

DOC # 0644412  
05/16/2005 08:20 AM Deputy: KLJ  
**OFFICIAL RECORD**  
Requested By:  
U S DEEDS

Assessor's Parcel Number: 1220-24-410-011

Recording Requested By:

Name: Rowe + Hales, LLP

Address: P.O. Box 2080

City/State/Zip Minden, NV 89423

Real Property Transfer Tax: 0

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 5 Fee: 18.00  
BK-0505 PG- 6582 RPTT: 0.00



Certificate of Incumbency, Certificate of  
(Title of Document)  
Trust, Abstract of Trust Powers and Designation  
of Successor Trustees

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

**CERTIFICATE OF INCUMBENCY,  
CERTIFICATE OF TRUST,  
ABSTRACT OF TRUST POWERS  
AND DESIGNATION OF SUCCESSOR TRUSTEES**

I, Venola M. Redwine, hereby declare:

1. That I am a co-trustor and an original co-trustee of the Declaration of Trust dated November 2, 1981 (referred to herein as the "Trust").
2. Murl F. Redwine, also known as Murl Frederick Redwine, was the other original co-trustor and co-trustee of the Trust. Murl F. Redwine died on September 24, 2004, as evidenced by that certain Death Certificate attached hereto as Exhibit A.
3. That pursuant to the terms of the Trust, I am now the incumbent sole trustee and Kay E. Blake and Janet E. Pereira are the successor co-trustees who shall serve in the event I cease to serve as trustee.
4. That the trustee, including without limitation any successor trustee, under the Trust is vested with the powers concerning the management of trust property set forth in the Trust and any powers now or hereafter conferred under the laws of the State of Nevada. The relevant portions of the Trust pertaining to trustee powers is attached hereto as Exhibit B and by reference incorporated herein.
5. That the Trust has not been revoked or amended in such a way as to cause any representation set forth in this document to be incorrect.

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*Prepared by*

**ROWE & HALES, LLP**

P.O. Box 2080, Minden, Nevada, 89423 • Telephone (775) 782-8141

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6. That this document is signed by all those currently acting as trustee under the Trust.

7. That for the purpose of inducing all persons, organizations, corporations and entities including but not limited to any physician, hospital, bank, broker, custodian, insurer, lender, title company, transfer agent, taxing authority, governmental agency, or party to act in reliance upon this Certificate of Incumbency, Certificate of Trust, Abstract of Trust Powers and Designation of Successor Trustees, I hereby represent, warrant and agree that:

(a) If the trust is revoked or amended for any reason, I, my estate, my heirs, successors and assigns will hold any person, organization, corporation or entity (hereinafter referred to in the aggregate as "Person") harmless from any loss suffered, or liability incurred by such Person acting in accordance with the instructions of the trustee acting under the trust agreement or this Certificate of Incumbency, Certificate of Trust, Abstract of Trust Powers and Designation of Successor Trustees prior to the receipt by such Person of actual notice of any such revocation or amendment.

(b) The powers conferred on the trustee by the Trust as set out in this Certificate of Incumbency, Certificate of Trust, Abstract of Trust Powers and Designation of Successor Trustees may be exercised by the trustee alone and the trustee's signature or acts under the authority granted in the trust agreement may be accepted by Persons as fully authorized by me and with the same force and effect as if I was personally present, competent, and acting on my own behalf. Consequently, all acts lawfully done by the trustee hereunder are done with my consent and shall have the same validity and effect as if I was personally present and personally exercised the powers myself, and

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shall inure to the benefit of and bind me and my heirs, assigns and personal representatives.

(c) No Person who acts in reliance upon this Certificate of Incumbency, Certificate of Trust, Abstract of Trust Powers and Designation of Successor Trustees or any representations my trustee may make as to: the fact that the trustee's powers are then in effect, the scope of the trustee's authority granted under the trust agreement, my competency at the time the trust agreement is executed, the fact that the trust agreement has not been revoked, or the fact that the trustee continues to serve as trustee, shall incur any liability to me, my estate, my heirs or assigns for permitting the trustee to exercise any such authority.

