

OFFICIAL RECORD

Requested By:

RACHELLE J NICOLLE

APN: 1320-33-810-016

**RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DEED TO:**

Rachelle J. Nicolle Ltd.
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0409 PG- 967 RPTT: 0.00



MAIL TAX STATEMENTS TO GRANTEE:

Sara A. Maul, Trustee
1190 Chisholm Trail
Gardnerville, NV 89460

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

CERTIFICATION of TRUST

Following the Incapacity of Original Grantor and Original Co-Trustee and Service of Sole Remaining Original Co-Trustee

I, SARA A. MAUL, hereby declare:

1. The present Trustee is SARA A. MAUL.
2. This Certification of Trust refers to the HODGKINS FAMILY TRUST U/D/T NOVEMBER 3, 2004, ("Trust") under a revocable trust agreement executed by BARBARA D. HODGKINS as Grantor.
3. The first Trustees of the Trust were BARBARA D. HODGKINS and SARA A. MAUL.
4. The terms of Article I of the Trust, empower me, SARA A. MAUL (the Grantor's daughter), to act as sole remaining Trustee for the Trust in the event of the disability or death of BARBARA D. HODGKINS.
5. I declare under penalty of perjury as follows: BARBARA D. HODGKINS is no longer capable of acting as Trustee. BARBARA D. HODGKINS has become substantially unable to manage her financial affairs or resist undue influence due to dementia. This is proven by my affirmation concerning this issue herein and by the attached certification by a licensed physician in the State of Nevada, namely Dr. Steven Brown, declaring that BARBARA D. HODGKINS has become substantially unable to manage her financial affairs and is no longer able to resist undue influence due to mental and/or physical infirmity.
6. I hereby affirm my incumbency as the sole remaining original Trustee and declare my intention to act as the current Trustee of the Trust since Barbara D. Hodgkins is unable to serve.

7. This is a Social Security Number Trust under the Social Security Number of BARBARA D. HODGKINS.
8. The assets held under this Trust are to be held under the following title:
Sara A. Maul, Trustee,
Hodgkins Family Trust U/D/T 11/3/2004
9. Correspondence should be directed to:
Sara A. Maul, Trustee,
Hodgkins Family Trust U/D/T 11/3/2004
1190 Chisholm Trail
Gardnerville, NV 89460
10. When SARA A. MAUL is no longer serving as Trustee, the first successor Trustee is Richard G. Maul, and the second successor Trustee is Francis I. "Butch" Hodgkins III.
11. BARBARA D. HODGKINS is the named Grantor and Co-Trustee in that certain Grant Deed, granting to BARBARA D. HODGKINS and SARA A. MAUL, Trustees, and subsequent Trustees of the HODGKINS FAMILY TRUST U/D/T NOVEMBER 3, 2004 all right, title and interest in the real property commonly known as 1408 Aldersgate Ct., Gardnerville, NV 89410, located in the County of Douglas, State of Nevada and more particularly described as:

Lot 66, Block L, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, and further amended by Certification of Amendment recorded July 17, 2001 as Document No. 518480, Official Records.

Assessment Parcel Number: 1320-33-810-016
12. As the sole Trustee, I hereby declare that I have all powers enumerated in the Uniform Trusts Act, including the power to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interest in real and personal property in the name of the Trust.
13. The HODGKINS FAMILY TRUST U/D/T NOVEMBER 3, 2004 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.

14. No person or entity paying money to or delivering property to the Trustee(s) shall be required to see to its application. All persons relying on this document regarding the Trustee(s) and their powers over Trust property shall be held harmless for any resulting loss or liability from such reliance. A copy of this Certificate of Trust shall be just as valid as the original.

IN WITNESS WHEREOF and intending to be legally bound hereby, I certify that the statements contained in this Certification of Trust are true and correct and that it was executed on March 23, 2009.



SARA A. MAUL, Trustee

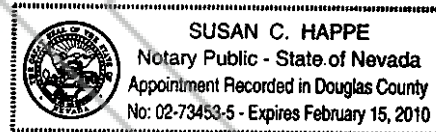
JURAT

State of Nevada)

County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me on March 23, 2009, by SARA A. MAUL.

Signature Susan C. Happe
Notary Public



CERTIFICATE OF PHYSICIAN

RE: BARBARA D. HODGKINS

I, **DR. MIKAL RAHMAN**, declare as follows:

1. I am a medical doctor licensed to practice medicine in the State of Nevada.
2. I am acquainted with BARBARA D. HODGKINS and I am her physician.
3. BARBARA D. HODGKINS has become substantially unable to manage her financial affairs and is no longer able to resist undue influence or to discharge her duties of Trustee of her trust because of mental and physical infirmity.
4. BARBARA D. HODGKINS is mentally incapable of managing her personal affairs or providing for her own care.
5. BARBARA D. HODGKINS is also incapacitated or mentally incapable of handling her non-trust business affairs for purposes of her Durable Power of Attorney.
6. BARBARA D. HODGKINS is incapable of giving informed consent with respect to healthcare decisions.
7. I am not related to the Grantor or beneficiaries of the HODGKINS FAMILY TRUST U/D/T 11/3/2004.

I certify and declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: 3/24/09

Mikal Rahman M.D.
 Mikal Rahman, M.D.
 Job's Peak
 1520 Virginia Ranch Rd.
 Gardnerville, NV 89410

JURAT

State of Nevada
 County of Douglas
 Signed and sworn to (or affirmed) before me on

3/24/2009, by Mittal H. Rahman

Susan C. Happe
 Notary Public

