

Mail Tax Statements and  
When Recorded Mail To:

✓ GORDON KEITH CLARE  
3825 Zeolite Circle  
Wellington, NV 89444

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 33 Fee: 46.00  
BK-0810 PG- 4314 RPTT: 0.00



NOTICE OF INCAPACITY OF TRUSTOR, NOTICE OF APPOINTMENT OF  
SUCCESSOR TRUSTEE, AND TRUSTEE'S CERTIFICATE OF TRUST

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF DOUGLAS        )

The undersigned, GORDON KEITH CLARE being first duly sworn state as follows:

PURSUANT TO NRS CHAPTER 164, the CLARE FAMILY TRUST, which was established on the 22<sup>nd</sup> day of February, 2007.

1. The Trust was established by the following Grantors:

Names: GORDON KEITH CLARE and MARY JEAN CLARE

Address: 3825 Zeolite Circle, Wellington, NV 89444

Pursuant to the letter completed by Dr. Doyle (Exhibit 1), and to the Physician's Certificate completed by Lindell Bradley, M.D. (Exhibit 2), it has been determined that MARY JEAN CLARE does not have the capacity to act as Trustee of her Trust; and pursuant to the CLARE FAMILY TRUST AGREEMENT dated February 22, 2007, Section Five, paragraph D., which states, "Whenever two licensed, practicing medical doctors

who are not related by blood or marriage to either Trustor or to any beneficiary or Trustee of this trust certify in writing that a person serving as Trustee cannot discharge the duties of Trustee because of mental or physical infirmity and the certificates are personally served upon that person, then the office of that person shall be deemed vacated and the alternate Trustee provisions under this Section Five shall apply".

(b) The present acting Trustee is:

Names: GORDON KEITH CLARE

Address: 3825 Zeolite Circle, Wellington, NV 89444

Under the terms of the Trust, GORDON KEITH CLARE, of Wellington, Nevada, assumes the appointment as Sole Trustee.

3. That the Trustee of said Trust has the following powers, those provided by NRS 163.260 through 163.410 and those powers set forth in Paragraph 4 below.

4. ADDITIONAL POWERS OF TRUSTEE

SEE EXHIBIT 3.

5. Person or persons dealing with the Trustees are expressly exonerated from any duty to inquire and to any further authority or power of the Trustees or to see to the application of money or property delivered to the Trustees, the Trustees are not authorized to furnish copies of the

Trust to any person except as may be required by order of the Court having jurisdiction of the Trust or Trustees, or as required by law, or upon express written permission.

6. That GORDON KEITH CLARE is named Sole Trustee to assume the responsibilities of Trustee. The Sole Trustee shall have the same powers and duties of the Trustee replaced, but shall not be liable for any acts of the previous Trustee.

7. This Trust is funded and is in full force and effect as of the date of our signing of this Affidavit.

8. The Trust was revocable during the life of both Grantors. Upon the death of the first Grantor, the surviving Grantor could have revoked the survivor's Trust, which was created on the death of the first Grantor, but all other Trusts such as a Marital Trust, Contingent Trust, Exemption Trust and Residuary Trust may not be revoked, amended or terminated. The Survivor's Trust was not revoked.

9. The current Tax ID Number is available by contacting the Trustee.

10. Assets of the Trust should now be titled as follows:

GORDON KEITH CLARE, Successor Trustee of the CLARE FAMILY TRUST AGREEMENT, dated February 22, 2007

11. The Trust has not been revoked or amended in such a manner as to make any representations contained in this Certificate incorrect.

12. The signature at the bottom of this Certificate is that of the currently acting Trustee.

DATED this 11 day of August, 2010.

TRUSTEE:

Gordon Keith Clare  
GORDON KEITH CLARE

STATE OF NEVADA )  
                          ) ss.  
COUNTY OF WASHOE )

On this 11 day of August, 2010, before me, Heather A. Harper, a Notary Public in and for said state, personally appeared GORDON KEITH CLARE, personally known to me to be the person who executed the above instrument, and acknowledged to me that he executed the same for purposes stated therein.

Heather A. Harper  
NOTARY PUBLIC in and for said County and State.





