		DOC # 0638850 03/14/2005 12:25 PM Deputy: OFFICIAL RECORD Requested By: JANE JOHNSON	KLJ								
	APN: 1419 11 - 002 - 030 Recording requested by and mail documents and tax statements to: Name: 2008 Johnson		5.00 0. 0 0								
	Address: 3491 Mont Blanc Ct.										
	city/State/Zip: Coxson City, NV 89705										
	CER111 Nevada Legal Forms & Books, Inc. (702) 870-8977 www.legalformsrus.com		т.								
	CERTIFICATE OF INCUMBENCY										
	STATE OF NEVADA)		,								
	COUNTY OF) \$5.		/								
	AFFIANT, being duly sworn, deposes and says:										
	That (who created the trust)	ard 5, Johnson									
	created the (name of trustee(s))										
	Trustee(s), or their successors in trust, under the (name Family Trust	ne of trust) John Son									
	Family Irust	, <u>। पुन्द</u> and any amendments thereto.									
	2. That Willard S. John										
	has died on the 6th day of May	. 199% and a certified copy of the									
	Death Certificate is attached hereto and by this refere	ence incorporated herein.									
-	3. That Jane E. John	nson									
	is named in said Trust as the Successor Trustee of the	/									
	4. That Jone, E. Joh	nsen									
	was named as Successor Trustee; and hereby files this	s certificate and accepts the Trusteeship of the									
	(name of initial trustee(s)) Willard S. and	t Jane E. Johnson									
la.	///										
The Road of the Lot											
	m										
7000	Cenificate of Incumbency Page 1 of	2 Initials									
											

Trustees, or their successors in trust, under the (/
Johnson Family	Trust
Johnson Family dated Sept. 26	, <u>1996</u> , and any amendments thereto.
r	\ \
Dated this 14 Hoay of March	,2005
Jan. E. Johnson	
Trustee E. Johnson	
Jane E Johnson	
Print or type name here	
STATE OF NEVADA)	
COUNTY OF DOUGLAS)	
On this 14th day of	March_, 20 <u>05</u> , personally appeared
before me, a Notary Public Jane E.	
	ose name(e) is subscribed to the above instrument
who acknowledged that She X executed this	mstrument. Writess my hand and bindar seat.
	NOTARY PUBLIC STATE OF NEVADA
	County of Douglas
Ronan Mula	No. 05-81138-5 LEANN M. TETER
Notary Public	My Appointment Expires April 15, 2007
My commission expires: April 15, 200)7
Consult an attorney if you doubt this forms fitnes	
	/ /
	<i>'</i>

Certificate of Incumbency

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Initials ____



BK- 0305 PG- 5202 03/14/2005



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	·		·	STATE FILE NUMBER
OR PRINT	DECEASED-NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
PERMANENT BLACK INK	1. Wills CITY, TOWN OR LOCATION OF DE		rd JOHNSON INSTITUTION—Name (If not either, given	2 May 6, 1998	3a Carson (lity dicate DOA, OP/Emer. SEX
	3b. Carson City	J	Convalescent Cen	Rm. Inpatient (Spe	icity)
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Last UNDER 1 YEAR UNDER	npatient 5 4 Male
	Indian, etc.) (Specify) 5. White	specify Mexican, Cuban, Puerto 6.	Rican, etc. A Birthol	ay (Years) MOS : DAYS HOURS	Wanuary 28, 1930
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN-	Decedent's Education. Specify high grade completed.	mest MARRIED, NEVER MARRIED,	SURVIVING SPOUSE (If wife, give maiden name)
OCCURRED IN INSTITUTION SEE HANDBOOK	9a. Canada	9b. U.S.A.	10. 16+	(Specify) Married	12 Jane Reilly
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER	Working Life, Even if Retired		64 KIND OF BUSINESS OR INDUSTR	
RESIDENCE ITEMS	13. FRESIDENCE—STATE	14a Computer	Science	140. High Scho	ol Education TINSIDE CITY LIMITS
→		- 1974		Service Control of the Control of th	(Specify Yes or No)
	15a. Nevada 1 FATHER—NAME First	5b. Carson City Middle		15d.3491 Mont	Blanc 15e. Yes Middle Last
PARENTS	16. Jerome		Johnson 17	Margery	Martin
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or To	
	18a. Jane John	ıson	18b 3491 Mont	Blanc Court Carso	on City, Nevada 89705
	BURIAL, CREMATION, REMOVAL, C	OTHER (Specify) CEMETERY	OR CREMATORY—NAME	LOCATION	City or Town State
DISPOSITION	19a. Cremati	on 196.	FitzHenry's Cre	matory 190 Car	son City Nevada
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		PICZHEIII 9 S () LE DIRECTOR NAME AND ADDRESS () JMBER	JE ACICITY	43
	20a. 21a. To the best of my knowled	20b. / (20c Reno Memo	22a, On the basis of examination and/or	Reno, Nevada 89502 investigation, in my opinion death occurred
{	21a. To the bast of my knowles due to the cause(s) stated due to the cause(hay kness MD	at the time, date and place and due	to the cause(s) and manner stated.
j	DATE SIGNED (Mo., Day			DATE SIGNED (Mo. Day Yr)	HOUR OF DEATH
CEDYICIED	5 21b, 5-11-	- 98 21c. 164	5	8 8 220	22c.
CERTIFIER	NAME OF ATTENDING P	HYSICIAN IF OTHER THAN CERTIF	ER (Type or Print)	ලි PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
				22d ON	22e. AT
			NG PHYSICIAN, MEDICAL EXAMINER		LICENSE NUMBER
	23a. W1111am REGISTRAR	p. 0 Snaughness		in St., Carson Cit	
CONDITIONS IF ANY WHICH GAVE	24a. (Signature)	i Mauga	as May	1/1998 24c. YEST	
RISE TO IMMEDIATE		R ONLY ONE CAUSE PER LINE FOR		7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• Interval between onset and death
CAUSE STATING THE UNDERLYING CAUSE LAST	PART (a) UDBER	a as tro invite	stinul ble	eding	Hours
CAUSE LAST	DUE TO, OR AS A SE	ONSESTENCE OF			interval between onset and death
/L ₂ /	(b) Stria	tonigral	degeneration	an	: tew years
/ /	DUE TO, OR AS A CO	UNSEQUENCE OF:			interval between onset and death
CAUSE OF	(c) PART OTHER SIGNIFICANT CO	NDITIONS—Conditions contributing to	death but not resulting in the underlying	ng cause given in Part 1. AUTOPSY	Specify WAS CASE REFERRED TO
DEATH	Й			26. NO	Specify WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	ATE OF INJURY (Mo., Day, Yr.) HOUR	OF INJURY DESCRIBE HOW	V INJURY OCCURRED	
\	(Specify)	8b. 28c.	M 28d.		
\ \	INJURY AT WORK P (Specify Yes or No)	LACE OF INJURY—At home, farm, st building, etc. (Spec	reet, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
1 1	2Be. 21	81.	28g.		
1		/ /		!	No. 132778
1	1 CARSES N. 10	STATE REC	GISTRAR		
-					

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

Date Issued:

THUS INVESTIGATE

WARNING: IT IS ILLEGAL TO

State Registrar

0638850

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