

Recording Requested by:

Elva Juchtzer

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0811 PG- 1338 RPTT: 0.00

When Recorded, Mail this and
Tax Statements to:

Elva Juchtzer
✓ 1736 Cederwood Dr.
Minden, NV 89423



--SPACE ABOVE THIS LINE FOR RECORDER'S USE--

**NOTICE OF DEATH OF CO-GRANTOR AND ORIGINAL CO-TRUSTEE,
NOTICE OF APPOINTMENT OF SOLE TRUSTEE AND
CERTIFICATION OF TRUST**

The undersigned being of legal age, declares under penalty of perjury.

1. THE JUCHTZER FAMILY TRUST was established on August 19, 1991 by a declaration dated that same day, and amended on September 9, 1991 ("the Trust").
2. The Trust was established by Grantors William August Juchtzer and Elva Louise Juchtzer, whose address is 1736 Cedarwood, Minden, Nevada 89423.
3. William August Juchtzer died on April 25, 2011. A certified copy of his death certificate is attached hereto as Exhibit 1.
4. The present acting Trustee is Elva Juchtzer, the Trustee and Surviving Grantor for the benefit of the Juchtzer family. Article Thirteenth, as amended, of the Trust states as follows: "The Grantors appoint themselves as Trustees hereunder. The Grantors hereby appoint Gregory Juchtzer and David Gill acting jointly, and in their incapacity or inability so to act, Virginia Stodieck and Cindy Wolff acting jointly as Successor Trustee hereunder, to serve in the event of the death of both of the Grantors, or the physical or mental incapacity of the Grantors."
5. The surviving Grantor/Trustee hereby appoints herself, Elva Juchtzer to serve as sole Trustee of all trusts created under the terms of the Trust.
6. Declarant states that the Trust is funded and in full force and effect, and has not been revoked, modified or otherwise amended in any manner which would cause the representations in this Certification to be incorrect. Declarant Elva Juchtzer is the sole person who has any power to revoke any part of the trust.

7. Declarant states that under the terms of the Trust she, Elva Juchtzter, has full power to act for said Trust and is properly exercising her authority under said Trust in negotiating for, contracting for and executing any documents regarding the below described property, and that no Trustee other than the Declarant is necessary under the Trust to sign any such documents.

8. The current Tax Identification Number(s) are available by contacting the Trustee.

9. Assets of the Trust should now be titled as follows: Elva Juchtzter, Trustee of THE JUCHTZER FAMILY TRUST dated August 19, 1991.

10. Any Trustee has the power and authority to manage and control, buy, sell and transfer the Trust property, in such manner as the Trustee may deem advisable, and shall have, enjoy and exercise all powers and rights over and concerning said property and the proceeds thereof as fully and amply as though said Trustee were the absolute and unqualified owner of same, including the power to grant, bargain, sell and convey, encumber and hypothecate, real and personal property, and the power to invest in corporate obligations of every kind, stocks, preferred or common, and to buy stocks, bonds and similar investments on margin or other leveraged accounts, except to the extent that such management would cause includability of an irrevocable Trust in the estate of a Trustee.

11. Following the death of the deceased Grantor, the Trust is divided into two sub-trusts, the Juchtzter Marital Trust A ("Trust A") and the Juchtzter Unified Credit Trust B ("Trust B"). Trust A is fully revocable and amendable by the Surviving Grantor. Trust B is irrevocable. Following the death of the Surviving Grantor, Trust A and Trust B continues or are distributed in whole or in part for the benefit of other named beneficiaries according to the terms of the Trust.

12. While the Surviving Grantor is living and competent, the Trustee may add money to or withdraw money from any bank or savings and loan or checking account owned by Trust A without the approval of the Surviving Grantor. While the Surviving Grantor is living and competent, the Trustee has full authority to withdraw income from Trust B and limited authority to withdraw principal from Trust B from any bank or savings, as set forth in further detail under the terms of the Trust.

13. All personal property transferred into Trust remains personal property and all real property transferred into Trust remains real property.

14. Unless otherwise indicated to a prospective transferee, the Trustee has full power to transfer assets held in the name of the Trust and subsequent transferees are entitled to rely upon such transfers provided the chain of title is not otherwise deficient.

15. Declarant states that to the best of her knowledge, there are no claims, challenges of any kind or cause of action alleged, contesting or questioning the validity of the Trust or the Surviving Grantor's/Trustee's authority to act for the Trust.

16. The situs of the Trust is the State of Nevada.

17. The use of this Certificate of Trust is for convenience only and the Trust is solely controlled as to provisions and interpretations, and any conflict between this abstract and the Trust shall be decided in favor of the Trust.

IN WITNESS WHEREOF, the Surviving Grantor and Trustee has hereto executed this Certification of Trust this 8th day of August, 2011.

GRANTOR:

TRUSTEE:

Elva Louise Juchtzner
 ELVA LOUISE JUCHTZER

Elva Juchtzner
 ELVA JUCHTZER

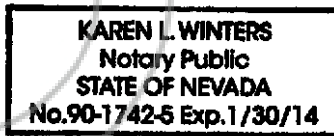
ALL PURPOSE ACKNOWLEDGMENT

STATE OF NEVADA)
)
 COUNTY OF DOUGLAS)

On August 8, 2011, before me, Karen L. Winters, Notary Public, personally appeared Elva Louise Juchtzner, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacities, and that by her signatures on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Karen L. Winters
 Karen L. Winters
 Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011006512
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) William August JUCHTZER		2. DATE OF DEATH (Mo/Day/Year) April 25, 2011		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) Evergreen Gardnerville Health and Rehabilitation		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) Nursing Home	
4. SEX Male		5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 31, 1922		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 10		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Elva WELLS	
13. SOCIAL SECURITY NUMBER 0819		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Line Assigner		14b. KIND OF BUSINESS OR INDUSTRY Phone Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1736 Cedarwood Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Arnold Wilhelm August JUCHTZER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Charlotte Sophie SYLL		18a. INFORMANT - NAME (Type or Print) Elva JUCHTZER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1736 Cedarwood Dr Minden, Nevada 89423	
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 <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV, 89410	
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 LAURENCE GEORGE GAY 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) April 27, 2011		21c. HOUR OF DEATH 04:15		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) Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871				23b. LICENSE NUMBER 5152	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 28, 2011		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				Interval between onset and death	
(a) Cardiac Arrest				Seconds	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death.	
(b) Dehydration				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Anorexia				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) End Stage Alzheimers Disease				Months	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Right Shoulder Hematoma, Hypertension				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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		CITY OR TOWN STATE	

STATE REGISTRAR



BK- 0811
PG- 1341

0787653 Page: 4 Of 4 08/09/2011

VRS-Rev-20110104

384319

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: 05/03/2011

Rnd Wh...
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