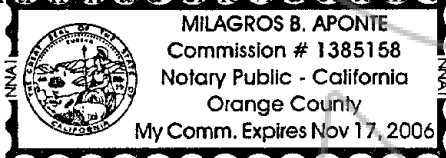
I declare under penalty of perjury that the foregoing statements are true and correct and that the Trust is in full force and effect as of the date of this Certificate of Incumbency, Certificate of Trust, Abstract of Trust Powers and Designation of Successor Trustees.

Dated this 19 day of April, 2005.

Venola M. Redwine  
VENOLA M. REDWINE

STATE OF CALIFORNIA )  
: ss.  
COUNTY OF ORANGE )

On this 19 day of April, 2005, before me, the undersigned, a Notary Public in and for said County and State, personally appeared VENOLA M. REDWINE, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.



Milagros B. Aponte  
NOTARY PUBLIC

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**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF ORANGE**  
**HEALTH CARE AGENCY**  
1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CA 92701

Exhibit A

**CERTIFICATE OF DEATH** 3 2004 30 012760

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
MURL		REDWINE	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
FREDERICK		04/23/1922	
5. AGE Yrs		6. SEX	
82		M	
7. UNDER ONE YEAR		8. HOUR (24 Hours)	
9. MONTH		0945	
10. DAYS		11. DATE OF DEATH mm/dd/yyyy	
09/24/2004		0945	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
OK		8038	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	
8		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		16. YEARS IN OCCUPATION	
WHITE		43	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
BUSINESS OWNER		AUTO PARTS MACHINE SHOP	
20. DECEDENT'S RESIDENCE (Street and number or location)			
581 N. LINCOLN ST.			
21. CITY		22. COUNTY/PROVINCE	
ORANGE		ORANGE	
23. ZIP CODE		24. YEARS IN COUNTY	
92867		62	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		KAY E. BLAKE - DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
1008 LOS ALTOS PL., ORANGE, CA 92869		VENOLA	
29. MIDDLE		30. LAST (Maiden Name)	
MAE		GATES	
31. NAME OF FATHER - FIRST		32. MIDDLE	
THOMAS		ALEXANDER	
33. LAST		34. BIRTH STATE	
REDWINE		MO	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
MAUDE		MAE	
37. LAST (Maiden)		38. BIRTH STATE	
WASSON		AR	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
09/28/2004		FAIRHAVEN MEMORIAL PARK - 1702 FAIRHAVEN AVE., SANTA ANA, CA 92705	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
FAIRHAVEN MORTUARY		FD1313	
45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy	
<i>Mark B Horton</i>		09/28/2004	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
RESIDENCE - DAUGHTER		<input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice	
104. COUNTY		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
ORANGE		<input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
1008 LOS ALTOS PL.		ORANGE	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous/arterial fibrillation without showing the etiology. DO NOT ABBREVIATE.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		MINUTES	
(A) → CARDIOPULMONARY ARREST		04-06455-K1	
(B) STROKE		109. BIOPSY PERFORMED?	
(C) CORONARY ARTERY DISEASE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
(D) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(E) YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
LUNG CANCER, DISSEMINATED CARCINOMATOSIS OF LEFT CHEST			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)			
VATS BIOPSY, DECORTICATION OF LEFT CHEST 08/08/2004, CABG 02/29/2004			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since Decedent Last Seen Alive		<i>B.C. Palfox</i> M.D.	
(A) mm/dd/yyyy		116. LICENSE NUMBER	
10/05/2001		G33498	
(B) mm/dd/yyyy		117. DATE mm/dd/yyyy	
09/18/2004		09/27/2004	
118. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE		119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED	
BRIAN A. PALAFOX, M.D.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
1310 W. STEWART DR. #503, ORANGE, CA 92868		120. INJURED AT WORK?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER			
<i>[Signature]</i>			
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
		HEALTH OFFICER	
		ORANGE COUNTY, CALIFORNIA	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		5469A	
		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

OCT 02 2004



STATE OF CALIFORNIA }  
COUNTY OF ORANGE } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

*Mark B Horton*  
MARK B. HORTON, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA



This copy not valid unless prepared on



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05/16/2005