

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

CANDACE RENAE WATSON, being duly sworn, deposes and says:

1. DORIS MAY NASH created a Revocable Living Trust on May 7, 1992, entitled THE DORIS MAY NASH TRUST dated May 7, 1992.
2. By the terms of said trust, DORIS MAY NASH was designated as Trustee.
3. DORIS MAY NASH is now deceased, as evidenced by the Certificate of Death, a certified copy of which is attached hereto as Exhibit "A."
4. CANDACE RENAE WATSON is the named successor Trustee of THE DORIS MAY NASH TRUST dated May 7, 1992.
5. The trust is now irrevocable and may not be altered, amended or revoked by any person.
6. The form in which title to assets of the trust is to be taken is:  
"CANDACE RENAE WATSON, Successor Trustee of THE DORIS MAY NASH TRUST dated May 7, 1992.
7. Real property currently held in the trust includes: see Exhibits "B" and "C" attached hereto.
8. The trust has not been revoked or amended so as to make any representations contained in this certification incorrect.
9. The signature shown below is that of the currently acting Successor Trustee.

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James M. O'Reilly, Attorney at Law

3321 North Buffalo Drive, Suite 200, Las Vegas, Nevada 89101 (702) 477-7517

✓ 1492 Highway 395, Suite 106, Gardnerville, Nevada 89410 (775) 782-3647

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

Signed this Oct 24, 2000.

Candace Renae Watson  
CANDACE RENAE WATSON

STATE OF NEVADA )  
                                  : SS  
COUNTY OF DOUGLAS )

On this 24 day of October, 2000, before me, a Notary Public in and for said County and State, personally appeared CANDACE RENAE WATSON 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.

Teri Groves  
Notary Public



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

### CERTIFICATE OF DEATH

ROLL 101 IMAGE 518

2241

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Doris May NASH			DATE OF DEATH (Month, Day, Year) September 29, 2000		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	SEX 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 75	UNDER 1 YEAR MOS : DAYS 7b. : UNDER 1 DAY HOURS : MINS 7c. : DATE OF BIRTH (Mo., Day, Yr.) 8. March 3, 1925
STATE OF BIRTH (If not U.S.A., name country) 9a. Minnesota		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12	
SOCIAL SECURITY NUMBER 13. ██████████ 6128		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Developer		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	STREET AND NUMBER 15d. 1635 Carval Ct.	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. James Tobin			MOTHER—MAIDEN NAME First Middle Last 17. Lucy Rybakowski		
INFORMANT—NAME (Type or Print) 18a. Candace Watson - Daughter			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 9604 Bond Ridge Drive, Redding, CA 96001		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Eastside Memorial Park		LOCATION City or Town State 19c. Minden Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>James M. [Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 1217	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home, 833 N. Edmonds Drive, Carson City, NV 89701		
To be completed by CERTIFYING PHYSICIAN 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>R. Watson</i>		DATE SIGNED (Mo., Day, Yr.) 21b. Oct 2, '00	HOUR OF DEATH 21c. 0015	To be completed by Coroner's Office 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) _____	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22b.		PRONOUNCED DEAD (Hour) 22c.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. ROBERT WATSON 45 PRINGLE WAY RENO NV 89502		LICENSE NUMBER 23b. 9076			
REGISTRAR 24a. (Signature) <i>Sandy Antunes</i> Dep.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. October 3, 2000	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) RESPIRATORY FAILURE / PNEUMONIA / LUNG-CA		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE

STATE REGISTRAR

No. 169126  
**EXHIBIT**  
"A"

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

Deputy Registrar: *Sandy Antunes*

0502002 OCT 9 2000

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1000PG4702 (BK 1000 PG 4702)

EXHIBIT "B"

That real property commonly known as 1635 Carval Court, Minden, Nevada, situated in the County of Douglas, State of Nevada, more particularly bounded and described as follows:

Lot 5, Block A, as shown on the map of Beneteau Subdivision, filed for record in the Office of the Recorder of Douglas County, Nevada on October 21, 1980, in Book 1080 of Official Record at Page 1733, File No. 49919, and Certificate of Amendment recorded August 13, 1982, in Book 882, at Page 882, as Document No. 70144.

