



After Recording, Mail to:

Alyce P. Albus
960 Ranchview Circle
Carson City, NV 89705

The undersigned affirms that this document does contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

**CERTIFICATE OF TRUST AND
NOTICE OF DEATH OF CO-TRUSTEE**

The undersigned hereby certifies that on September 18, 1996, her now deceased husband, Donald R. Albus, and she created a revocable living trust. This Trust is known as: THE DONALD R. ALBUS AND ALYCE P. ALBUS REVOCABLE TRUST dated September 18, 1996, Donald R. Albus and Alyce P. Albus Trustees and Trustors for the benefit of the Albus family. On December 17, 2010, Trustees and Trustors Donald R. Albus and Alyce P. Albus amended the revocable living trust by First Amendment to the Donald R. Albus and Alyce P. Albus Revocable Trust.

IT IS AGREED BETWEEN PARTIES HERETO AS FOLLOWS:

Description of Trust

The undersigned hereto desires to confirm the establishment of a revocable and amendable living trust on September 18, 1996, which was amended by First Amendment dated December 17, 2010, for the benefit of the Trustors and containing inter alia the following provisions:

1. Donald R. Albus and Alyce P. Albus were designated as the original Co-Trustees to serve until their death, resignation or incompetence. Upon the death, resignation, removal, or incompetence of an original Co-Trustee and co-Trustor, the remaining Co-Trustor/Co-Trustee shall serve as sole Trustee.
2. Upon the death, resignation, removal, or incompetence of both original Trustees and Trustors, the successor Trustee is designated as Dawn A. Rosenberg. Upon the death, resignation, removal, or incompetence of Dawn A. Rosenberg, the successor Trustee is designated as Melvin Rosenberg.

3. Original Co-Trustor/Co-Trustee Donald R. Albus died on October 1, 2012. A certified copy of his death certificate is attached hereto as Exhibit "A".
4. The Surviving Trustor/Trustee hereby remains as the sole Trustee over all trusts.
5. The undersigned Trustor/Trustee states that the Trust is funded and in full force and effect, and has not been revoked, modified or otherwise amended in any manner which would cause the representations in this Certification to be incorrect. The undersigned Alyce P. Albus is the sole person who has any power to revoke any part of the Trust.
6. The undersigned states that under the terms of the Trust she, Alyce P. Albus, has full power to act for said Trust and all sub-trusts created thereunder and is properly exercising her authority under said Trust in negotiating for, contracting for and executing any documents regarding trust property, and that no Trustee other than the undersigned is necessary under the Trust to sign any such documents.
7. The current Tax Identification Number(s) are available by contacting the Trustee.
8. Pursuant to the terms of the Trust, the Trustee will create revocable and irrevocable sub-trusts, for which separate Certificates of Trust may be issued.
9. Unless otherwise indicated in writing to a prospective transferee, the Trustee has full power to transfer assets held in the name of the Trust and all sub-trusts created thereunder and subsequent transferees are entitled to rely upon such transfers provided the chain of title is not otherwise deficient.
10. 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 Settlor's/Trustee's authority to act for the Trust.
11. 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, 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.
12. Following the death of the a Trustor, the Trust and all sub-trusts created thereunder, continues or is distributed in whole or in part for the benefit of named Beneficiaries according to the terms of the Trust.
13. While a Trustor is living and competent, except when there shall be a Corporate Trustee, the Trustee may add money to or withdraw money from any bank or savings and loan or checking account owned by the Trust without the approval of a Trustor.

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

15. 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.

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

17. This Trust contains a spendthrift provision to the extent available under the laws of the State of Nevada.

18. The use of this Abstract 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 Trustor and Trustee has hereto executed this Abstract of Trust this 5th day of November, 2012.

TRUSTOR:

TRUSTEE:

Alyce P. Albus
ALYCE P. ALBUS

Alyce P. Albus
ALYCE P. ALBUS

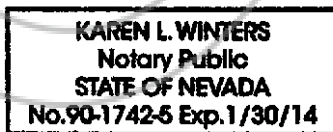
CERTIFICATE OF ACKNOWLEDGMENT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On this 5th day of November, 2012, before me, Karen L. Winters a Notary Public, personally appeared ALYCE P. ALBUS, personally known to me (or 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 capacity, 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.

(Seal)



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

2012015973
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) Donald Raymond ALBUS				2. DATE OF DEATH (Mo/Day/Year) October 01, 2012		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH (and number) Carson City			3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Evergreen at CC Health and Rehab Ctr		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 84		7b. UNDER 1 YEAR MO: DAYS	
7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 27, 1928					
9a. STATE OF BIRTH (If not U.S.A. name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (if wife, give maiden name) Alyce POTTERTON		13. SOCIAL SECURITY NUMBER ██████-1052		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Electronic Engineer		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 960 Ranchview Circle	
15e. INSIDE CITY LIMITS (Specify Yes or No) No							
16. FATHER/PARENT - NAME (First Middle Last Suffix) Raymond Donald ALBUS				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie AICHER			
18a. INFORMANT - NAME (Type or Print) Alyce ALBUS				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 960 Ranchview Circle Carson City, Nevada 89705			
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 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89708			
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) VIJAY MAIYA SIGNATURE AUTHENTICATED				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) October 07, 2012		21c. HOUR OF DEATH 13:05		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) Dr. Vijay Maiya, 1600 Medical Parkway Carson City, NV 89703						23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) MICHELE L. YOUNG SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 09, 2012		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) Cardiopulmonary Failure						Interval between onset and death	
(b) Pneumonia						Interval between onset and death	
(c) Unknown Etiology						Interval between onset and death	
(d)						Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						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

0812386 Page 4 of 4

BK : 1112
PG : 1072
11/05/2012 12:23 PM

VRS-Rev-20120523a

455892

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: 10/15/2012

Michelle Young
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