The property is held by Trustees of this Trust and which is subject to this Certificate of Trust is described as:

SEE EXHIBIT "4" ATTACHED, IF ANY

COPY

**INDEX OF EXHIBITS**

<u>Exhibit No.</u>	<u>Description</u>	<u>No. of Pages</u>
1	The Physician's Certificate from Dr. Doyle	5
2	Physician's Certificate from Dr. Bradley	8
3	Trustee's Powers	10
4	Legal Description of 3825 Zeolite Circle, Wellington, NV 89444	2
5	Affidavit of Service	2

COPY



COPY

**Exhibit "1"**

**PHYSICIAN'S CERTIFICATE WITH NEEDS ASSESSMENT**

(Please print clearly or type)

I, TIMOTHY DOYLE, M.D., am a physician licensed to practice in the State of Nevada.  
Physician's Full Name

**SECTION I**

I examined CLARE, MARY, an adult, on 4-12-10.  
Patient's Full Name Date of Exam

This adult patient suffers from (Diagnosis): DEMENTIA

which is a  Permanent  Temporary condition.

I certify that this adult patient is unable to respond (check all that apply; at least one must be provided):

- To a substantial and immediate risk of physical harm.
- To an immediate need for medical attention.
- To a substantial and immediate risk of financial loss.

Describe immediate risk or need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attached hereto is (check all that apply; at least one must be provided):

- A copy of my report of the above exam which includes my findings, opinion and diagnosis regarding the patient and his/her mental condition and/or capacity.
- A copy of the patient's chart notes which support and/or detail my findings, opinion and diagnosis regarding the patient and his/her mental condition and/or capacity.
- A letter, signed by me, detailing my findings, opinion and diagnosis regarding the patient and his/her mental condition and/or capacity.



**SECTION II**

My opinion of the patient's mental capacity and/or ability to function independently without the assistance of others is four

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My opinion as to the patient's risk of harm and need for supervision is as follows:

The patient's risk of harm to self is:

- Mild
  Moderate
  Severe

The patient's risk of harm to others is:

- Mild
  Moderate
  Severe

The patient's level of needed supervision is as follows:

- Locked Facility
  24 hour supervision  
 Independent living with some supervision
  No supervision  
 No supervision when taking medications

**SECTION III**

My opinion as to the patient's everyday functions is as follows:

- | 1. Independent           | 2. Needs Support         | 3. Needs Assistance                 | 4. Total Care                       |
|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Care of Self (Activities of Daily Living (ADLs) and related activities**

- Maintain adequate hygiene, including bathing, dressing, toileting, dental  
 Prepare meals and eat for adequate nutrition  
 Identify abuse or neglect and protect self from harm

**Financial (If appropriate note dollar limits)**

- Manage and use checks, deposit, withdraw, dispose, invest monetary assets  
 Enter into a contract, financial commitment, or lease arrangement  
 Employ persons to advise or assist him/her  
 Resist exploitation, coercion, undue influence

- Medical**
- Give/Withhold medical consent
  - Admit self to health facility
  - Make or change an advance directive
  - Manage medications
  - Contact help if ill or in medical emergency

- Home and Community Life**
- Choose./Establish abode
  - Maintain reasonably safe and clean shelter
  - Drive or use public transportation
  - Make and communicate choices about roommates
  - Avoid environmental dangers such as stove, poisons, and obtain emergency help

**SECTION IV**

My opinion as to the patient's need for a guardian is as follows:

- The patient does not need a guardian;
- The patient needs a guardian of the person only to supervise the taking of medications;
- The patient needs a guardian of the person and estate to make placement, medical and financial decisions;
- If a guardian is appointed, patient requested that \_\_\_\_\_ be appointed to serve as patient's guardian;
- Discussing need for guardianship with patient would be detrimental to patient's mental health.

The patient should \_\_\_\_\_ or should not  be required to attend a hearing on the petition for guardianship. If the patient should not, please explain.

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The patient would comprehend the reason for a court hearing in a guardianship.  
 Yes  No

The patient could contribute to a guardianship proceeding initiated by another to be appointed the patient's guardian.  Yes  No

**SECTION V**

I informed the patient of the patient's right to an attorney in the guardianship proceedings.     Yes     No

- Patient has requested appointment of an attorney.
- Patient would not comprehend the need for attorney representation.
- Discussing the need for attorney representation with patient would be detrimental to patient's mental health.
- If a guardian is appointed, patient requested that \_\_\_\_\_ be appointed to serve as patient's guardian;
- Discussing need for guardianship with patient would be detrimental to patient's mental health.

Response of patient: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV**

Your patient has a revocable trust. In your opinion does the patient have the capacity to manage his/her financial affairs?     Yes     No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4-12-10

  
\_\_\_\_\_  
Signature

Address 923 MOUNTAIN ST.

