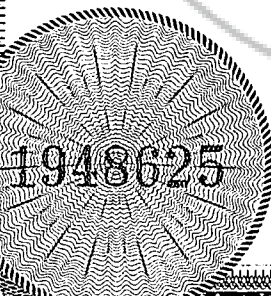
h/VS-8 (Rev. 3-84) (794)

DATE ISSUED **MAY 14 1999** **SEAL**

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:



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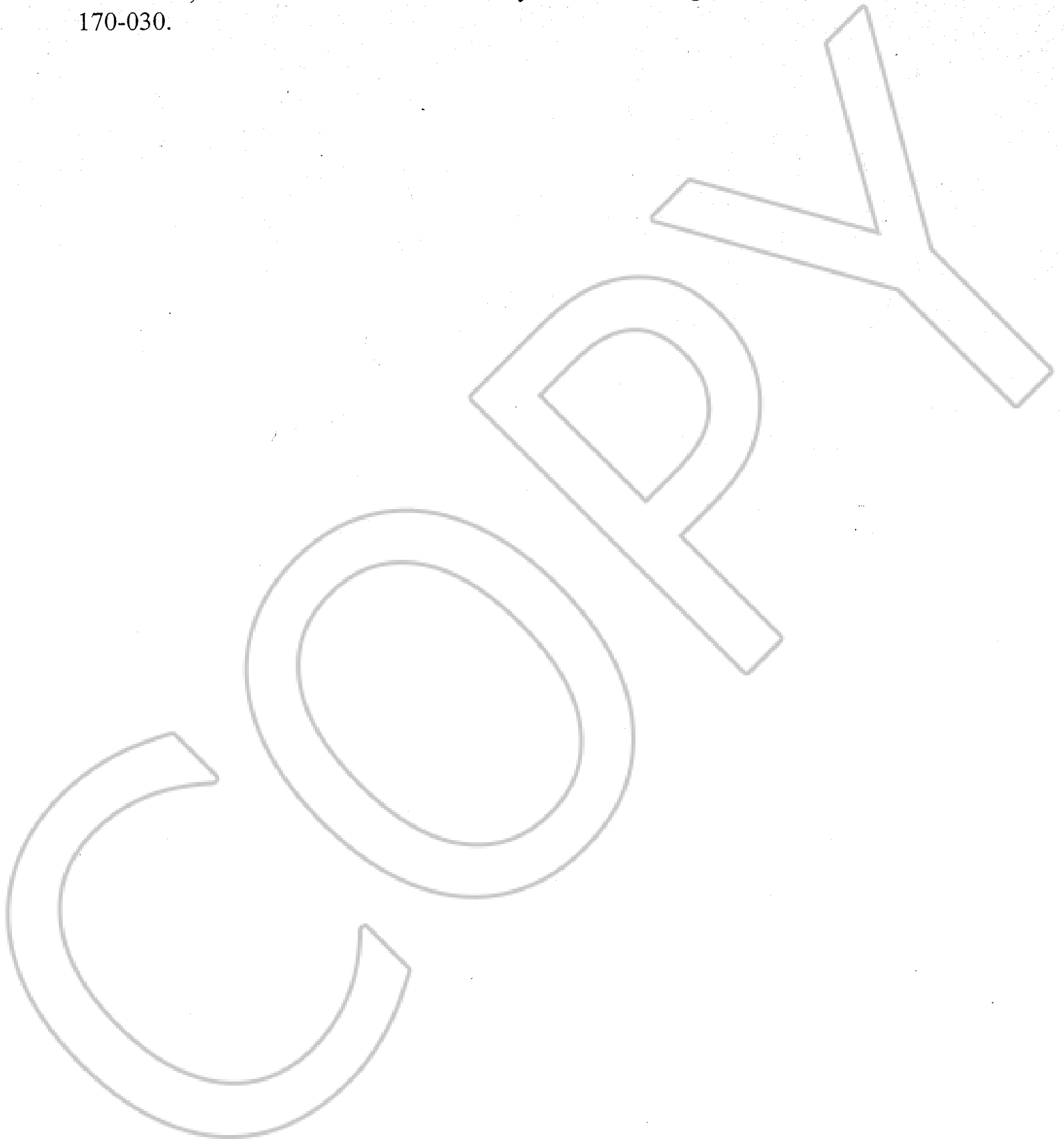


This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.

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.



COPY

REQUESTED BY

James O'Reilly

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 JUL 12 AM 9: 57

LINDA SLATER  
RECORDER

\$13<sup>00</sup> PAID KJ DEPUTY

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