9AN:1320-31.511-021

APN: 25-551-12

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WERNER CHRISTEN RECORDER

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## CERTIFICATION OF TRUSTEES UNDER TRUST

BARBARA DUNCAN SMITH being of legal age, declares under penalty of perjury:

Declarant(s) certify the existence of the following described Trust and state that he/she/they are all of the current trustees:

Name of Trust:

THE DUNCAN FAMILY 1995 TRUST

Date of Trust:

June 27, 1995

Grantors:

Garnett C. Duncan and Marjorie O. Duncan

Original Trustees:

Garnett C. Duncan and Marjorie O. Duncan

Trust Identification, Social Security or

Employer Identification No.: 510-10-2147

Declarant(s) state that the Trust is in full force and effect and is irrevocable except as to the provisions of Article Twelfth of The Duncan Family 1995 Trust.

Declarant(s) state the following named trustee(s) is/are full empowered to act for said Trust:

Authorized Trustees Names: Marjorie O. Duncan and Barbara Kay Duncan Smith

Declarant(s) state that to the best of his/her/their knowledge, there are no claims, challenges of any kind or cause of action alleged, contesting or questioning the validity of the Trust or the ///

.... []] trustee's authority to act for the Trust.

This Declaration is prepared and executed pursuant to Nevada Revised Statutes 153.  Signed under penalty of perjury, this <u>32nd</u> day of <u>Necember</u> , <u>2004</u>
Larbara Kay Duncan Smith 3083 Paseo Estre
Sarbara Kay Duncan Smith  (Signature)  (Address)  Carlsbad, CA. 92
BARBARA KAY DUNCAN SMITH
STATE OF CALIFORNIA )
COUNTY OF San Diego)
On Dec 22,2064 before me, Maybel Franco, a notary public in and for said County and State, personally appeared Barbara kay Duncan Smith
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/see subscribed to the within instrument and acknowledged to me that he(she) they
executed the same in his her/their authorized capacity(ies), and that by his her/their signature(s) on
the instrument the person(s), or the entity upon behalf of which the person(s), acted, executed the instrument.
WITNESS my hand and official seal.
MARIBEL FRANCO Seconmission # 1523286
Maribel Franco  Notary Public - California  San Diego County  My Comm. Expires Oct 30, 2008
(Signature of Notary Public)