CARSON CITY, NV 89703

COPY

Exhibit "2"



**PHYSICIAN'S CERTIFICATE WITH NEEDS ASSESSMENT**  
(Please print clearly or type)

I, Undell Bradley, am a physician licensed to practice in the State of Nevada.  
Physician's Full Name

**SECTION I**

I examined Mary Clare, an adult, on 1/6/10.  
Patient's Full Name Date of Exam

This adult patient suffers from (Diagnosis): ALZHEIMER'S D Behavioral Disturbance

which is a  Permanent  Temporary condition.

I certify that this adult patient is unable to respond (check all that apply; at least one must be provided):

- To a substantial and immediate risk of physical harm.
- To an immediate need for medical attention.
- To a substantial and immediate risk of financial loss.

Describe immediate risk or need: The patient needs nursing home care and may not be able to access medicaid to pay for the care if a guardian is not appointed to do medicaid planning. Other:

Attached hereto is (check all that apply; at least one must be provided):

- A copy of my report of the above exam which includes my findings, opinion and diagnosis regarding the patient and his/her mental condition and/or capacity.
- A copy of the patient's chart notes which support and/or detail my findings, opinion and diagnosis regarding the patient and his/her mental condition and/or capacity. Psychiatric Evaluation
- A letter, signed by me, detailing my findings, opinion and diagnosis



regarding the patient and his/her mental condition and/or capacity.

**SECTION II**

My opinion of the patient's mental capacity and/or ability to function independently without the assistance of others is poor

My opinion as to the patient's risk of harm and need for supervision is as follows:

The patient's risk of harm to self is:

- Mild
- Moderate
- Severe

The patient's risk of harm to others is:

- Mild
- Moderate
- Severe

The patient's level of needed supervision is as follows:

- Locked Facility - ECF
- Independent living with some supervision
- No supervision when taking medications
- 24 hour supervision
- No supervision

**SECTION III**

My opinion as to the patient's everyday functions is as follows:

- |                          |                          |                                     |                                     |
|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 1. Independent           | 2. Needs Support         | 3. Needs Assistance                 | 4. Total Care                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Care of Self (Activities of Daily Living (ADLs) and related activities)**

- Maintain adequate hygiene, including bathing, dressing, toileting, dental
- Prepare meals and eat for adequate nutrition
- Identify abuse or neglect and protect self from harm

**Financial (If appropriate note dollar limits)**

- Manage and use checks, deposit, withdraw, dispose, invest monetary assets
- Enter into a contract, financial commitment, or lease arrangement



- Employ persons to advise or assist him/her
- Resist exploitation, coercion, undue influence

**Medical**

- Give/Withhold medical consent
- Admit self to health facility
- Make or change an advance directive
- Manage medications
- Contact help if ill or in medical emergency

**Home and Community Life**

- Choose/Establish abode
- Maintain reasonably safe and clean shelter
- Drive or use public transportation
- Make and communicate choices about roommates
- Avoid environmental dangers such as stove, poisons, and obtain emergency help

**SECTION IV**

My opinion as to the patient's need for a guardian is as follows:

- The patient does not need a guardian;
- The patient needs a guardian of the person only to supervise the taking of medications;
- The patient needs a guardian of the person and estate to make placement, medical and financial decisions;
- If a guardian is appointed, patient requested that \_\_\_\_\_ be appointed to serve as patient's guardian;
- Discussing need for guardianship with patient would be detrimental to patient's mental health.

The patient should \_\_\_\_\_ or should not  be required to attend a hearing on the petition for guardianship. If the patient should not, please explain.

*She will not understand hearing, and may be emotionally upsetting to her*

The patient would comprehend the reason for a court hearing in a guardianship.  
 Yes  No

The patient could contribute to a guardianship proceeding initiated by another to be



appointed the patient's guardian.  Yes  No *N/A*

**SECTION V**

I informed the patient of the patient's right to an attorney in the guardianship proceedings.  Yes  No

- Patient has requested appointment of an attorney.
- Patient would not comprehend the need for attorney representation.
- Discussing the need for attorney representation with patient would be detrimental to patient's mental health.
- If a guardian is appointed, patient requested that \_\_\_\_\_ be appointed to serve as patient's guardian;
- Discussing need for guardianship with patient would be detrimental to patient's mental health.

