

CERTIFICATE OF INCUMBENCY AND CERTIFICATION OF TRUST

N.R.S. 164.400

FRANCES D. LOHMANN, being duly sworn, deposes and says:

1. That HOBART W. E. LOHMANN and FRANCES D. LOHMANN created a Revocable Living Trust on May 21, 1997, entitled THE HOBART W. E. LOHMANN AND FRANCES D. LOHMANN FAMILY TRUST.

2. That by the terms of said trust, HOBART W. E. LOHMANN and FRANCES D. LOHMANN were designated as Co-Trustees.

3. That HOBART W. E. LOHMANN is now deceased. A certified copy of his Certificate of Death is attached hereto as Exhibit "A," and incorporated herein by this reference.

4. That FRANCES D. LOHMANN is the remaining Trustee of THE HOBART W. E. LOHMANN AND FRANCES D. LOHMANN FAMILY TRUST dated May 21, 1997.

5. That the form in which title to assets of the trust is to be taken is:

"FRANCES D. LOHMANN, Successor Trustee of THE HOBART W. E. LOHMANN AND FRANCES D. LOHMANN FAMILY TRUST dated May 21, 1997."

6. That the real property currently held in the trust includes: see Exhibits "B," "C," "D," and "E" attached hereto and incorporated herein by this reference.

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 That the trust has not been revoked or amended so as to make any representations contained in this certification incorrect.

8. That 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) 477-7511

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

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

Signed this 9 day of May, 2001.


FRANCES D. LOHMANN

STATE OF NEVADA)
 : ss
COUNTY OF DOUGLAS)

On this 5 day of May, 2001, before me, a Notary Public in and for said County and State, personally appeared FRANCES D. LOHMANN 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.


Notary Public



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

DECEDENT

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

PARENTS

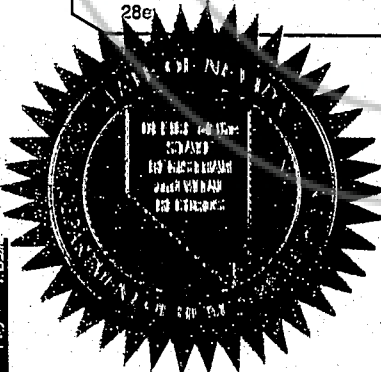
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Hobart W.E. LOHMANN			2. November 14, 2000		3a. Douglas
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. Gardnerville		3c. Carson Valley Medical Center		3e. Emergency Room	4. Male
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
5. White	6.		7a. 72	7b. :	7c. :
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. Missouri	9b. U.S.A.	10. 14		11. Married	12. Frances D. Ellis
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. 1673		14a. Tool And Die Supervisor		14b. Aircraft	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada	15b. Douglas	15c. Gardnerville		15d. 1468 James Road	15e. Yes
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Edwin Lohmann			17. Josephine Martens		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Frances D. Lohmann - Wife			18b. 1468 James Road, Gardnerville, Nevada 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Burial		19b. Eastside Memorial Park		19c. Minden, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. <i>[Signature]</i>		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410		
To be Completed by CERTIFYING PHYSICIAN	21. 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) <i>[Signature]</i>			(Signature and Title) <i>[Signature]</i>	
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
	21b.	21c.		22b. Nov. 16, 2000	22c. 0802
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
21d.			22d. ON Nov. 14, 2000		22e. AT 0802
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER
23a. Sandy L. Cable Dep. Coroner, P.O. Box 218, Minden, NV 89413					23b. 312
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>[Signature]</i>		24b. Nov 16, 2000		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) Exsanguination (Hemopericardium)					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Arteriosclerotic Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
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)
Status Post Coronary Artery Four-way Bypass				26. Yes	27. Yes
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.		
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.		



STATE REGISTRAR

EXHIBIT

"A"

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

Date Issued:

NOV 16 2000

[Signature]
State Registrar

No.169058

EXHIBIT "B"

All that real property commonly known as 1468 James Road, Gardnerville, Nevada, situated in the County of Douglas, State of Nevada, more particularly bounded and described as follows:

Lot 61 as shown by map of GARDNERVILLE RANCHOS UNIT NO. 5, recorded in the Office of the Douglas County Recorder on November 4, 1970, in Book 80, Page 675, as Document No. 50056.