## **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** 

LOCAL FILE NUMBER	}							1		STATE FILE	NUMBER	
DECEASED—NAME First	Middle			Last	DA	TE OF DEATH (	Month, Day,	Year)				
IENT 1 Garnett		Clinton DUNCAN			2. Sentember			an l	2003	22	Dana1	
			NSTITUTION—Nam	e (If not either, gir		and number)						
or Com do a served 1.1						,	Rm. Inpatie	nt (Spec	fy)	Di ILIIOI.	1	
					.,					5	_ ⁴ Male	
RACE—(e.g., White, Black, Americ Indian, etc.) (Specify)	an Was Decedent of specify Mexican,	of Hispanic Origin' , Cuban, Puerto F	? Specify ∐ yes 🔯 r Rican, etc.	no If yes, AGE- Birthd	Last lav (Years					ATE OF BIF	RTH (Mo., Day, Yr.)	)
5. White	6.		•			7b.	7c.	:		Octo	her 29	191
STATE OF BIRTH		WHAT COUN-	Decedent's Educa			ARRIED, NEVEL		<del>. •</del>	SURVIV	ING SPOUSE	E (If wife, give maide	n name)
		C A		. **	17	VIDOWED, DIVO Specify) 3.6	RCED			1		
								-	12. Ma	arjori	le Hanson	n
SOCIAL SECONITY NUMBER	Working Life	, Even if Retired)	King of Work Done i	Juring Most of		KIND OF BUSIN	IESS OR IND	DUSTRY	-	\ .		
13. 2147	14a.	Aero	Space En	ngineer			kheed	_		- N.		
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		<u>Du</u>		17.	3	Ethe	1	Fra	ances	s Ē	Soston	
INFORMANT—NAME (Type or Pri	nt)		MAILING AD	DRESS	Robert St	(Street or R.F	D. No., City				\	> -
18a Mariorie Du	ncan - Wif	e	18ь, 17	105 Robi	്ച നം	უ- M-1	idan	Moss	242	20/00	~/	
BURIAL, CREMATION, REMOVAL	OTHER (Specify)		OR CREMATORY—	NAME	<u>.a vi</u>	ilili er						
				- T							•	
		19b. <b>F</b>	itzHenry	's Crema	itory							
(Or Person Acting as Such)	"////	LICENSE NU	RECTOR NAME	AND ADDRESS (	OF FACILI	$^{TY}$ FitzH	lenry'	s Ca	arson	Vall	ey Funer	ral
20a. Mes M	Hill	20b. 21	7 20c. I				Gar	dne	 rv:111	e NI	80/10	48
z 2/a To the best of my know	ledge, death occurred a		nd place and	1	22a.	On the basis of	examination	and/or in	vestigation	TYV و ت. in mv opini	on death occurred	10
.au <i>v</i>	. / / /	h 0	0	m				nd due t	the cause	e(s) and mar	nner stated.	
(Signature and Title)		HOURSERE	ce)	1110	g <mark>S (Sig</mark> n				Г			
DATE SIGNED (Mo., D	ay, (7.)	HOUR OF DEAT	H		eO DATI E,ø	E SIGNED (Mo.,	Day, Yr.)		HOUR O	F DEATH		
용돌 21b. /0//	103	21c.	1740	1	g 22b.				22c.			
NAME OF ATTENDING	PHYSICIAN IF OTHER	THAN CERTIFIE	R (Type or Print)	2		NOUNCED DEA	D (Mo., Day,	Yr.)	PRONOL	INCED DEA	D (Hour)	
C 21d	/ - / -						N	,				
	OF CERTIFIER (PHYSI	CIÁN ATTENDIA	IG PHYSICIAN MEI	ICAL EXAMINES	22d.	ON COMED (Time	or Print		22e. AT	LICENSE A	U IMPED	
			Marie and Marie Control	N. N.		7						
	L. Miller	M.D., 1	3/4 Brid]	Le Way,	Min	den, NV	894					
HEGISTRAR	11/1	4	DATE	RECEIVED BY	REGISTR	AR (Mo., Day, Yr.	) DEATH [	DUE TO	COMMUNI	CABLE DISI	EASE	
24a. (Signature)	A Kns	hund	Do 11 24b.	Patel.	- 3	2 m 3	240.	YESIT	NO₽			
25. IMMEDIATE CAUSE (EN	TER ONLY ONE CAUSE	PER LINE FOR	(a), (b), AND (c).)	هالاداميم	1 2,	aw)				nterval hetwa	en onset and deat	th .
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(b) as	Ria	tron	> Ru	Jelu	لمصد	ne	> 1.1		•			
	CONSEQUENCE OF:	-		Faces of T					• Ir	nterval betwe	en onset and deat	th
	7	-							:			
C)	CONDITIONS Condition	ne contribution to	doath but not society	ng in the water	na ac:	ohoon in Dant 4	ALITOPOY		naai6 · I · · ·	10.01		