Response of patient: "I'll talk to my husband"

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11

*[Signature]*  
Signature

Address \_\_\_\_\_



# Clinical Results

# Northern Nevada Medical Center

Results from Earliest Available to 01/06/2010 23:59

<b>Name: CLARE, MARY</b> <b>Admission Date: 12/23/2009 13:30</b> <b>Med. Record No.: 563359</b> <b>Visit No.: 44865459</b> <b>Attending Phys.: BRADLEY, LINDELL P</b> <b>Allergies: No known allergies</b>	<b>D.O.B.: 08/29/1922</b> <b>Age: 87 y</b> <b>Gender: Female</b> <b>Location: 4GP</b> <b>Room/Bed: 416-01</b>
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	Most Recent				Oldest	
Collected/Performed: 12/24/2009 14:01-12/24/2009 14:01	Thu 12/24/09 14:01					Reference Range
<b>Transcription</b> PSYCH EVAL	Note 1					

**Note 1:**  
 NORTHERN NEVADA MEDICAL CENTER  
 2375 EAST PRATER WAY  
 SPARKS, NV 89434  
 (775) 331-7000

DATE OF SERVICE: 12/24/2009

The patient is an 87-year-old female admitted from home. She has a diagnosis of dementia. She has become increasingly angry, irritable and assaultive towards her husband.

On evaluation, the patient is alert, cooperative with evaluation. She complains of very poor memory, although she is not aware of her diagnosis of dementia. She says that she has been increasingly dysphonic and angry. She describes "blowing up." She is not able to describe specific stressors which trigger her anger. She acknowledges that this is directed at her husband. She denies any physical assaultiveness which per her collateral history has been occurring. She denies paranoia, but no delusions or hallucinations expressed or elicited. No suicidal or homicidal ideation. She says that her appetite is fair. She denies anhedonia, hopelessness, but describes increasing anxiety and worry primarily about her health and her future. She makes repeated references to her concern that her husband may die and that she is incapable of living by herself.

**COGNITIVE EVALUATION:**  
 She is oriented to place, knows she is in the hospital but does not know why, she did not tell me when she arrived here. She knows the year and the month. She is unable to recall the names of medications, however, she is able to recall that she is taking Celexa when I mention it to her. She says that she does not feel it has been helpful to her to date. She can recall 1 out of 3 objects at 5 minutes, additional object category prompt. She is not able to describe medical history in required manner. She scores 24/30 on the mini-mental status exam. She shows impaired complex comprehension. Constructional tasks are impaired. Thought process is well directed.

**PAST PSYCHIATRIC HISTORY:**  
 She describes a long history of anxiety, but she is not able to characterize this in any kind of detail for me. She denies prior diagnosis or treatment to psychiatric illness, but when I discuss with her the Celexa she is taking she says that she remembers that she was taking "something or other." She does not feel it has been helpful to her with regards to depression, anxiety or anger.

**ALCOHOL AND DRUG HISTORY:**

Visit No.: 44865459

CLARE, MARY

The patient denies history of drug, alcohol abuse. For collateral history from the husband, the patient has a history of alcohol dependence and prescription drug abuse. She was in a state hospital for 6 months for treatment for alcohol dependence. I do not have information as to when this occurred. The patient tells me she has not used alcohol for several years. She denies tobacco use.

**LABS:**

Ammonia level 12, sedimentation rate 5, Thyroid panel: TSH 2.2, free T4 1. Vitamin B12 705. CBC: WBCs 9.7, hemoglobin 14.7, hematocrit 44.8. Chemistry: Sodium 143, potassium slightly low at 3.4. BUN high at 34, creatinine 1.2. AST slightly high at 38, ALT 33. Total bilirubin high at 1.5, indirect bilirubin 1.3.

At time of admission blood pressure 142/82. Patient afebrile. Pulse ox on room 97%.

**MEDICATIONS AT TIME OF ADMISSION:**

Celexa 40 mg p.o. q.a.m., Lipitor, Rozerem 8 mg q.h.s., per patient history, this has not been effective for insomnia, and Levaquin 500 mg once a day. The patient is not able to tell me why she is on Levaquin. Last dose scheduled for 12/23 on day of admission.

**ALLERGIES:**

No known drug allergies.

**MEDICAL HISTORY:**

History of dementia as noted. Recent urinary tract infection. Patient is concluding a course of Levaquin.

**CHILDHOOD HISTORY:**

The patient tells me that she grew up in a small town in Pennsylvania, raised by her biologic parents. Per her collateral history, she was born in Pittsburgh. She had three older brothers, one of whom is known to have had a diagnosis of dementia.

**MARRIAGE AND CHILDREN:**

Married x1 to her current husband of 59 years. They have two daughters and a son.

