




2. That upon the death of Douglas L. Champlin, Whittier Trust Company of Nevada, Inc., became the Successor Trustee under The Douglas L. Champlin Family Trust (As Restated), dated November 28, 2011.

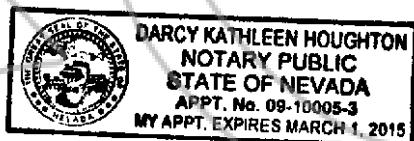
Dated this 17<sup>th</sup> day of June, 2013.


The Douglas L. Champlin Family Trust (As Restated)

By:   
William E. Ramsey, President  
Whittier Trust Company of Nevada, Inc.,  
Successor Trustee

STATE OF NEVADA     )  
                                  ) .ss  
COUNTY OF WASHOE    )

This Affidavit - Death of Trustee was acknowledged before me on 6/17, 2013, by William E. Ramsey, as the President of Whittier Trust Company of Nevada, Inc., as Successor Trustee of The Douglas L. Champlin Family Trust (As Restated), under the Trust Agreement dated November 28, 2011.



  
Notary Public

**EXHIBIT 1**

The land referred to herein is situated in the State of Nevada, County of Douglas City of GARDNERVILLE described as follows:

Lot 7, in Block A, as shown on the Final Map of PLEASANTVIEW SUBDIVISION PHASE I, filed April 6, 1990 in Book 490, Page 916, document No. 223488, Official Records of Douglas County, Nevada.

Assessors Parcel No. 1220-16-110-013

**COPY**

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File NO. 102- 2013-020800

BK 0719  
PG 270  
7/1/2013

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) <b>DOUGLAS LLOYD CHAMPLIN</b>				2. AKA'S (IF ANY)		3. DATE OF DEATH <b>MAY 20, 2013</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER <b>7469</b>	6. DATE OF BIRTH <b>01/09/1941</b>	7. AGE <b>72</b>	8. MONTHS		9. DAYS	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL				13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input checked="" type="checkbox"/> OTHER <b>OTHER RESIDENCE</b>			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): <b>8259 E. CHINO DR</b>				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: <b>SCOTTSDALE 85255</b>		16. COUNTY OF DEATH: <b>MARICOPA</b>	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>ENID, OKLAHOMA</b>			18. MARITAL STATUS AT TIME OF DEATH: <b>MARRIED</b>		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>LAUREL ANN RAETHER</b>		
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: <b>240 HANSEN LN</b>			21. CITY AND COUNTY: <b>GARDNERVILLE, DOUGLAS</b>		22. STATE <b>NEVADA</b>		23. ZIP CODE <b>89460</b>
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:		24. EVER IN THE ARMED FORCES <b>YES</b>	
28. OCCUPATION: <b>VENTURE CAPITALIST</b>		29. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>JOE NOBLE CHAMPLIN</b>		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) <b>JANE GERTRUDE EDWARDS</b>			
31. INFORMANT'S NAME <b>LAUREL ANN CHAMPLIN</b>		32. RELATIONSHIP <b>SPOUSE</b>		33. INFORMANT'S MAILING ADDRESS: <b>240 HANSEN LN, GARDNERVILLE, NEVADA 89460</b>			
34. NAME AND ADDRESS OF FUNERAL FACILITY: <b>NEPTUNE SOCIETY 1729 W. GREENTREE DRIVE #103, TEMPE, AZ</b>			35. FUNERAL DIRECTOR: <b>JEFF MARSHALL, FUNERAL DIRECTOR</b>		36. LICENSE NUMBER: <b>F1031</b>		
37. METHOD(S) OF DISPOSITION: <b>CREMATION</b>		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: <b>LIFEPLAN CREMATORY, PHOENIX, ARIZONA</b>		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY:			
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>							
IMMEDIATE CAUSE OF DEATH <b>40 A</b>		<b>LUNG CANCER - ADENOCARCINOMA</b>				41. APPROXIMATE INTERVAL: <b>MONTHS</b>	
DUE TO OR AS A CONSEQUENCE OF: <b>42 B</b>						43. APPROXIMATE INTERVAL:	
DUE TO OR AS A CONSEQUENCE OF: <b>44 C</b>						45. APPROXIMATE INTERVAL:	
DUE TO OR AS A CONSEQUENCE OF: <b>46 D</b>						47. APPROXIMATE INTERVAL:	
<b>CAUSE OF DEATH PART II</b>							
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:				49. INJURY? <b>NO</b>	50. INJURY AT WORK? <b>NO</b>	51. MANNER OF DEATH <b>NATURAL DEATH</b>	52. TIME OF DEATH <b>0905</b>
				53. WAS AN AUTOPSY PERFORMED? <b>NO</b>	54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>							
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated				55. NAME OF PERSON COMPLETING CAUSE OF DEATH: <b>HELEN JANE ROSS, M.D.</b>		56. DATE CERTIFIED <b>05/21/2013</b>	
57. CERTIFIER'S ADDRESS: <b>13400 E SHEA BLVD SCOTTSDALE, AZ 85259-5404</b>				58. NAME OF REGISTRAR: <b>MICHELE CASTANEDA-MARTINEZ</b>		59. DATE REGISTERED <b>05/23/2013</b>	

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DATE ISSUED: 05/31/2013

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010

*Patricia Adams*  
**PATRICIA ADAMS**  
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency

ANY ALTERATION OR ERASURE VOID THIS DOCUMENT

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