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APN: 1320-31-511-021

APN: 25-551-12

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REQUESTED BY  
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IN OFFICIAL RECORDS OF  
BOULDER COUNTY, NEVADA

2004 DEC 30 AM 8:27

WERNER CHRISTEN  
RECORDER

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SPACE ABOVE THIS LINE FOR RECORDER'S USE

### 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

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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 22nd day of December, 2004

Barbara Kay Duncan Smith  
(Signature)

3083 Paseo Estribo  
(Address)  
Carlsbad, CA. 92009

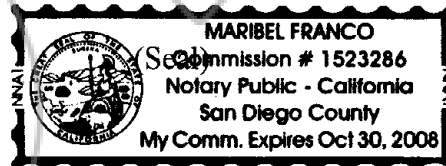
BARBARA KAY DUNCAN SMITH

STATE OF CALIFORNIA )  
COUNTY OF San Diego )

On Dec 22, 2004 before me, Maribel 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/are~~ 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  
(Signature of 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

	LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. <b>Garnett Clinton DUNCAN</b>	DATE OF DEATH (Month, Day, Year) 2. <b>September 30, 2003</b>	STATE FILE NUMBER COUNTY OF DEATH 3a. <b>Douglas</b>
<b>DECEDENT</b>	CITY, TOWN OR LOCATION OF DEATH 3b. <b>Gardnerville</b>	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Merrill Gardens</b>	If Hosp. or Inst. indicate DOA, OP/Emer. (Specify) 3e. <b>Inpatient 5</b>
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>White</b>	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. <b>85</b>
<b>PARENTS</b>	STATE OF BIRTH (If not U.S.A., name country) 9a. <b>Oklahoma</b>	CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>	Decedent's Education. Specify highest grade completed. 10. <b>16 Years</b>
	SOCIAL SECURITY NUMBER 13. <b>2147</b>	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Aero Space Engineer</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>
<b>DISPOSITION</b>	RESIDENCE—STATE 15a. <b>Nevada</b>	COUNTY 15b. <b>Douglas</b>	DATE OF BIRTH (Mo., Day, Yr.) 8. <b>October 29, 1917</b>
	CITY, TOWN, OR LOCATION 15c. <b>Minden</b>	STREET AND NUMBER 15d. <b>1605 Behia Cir.</b>	SURVIVING SPOUSE (If wife, give maiden name) 12. <b>Marjorie Hanson</b>
<b>CERTIFIER</b>	FATHER—NAME First Middle Last 16. <b>Clarence Duncan</b>	MOTHER—MAIDEN NAME First Middle Last 17. <b>Ethel Frances Boston</b>	
	INFORMANT—NAME (Type or Print) 18a. <b>Marjorie Duncan - Wife</b>	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>1605 Behia Cir, Minden, Nevada 89423</b>	
<b>CAUSE OF DEATH</b>	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>	CEMETERY OR CREMATORY—NAME 19b. <b>FitzHenry's Crematory</b>	LOCATION City or Town State 19c. <b>Carson City, Nevada</b>
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>217</b>	NAME AND ADDRESS OF FACILITY 20c. <b>Home, 1380 Hwy 395 Gardnerville, NV 89410 48</b>
<b>CAUSE OF DEATH</b>	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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. <b>10/2/03</b>		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> DATE SIGNED (Mo., Day, Yr.) 22b. <b>10/2/03</b>
	HOUR OF DEATH 21c. <b>1740</b>		HOUR OF DEATH 22c. <b>1740</b>
<b>CAUSE OF DEATH</b>	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. <b>Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423</b>		PRONOUNCED DEAD (Hour) 22e. AT
<b>CAUSE OF DEATH</b>	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>October 3, 2003</b>	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).)		
<b>CAUSE OF DEATH</b>	PART I (a) <b>Cardiopulmonary arrest</b> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(b) <b>aspiration pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
<b>CAUSE OF DEATH</b>	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>No</b>
	ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. <b>M</b>
<b>CAUSE OF DEATH</b>	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. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.



STATE REGISTRAR

No. 246153

*[Signature]*  
Yvonne Sylva

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

Date Issued: **OCT 06 2003**

**0633325** State Registrar

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