**EDUCATION:**

She tells me she graduated from high school and completed a year of business college.

**EMPLOYMENT HISTORY:**

Worked as a secretary and other office work.

**DIAGNOSIS:**

AXIS I: 1. Dementia, probable Alzheimer's type with behavioral disturbance and depression.

1. Alcohol dependence, chronic, in remission.

AXIS II: Deferred.

AXIS III: See medical history dictated above.

AXIS IV: Severe stressors, medical neurologic illness.

AXIS V: GIF currently of 25.

**PLAN:**

Admit patient to neuropsychiatry, medical psychiatric evaluation, laboratory evaluation. I will begin a trial of taper of Celexa and try different antidepressant medication, given the apparent lack of efficacy of the Celexa to date. Will switch the patient over to a trial of Zoloft. Will begin Depakote at night to help the patient's mood, lability, anger, agitation, assaultiveness and complaints of insomnia. Will provide p.r.n. medications indicated. Will provide additional evaluations and additional therapies as indicated.

Lindell P. Bradley, M.D.

CLARE, MARY

Visit No.: 44865459

Viewed/Printed on:  
01/06/2010 13:59

This is a summary report for your convenience and not a permanent part of the medical record. Please refer to the medical record for a complete report.

Page 2 of 3



Visit No.: 44865459

CLARE, MARY

LPB/MEDQ DD: 12/24/2009 14:01:01 DT: 12/24/2009 14:50:25  
Unique ID#: 400659854 Job # 446803

PATIENT: CLARE, MARY MR#: 563358  
ATTENDING: Lindell P. Bradley, M.D. ACCT#: 44865459  
ADMITTING: Lindell P. Bradley, M.D. RM #: 418  
ADMIT DATE: 12/23/2009  
EVALUATION DATE: 12/24/2009

PSYCHIATRIC EVALUATION

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**End of Report for CLARE, MARY**

**COPY**

Visit No.: 44865459

CLARE, MARY

Viewed/Printed on:  
01/06/2010 13:59

*This is a summary report for your convenience and not a permanent part of the medical record. Please refer to the medical record for a complete report.*

COPY

Exhibit "3"

Section Eleven  
POWER OF TRUSTEES

A. INVESTMENT DURING JOINT LIVES OF TRUSTORS. During the joint lives of Trustors, the Trustees are authorized to retain in the trusts provided for in this agreement, for so long as the Trustees may deem advisable and in the best interests of such trusts, any property received by Trustees from Trustors, or either of them. After the death of the first Trustor between GORDON KEITH CLARE and MARY JEAN

CLARE to die, the Trustees are authorized to retain and maintain the family residence, or suitable replacement, together with furnishings and personal possessions for so long as the Surviving Trustor occupies and uses the same.

(1) Retention of Property. To hold and retain for such time as the Trustees deem advisable and prudent, any property received into this Trust at its inception or subsequently added thereto or acquired pursuant to proper authority; to retain or acquire unproductive assets which the Trustees deem advisable and prudent, as Trustors, or the survivor of them, may direct or approve.

(2) Management Powers. To manage and control the trust estate and to encumber, sell (for cash or on deferred payments), convey, exchange, partition, divide, improve, and repair trust property or otherwise dispose of any of the trust property; to grant options; to lease trust property for any purpose and for terms within or extending beyond the duration of this Trust, including exploration for the removal of gas, oil and other minerals; and to enter into community oil leases, pooling, and utilization agreements; to create restrictions, easements, and other servitudes.

(3) Insurance. To carry insurance of such kinds and in such amounts as the Trustees may deem advisable and prudent, at the expense of the Trust, in order to protect the trust estate and the Trustees personally against any risk or hazard.

(4) Operation of Business. To continue the operation of any business lawfully received into the Trust, whether organized as a sole proprietorship, partnership, limited liability company or corporation; to do and perform all acts that Trustees deem advisable and prudent in the operation of such business; and to dissolve, liquidate or

sell such business at such time and on such terms as Trustees deem advisable and prudent.

(5) Investment Powers. To invest and reinvest the trust estate in every kind of property, real, personal or mixed, and every kind of investment, specifically including, but not being limited to, corporate obligations of every kind, stocks, preferred or common, shares of investment trusts, investment companies, certificates of deposit, bonds, and/or mutual funds, that men or women of prudence, discretion and intelligence acquire for their own account, including any common trust fund administered by the successor Trustees. The investments need not be diversified.