A.P.N. 29-131-08

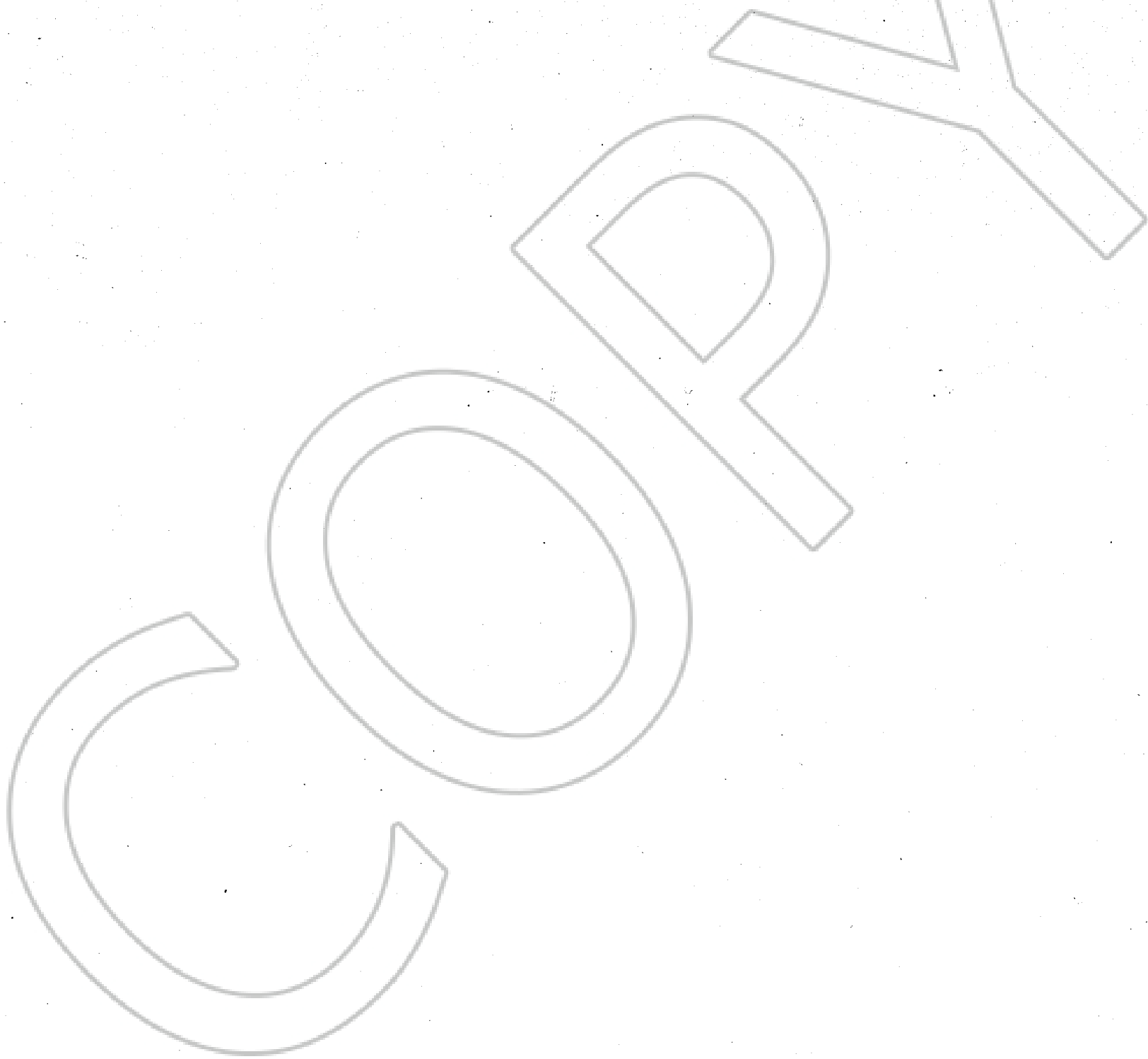


EXHIBIT "C"

All that real property commonly known as 3540 Topaz Park Road, Topaz, Nevada, situated in the County of Douglas, State of Nevada, more particularly bounded and described as follows:

Parcel 1, as set forth on that certain Moore/Hunder Parcel Map No. 1 being a portion of the Southeast 1/4 of Section 29, Township 10 North, Range 22 East, M.D.B.&M., Douglas County, Nevada, filed for record in the Office of the County Recorder of Douglas County, Nevada, on December 5, 1979, Book 1279, Page 193, Document No. 39321 and amended by Certificate recorded January 2, 1980, in Book 180, Page 073, Document No. 40268 and further amended by Certificate recorded October 12, 1981, in Book 1081, Page 647, Document No. 61136.