PART OTHER SIGNIFICANT	JOHDHOU CONDITION	is commouning to	ueam put not resulti	ng in the underlyin	ng cause (	given in Part 1.	AUTOPSY	Yes (	or No)   C	as case ri Droner <i>(s</i> ,	EFERRED TO pacify Yes or No)	
						1.	<sup>26.</sup> No					
ACC., SUICIDE, HOM., UNDET.,	DATE OF INJURY (Mo., E	Day, Yr.) HOUR	OF INJURY	DESCRIBE HOV	W INJURY	OCCURRED						
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	DECEASED—NAME First  1. Garne CITY, TOWN OR LOCATION OF I 3b. Gardnervill RACE—(e.g., White, Black, Americ Indian, etc.) (Specify)  5. White STATE OF BIRTH (If not U.S.A., name country) 9a. Oklahoma SOCIAL SECURITY NUMBER  13. 2147 RESIDENCE—STATE  15a. Nevada FATHER—NAME First  16. Claren INFORMANT—NAME (Type or Print  18a. Marjorie Du BURIAL, CREMATION, REMOVAL  19a. Cremation FUNERAL DIFFCOR—SIGNATU (Or Person Acting as Such)  20a. 21b. Oxford Company (Signature and Title) DATE SIGNED (Mo., D  21b. NAME OF ATTENDING  21c. NAME AND ADDRESS 23a. Andrea  REGISTRAR  24a. (Signature)  24a. (Signature)  25. IMMEDIATE CAUSE  CC  PART (a)  OTHER SIGNIFICANT (Specify)  ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify Yes or No)  28e.  INJURY AT WORK (Specify Yes or No)	DECEASED—NAME First Middle  1. Garnett Clir CITY, TOWN OR LOCATION OF DEATH  3b. Gardnerville  3c. RACE—(e.g., White, Black, American Indian, etc.) (Specify)  5. White  5. White  5. White  5. White  5. White  6. City, Town or Location of Death  16. City, Mexican, e.  17. TRY  18. OKLAHOMA  18. OVALAHOMA  18. OVALAHOMA  19. USUAL OCCUPATION  18. Nevada  18. County  18. Nevada  18. Dougla  FATHER—NAME First Middle  16. Clarence  INFORMANT—NAME (Type or Print)  18a. Marjorie Duncan — Wife  BURIAL, CREMATION, REMOVAL, OTHER (Specify)  19a. Cremation  FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)  20a.  21d. To the best of my knowledge, death occurred a due to the cause(s) stated.  22d. To the best of my knowledge, death occurred a due to the cause(s) stated.  23d. Andrea L. Miller  REGISTRAR  24a. (Signature)  25. IMMEDIATE CAUSE  ENTER ONLY ONE CAUSE  (b) CASALOMA  ACC., SUICIDE, HOM, UNDET., DATE OF INJURY (Mo., Insulator)  28d. (c)  COMPANY AT WORK (Specify)  28b.  10. OTHER SIGNIFICANT CONDITIONS—Condition  ACC., SUICIDE, HOM, UNDET., Specify)  28b.  10. OTHER SIGNIFICANT CONDITIONS—Condition  ACC., SUICIDE, HOM, UNDET., Specify)  28d.  10. OTHER SIGNIFICANT CONDITIONS—Condition  ACC., SUICIDE, HOM, UNDET., Specify)  28b.  10. OTHER SIGNIFICANT CONDITIONS—Condition  ACC., SUICIDE, HOM, UNDET., Specify)  28b.  10. OTHER SIGNIFICANT CONDITIONS—Condition  ACC., SUICIDE, HOM, UNDET., Specify)  28b.  10. OTHER SIGNIFICANT CONDITIONS—Condition  ACC., SUICIDE, HOM, UNDET., Specify)  28b.  28c.  28d.  28d	DECEASED—NAME First Middle  1. Garnett Clinton CITY, TOWN OR LOCATION OF DEATH  3b. Gardnerville  3c. Merril  3c.	DECEASED—NAME First Modele  1. Carnett Clinton DUN  CITY, TOWN OR LOCATION OF DEATH  3b. Gardnerville  3a. Gardnerville  ARCE—Ge, White, Block, American Indian, etc.) (Spoolly)  5. White  STATE OF BIRTH  Ith not U.S.A., american Indian, and country)  5a. Oklahoma  SOCIAL SECURITY NUMBER  Working Life, Even Herberd)  15a. Nevada  15b. Douglas  15c. Minder  15a. Marjorie Duncan  INFORMANT—NAME (Pype or Print)  15a. Cremation  15b. Douglas  15c. Minder  15c. Minder  15c. Minder  15d. Or Person Accuracy Signaturae  15d. Or