(6) Securities. To acquire, register or qualify for exemption from registration, and to sell any securities (including options, whether "puts" or "calls") or other property held under the Trust in the name of Trustees or in the name of a nominee with or without the addition of words indicating that such securities or other property are held in a fiduciary capacity, and to hold in bearer form any securities or other property held hereunder so that title thereto will pass by delivery; however, the books and records of Trustees shall show that all such investments are part of the Trust; and to enter into short sales of securities. To have all the rights, powers and privileges of an owner with respect to the securities held in trust including, but not limited to, the power to vote, give proxies and pay assessments; to participate in voting trusts, pooling agreements, foreclosures, reorganizations, consolidations, mergers and liquidations, and incident to such participation to deposit securities with and transfer title to any protective or other committee on such terms as the Trustees may deem advisable; and to exercise and sell stock subscription or conversion rights.

(7) Litigate or Compromise Claims. To commence or defend, at the expense of the Trust, such litigation with respect to the Trust or any property of the trust estate as the Trustees may deem advisable or prudent; to compromise or otherwise adjust any claims or litigation against or in favor of the trust.

(8) Loans of Trust Assets. To make secured loans in such amounts, upon such terms, at such rates of interest and on such security as Trustees deem prudent, provided such secured loans are properly in writing; to purchase a holder's interest in a secured promissory note and the security therefor at such discount as Trustees shall deem prudent, taking into account the terms thereof, the rate of interest and the nature of the security.

(9) Borrow Money. To borrow money for any trust purpose upon such terms and conditions as the Trustees may deem proper, and to obligate the trust estate for repayment; to encumber the trust estate or its property by mortgage, deed of trust, pledge or otherwise, using such procedure to consummate the transaction as the Trustees may deem advisable. The power of the Trustees to borrow shall include the power to borrow money on behalf of one trust from any other trust provided for in this Trust Agreement, and to obligate the trusts, or any of them, provided for in this Trust Agreement to repay such borrowed money.

(10) Income v. Principal. To determine what is principal or income of the trust estate and apportion and allocate such principal or income in accordance with the provisions of the applicable statutes of the State of Nevada as they may now exist and may from time to time be enacted, amended or repealed; any such matter not provided



for either in this instrument or under the laws of the State of Nevada shall be determined by the Trustees in accordance with accepted accounting practices.

(11) Advance Money. To loan or advance the Trustees' own funds to the Trust for any trust purpose, with interest at current rates; to receive security for such loans in the form of a mortgage, pledge, deed of trust or other encumbrance of any assets of the Trust; to purchase assets of the Trust at their fair market value as determined by an independent appraisal of those assets; and to sell property to the trust at a price not in excess of its fair market value as determined by an independent appraisal.

(12) Transactions With Trustors and Beneficiaries. To purchase, at fair market value, securities or other property from, or otherwise contract with Trustors, or either of them, the beneficiaries under the Trust or any of the respective trusts and shares herein created, or the legal representatives of their respective estates, and to make secured or unsecured loans to Trustors, either of them, beneficiaries hereunder or the legal representatives of their respective estates, in such amounts, upon such terms, at such rates of interest and on such security as Trustees deem advisable and prudent.

(13) Distribution of Assets. To partition, allot and distribute the trust estate, regarding any division or partial or final distribution of the trust estate, in money, undivided interests or in kind or partly in money and partly in kind, at valuations determined by the Trustees, and to sell such property as the Trustees may deem necessary to make any division or distribution. In making any division or partial or final distribution of the trust estate, the Trustees shall be under no obligation to make a pro

rata division, or to distribute the same assets to beneficiaries similarly situated; rather, the Trustees may, in their discretion, make a non-pro rata division between the trusts or shares and non-pro rata distributions to such beneficiaries, as long as the total respective assets allocated to separate trusts or shares, or distributed to such beneficiaries, have equivalent or proportionate fair market value. After any division of the trust estate, Trustees may make joint investments with funds from some or all of the several shares or trusts, but Trustees shall keep a separate account for each share or trust.

(14) Distributions to Beneficiaries. To make distributions hereunder directly to any beneficiary, to the guardian of such beneficiary's person or estate or to any other person deemed suitable by Trustees for the benefit of a beneficiary, or by direct payment of such beneficiary's expenses.

(15) Tax Liabilities. To take any action and to make any election which, in the Trustees' discretion, is necessary to minimize the tax liabilities of the Trust and its beneficiaries, and the Trustees shall have the power to allocate any resulting benefits among the various beneficiaries or to otherwise make adjustments in the rights of any beneficiary as may be necessary to compensate for the consequences of any such action or election which the Trustees in their discretion determine could result in an unfair advantage to one beneficiary or group of beneficiaries over others.