A. P. N. 1320-30-811-005

COPY

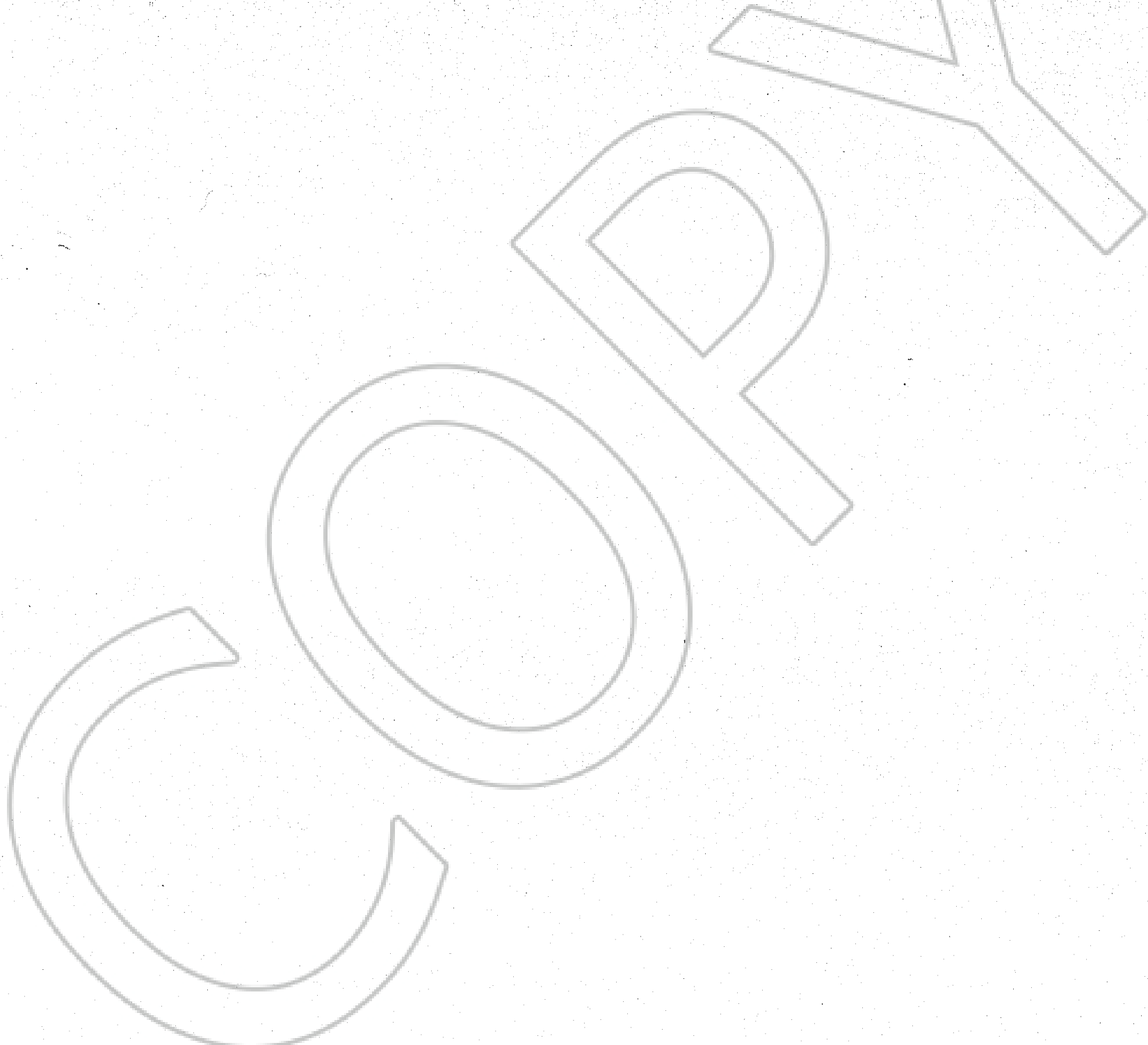


EXHIBIT "C"

That real property commonly known as 1396 Stephanie Way, Minden, Nevada, situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 1, as shown on the map of SARATOGA HEIGHTS UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on May 15, 1961, as Document No. 17827.

A.P.N. 1420-28-811-029



COPY

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

2000 OCT 25 PM 2:46

LINDA SLATER  
RECORDER

\$12.00 PAID KJ DEPUTY

0502002

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