

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this affidavit is executed on the date and place indicated below.

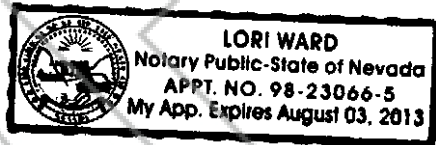
Executed on July 17, 2011, in the City of Gardnerville, County of Douglas, State of Nevada.

Joyce M. Bryant
Joyce M. Bryant, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 17th day of July, 2011, by Joyce M. Bryant, Trustee, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal



Lori Ward
Notary Public for said State

DECLARATION REGARDING DEATH OF INITIAL CO-TRUSTEE AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE

The undersigned, Joyce M. Bryant, Trustee, hereby declares that, Thomas M. Bryant, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thomas M. Bryant, named as an initial Co-Trustee in that certain Declaration of Trust titled the BRYANT FAMILY TRUST dated August 19, 1998.

Declarant further declares that she is the remaining Trustee named in the Declaration of Trust and that she hereby assumes the position as Sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on July 17, 2011, in the City of Gardnerville, County of Douglas, State of Nevada.

Joyce M. Bryant
Joyce M. Bryant, Trustee

ACKNOWLEDGMENT

STATE OF NEVADA)
) Ss.
COUNTY OF DOUGLAS)

On July 17, 2011, before me, Leri Ward personally appeared Joyce M. Bryant, Trustee, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

WITNESS my hand and official seal.

Leri Ward
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2010010961 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thomas Milton BRYANT		2. DATE OF DEATH (Mo/Day/Year) July 12, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2945 Pine Valley Road		3e. If Hosp. or Inst. Indicate DOA,OP/Emer Rm. Inpatient(Specify) Home	
4. SEX Male		6. Hispanic Origin? Specify: No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
5. RACE (Specify) White		7b. UNDER 1 YEAR MOS: DAYS		7c. UNDER 1 DAY HOURS: MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 09, 1929		9a. STATE OF BIRTH (If not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Joyce COLWELL	
13. SOCIAL SECURITY NUMBER [REDACTED] 9434		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Major		14b. KIND OF BUSINESS OR INDUSTRY: U. S. Marine Corp	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 2945 Pine Valley Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER - NAME (First Middle Last Suffix) Leon BRYANT			17. MOTHER - NAME (First Middle Last Suffix) Anna HURLEY		
18a. INFORMANT - NAME (Type or Print) Joyce BRYANT			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2945 Pine Valley Road Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 820		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated, (Signature & Title) SIGNATURE AUTHENTICATED JOHN PAUL KELLY M.D.			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) stated (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) July 20, 2010		21c. HOUR OF DEATH 19:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) John Paul Kelly M.D. 1535 Medical Parkway Carson City, NV 89706				23b. LICENSE NUMBER 6376	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 21, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Colon Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death 5 Years	
PART II				26. AUTOPSY (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION STREET OR R.F.D. No.		28h. CITY OR TOWN		28i. STATE	

STATE REGISTRAR

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VSR-Rev. 20090902

3 3205 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 07/27/2010

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

STATE REGISTRAR SIGNATURE AUTHENTICATED