(16) Administration Expenses. To pay all taxes, assessments, fees, charges and other expenses incurred in the administration of the Trust and the respective trusts and shares herein created, and to employ and pay reasonable compensation to agents and counsel, including investment counsel. Notwithstanding

any other provision of this Trust Agreement, all taxes, assessments, fees, charges and other expenses incurred by the Trustees in the administration or protection of the Trust, including the compensation allowed by any court to the Trustees for their services hereunder, shall be a charge upon the trust estate and shall be paid by the Trustees out of the income therefrom, or in the event and to the extent that the income may be insufficient, then out of the principal of the trust estate, prior to final distribution of the trust property. The determination of the Trustees with respect to all such matters shall be conclusive upon all persons howsoever interested in the Trust.

(17) Expense of Last Illness. To pay the expense of the last illness, funeral and burial of each Trustor and the estate, inheritance, succession and other death taxes, including any interest and/or penalties thereon, imposed under the laws of any jurisdiction by reason of the death of either Trustor or with respect to the transfer or receipt of any property passing or which has passed under or outside of the Trust, regardless of whether the same is included in the estate of a deceased Trustor.

(18) Retention of Professionals. To retain such advisors, agents and counsel, including legal, tax and/or investment counsel, as Trustees deem advisable, and to make recommendations to Trustees and to assist Trustees in exercising the powers granted to Trustees pursuant to this Trust Agreement. Such advisors, agents or counsel shall be appointed or removed by Trustees by written instrument, signed and acknowledged by Trustees and delivered to the advisors, agents or counsel so appointed or removed. The Trustees shall pay a reasonable compensation for all services performed by such advisors, agents or counsel as a cost of administration of

the Trust and such payments shall not affect the compensation to which Trustees shall be entitled.

(19) Funds on Deposit. To hold funds on deposit in one or more accounts, with various financial institutions or brokerage companies, and in such form of account, whether or not interest bearing, as Trustees may deem advisable and prudent, without regard to the amount of any such deposit or whether it would otherwise be a suitable investment for funds of the Trust.

(20) Safe Deposit Boxes. To open and maintain safe deposit boxes in the name of Trustees.

(21) Power to Terminate Trust. If any trust created herein has at any time, in the opinion of the Trustees, reached a point where it is not economically feasible to continue, the Trustees may, in their discretion but are not required to, terminate such trust and, regardless of the age of the beneficiaries thereof, distribute the principal and any accrued or undistributed net income thereof to such beneficiaries, or to their guardian or other fiduciary.

(22) Release/Restriction of Powers. To release or restrict the scope of any power that the Trustees may hold in connection with the Trust, whether such power is expressly granted herein or implied by law. The Trustees shall exercise this power in a written instrument executed by the Trustees specifying the power to be released or restricted and the nature of the restriction.

B. Powers Not Limited. The enumeration of the powers set forth in this Article shall not limit the general or implied powers of Trustees. No exercise of any power granted to Trustees shall operate to increase the estate tax or income tax liability

of this Trust nor any of the separate trusts or shares herein created. Trustees shall have such additional powers as are now or may hereafter be conferred upon Trustees by law necessary to administer and carry out the express and implied purposes of this Trust, as well as the respective trusts and shares herein created, subject only to any limitations expressly provided herein. In no event shall this paragraph be construed as giving Trustees the authority to possess a power which will cause the Trust, or any beneficiary herein, to incur any additional tax liability.

C O R P

COPY

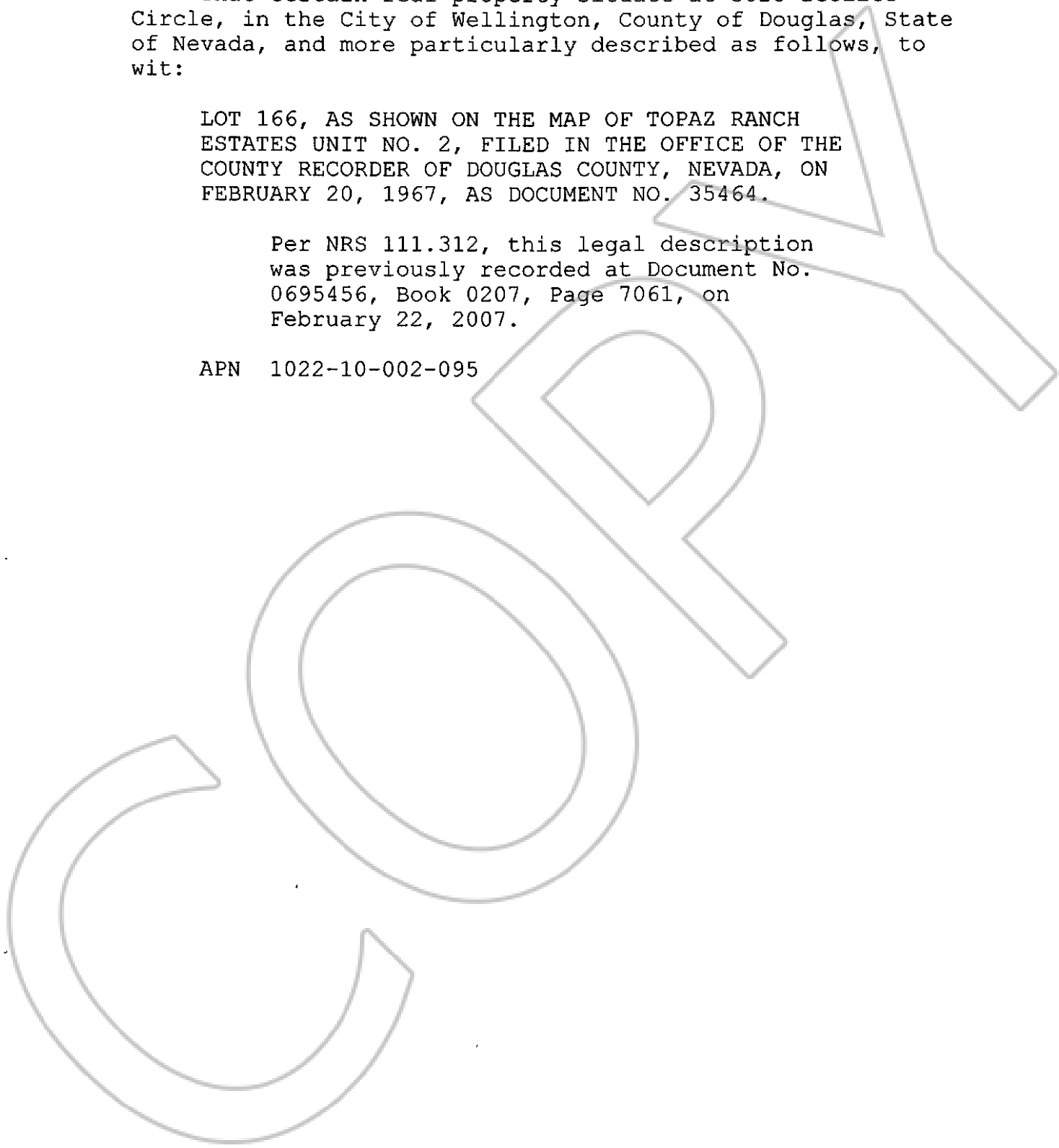
Exhibit "4"

That certain real property situate at 3825 Zeolite Circle, in the City of Wellington, County of Douglas, State of Nevada, and more particularly described as follows, to wit:

LOT 166, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 20, 1967, AS DOCUMENT NO. 35464.

Per NRS 111.312, this legal description was previously recorded at Document No. 0695456, Book 0207, Page 7061, on February 22, 2007.

APN 1022-10-002-095





COPY

**Exhibit "5"**



**AFFIDAVIT OF SERVICE**

STATE OF NEVADA        )  
                                  )    ss.  
COUNTY OF DOUGLAS    )

HEATHER A. HARPER, hereby swears under penalty of perjury that the assertions of this Affidavit are true and deposes and says:

That affiant is a citizen of the United States, over 18 years of age, and that affiant received a copy of the NOTICE OF INCAPACITY OF TRUSTOR, NOTICE OF APPOINTMENT OF SUCCESSOR TRUSTEE, AND TRUSTEE'S CERTIFICATE OF TRUST, on the 12<sup>th</sup> day of August, 2010, and personally served MARY JEAN CLARE, by delivering a copy of the said document(s) to said person at Evergreen Gardnerville, 1565 Virginia Ranch Road, Gardnerville, Nevada.

Heather A. Harper  
HEATHER A. HARPER

SUBSCRIBED and SWORN TO before me  
this 18<sup>th</sup> day of August, 2010.



Amy L. Rosenlund  
NOTARY PUBLIC in and for said  
County and State.