A.P.N. 39-200-04

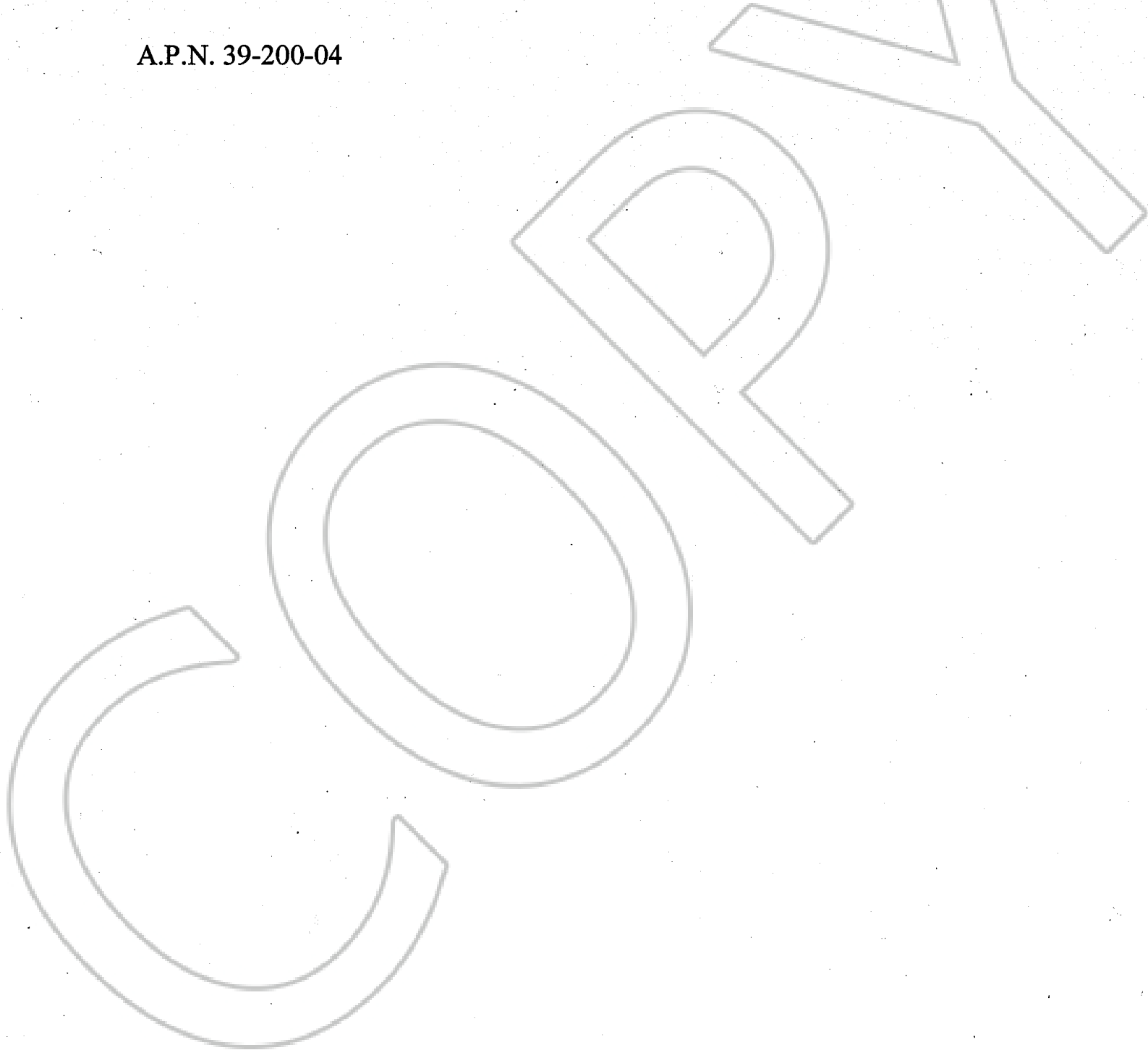


EXHIBIT "D"

All that real property commonly known as 835 Tamarack Drive, Minden, Nevada, situated in the County of Douglas, State of Nevada, more particularly bounded and described as follows:

Lot 11, in Block L, as shown on the map of WESTWOOD VILLAGE UNIT NO. TWO, PHASE 2, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on March 3, 1989, in Book 389, Page 336, as Document No. 197457.

A.P.N. 17-252-17

EXHIBIT "E"

All that real property commonly known as 1580 County Road, Minden, Nevada, situated in the County of Douglas, State of Nevada, more particularly bounded and described as follows:

Lot 1 in Block C of the SOUTH ADDITION TO THE TOWN OF MINDEN, Douglas County, State of Nevada, according to the Official Map thereof, filed in the Office of the Douglas County Recorder on April 9, 1957, as Document No. 12130.

A.P.N. 25-231-01 *New APN: 1320-32-114-014*

COPY

COPY

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

2001 MAY 11 AM 10: 54

LINDA SLATER
RECORDER

\$14.⁰⁰ PAID DEPUTY

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