Person Accuracy Signaturae  15d. Or Person Accuracy Signaturae  15d. Or the best of my knowledge, death-ordured at the sime, date and labor makes  15d. Signature and Tible)  25d. Or the best of my knowledge, death-ordured at the sime, date and labor my knowledge, death-ordured at the sime, date and labor my knowledge, death-ordured at the sime, date and labor my knowledge, death-ordured at the sime, date and labor my knowledge, death-ordured at the sime, date and labor my knowledge, death-ordured at the sime, date and labor my knowledge, death-ordured at the sime, date and labor my knowledge, death-ordured at the sime, date and labor my knowledge, death-ordured at the sime, date and labor my knowledge of the cause of sisted.  15d. Signature and Tible)  25d. Or the best of my knowledge, death-ordured at the sime, date and labor my knowledge of the cause of sisted.  15d. Signature and Tible)  25d. Signature and Tible)	DECEASED—NAME First Middle Last  1. Carnett Clinton DUNCAN  1. Carnett Clinton  1. Cardens  1	DECEASED—NAME First Mode  1. Garnett Clinton DUNCAN  1. Gardnett Hospital of Other Institution—Name (It not either, give steel for institution)  3b. Gardnerville  3c. Merrill Gardens  7a. AGE—Last Specify Mass Decedent of Hispanic Origin? Specify Live & roll yee, Indicate Young State Of Bridge (Congress of Hand)  5b. White  7a. 85  7a. 85	DECEASED—NAME First Clitton DUNCAN 2 Septem 11. Cardens Gardnerville 3c. Merrill Gardens 5c. Merrill Gardens 6c. Merrill Garde	DECEASED—AAME First Minds  Garnett Clinton DUNCAN  1 Carnett Clinton DUNCAN  2 September 2  1 Carnett Clinton DUNCAN  2 September 2  2 September 3  2 September 3  2 September 4  2 September 2  2 September 3  3 September 4  3 September 4  3 September 5  3 September 5  3 September 5  3 September 6  4 September 6  4 September 6  4 September 6  5 September 7  5 September 7  5 September 7  5 September 7  5 September 6  5 September 6  5 September 7  5 September 7  5 September 7  5 September 6  5 September 6  5 September 7  5 September 8  5 September 9  5 Septem	DECEASED—MANNE First Middles  Carnett Clinton DUNCAN  GIV, TOWN OR LOCATION OF DEATH  INCORPTIA, OR OTHER INSTITUTION—Name (if not either, give store and number)  IF THE TOWN OR LOCATION OF DEATH  INCORPTIA, OR OTHER INSTITUTION—Name (if not either, give store and number)  IF THE TOWN OR LOCATION OF DEATH  INCORPTIA, OR OTHER INSTITUTION—Name (if not either, give store and number)  IF THE TOWN OR LOCATION OF DEATH  INCORPTIA, OR OTHER INSTITUTION—Name (if not either, give store and number)  IF THE TOWN OR LOCATION OF DEATH  INCORPTIA STORE (if the time)  IF THE TOWN OR LOCATION  IS THE TOWN OR LOCATION	DECEMBER—MAKE First Modes  Carnett Clinton  DUNCAN  2 September 30, 2003  GITY, TOWN OR LOCATION OF DEATH  HOSPITAL OR OTHER INSTITUTION. Name (if not eather, give stated and namebal)  READ STATE (Institute of the property	DECREMENT OF THE Modes  1. Garnett Clinton  DUNCAN  2. September 30, 2003  3. Gardnerville  4. Gardnerville  5. White  6. White	Garnett Clinton DINCAN 2 September 30, 2003 Douglas City, TOWN OR LOCATION OF BEATH MADE 10 A CONTROL



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

Date Issued:

ARNING: IT IS ILLEGAL TO ALTER CO.

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT