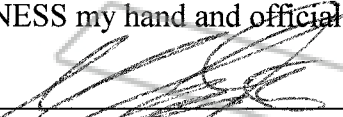




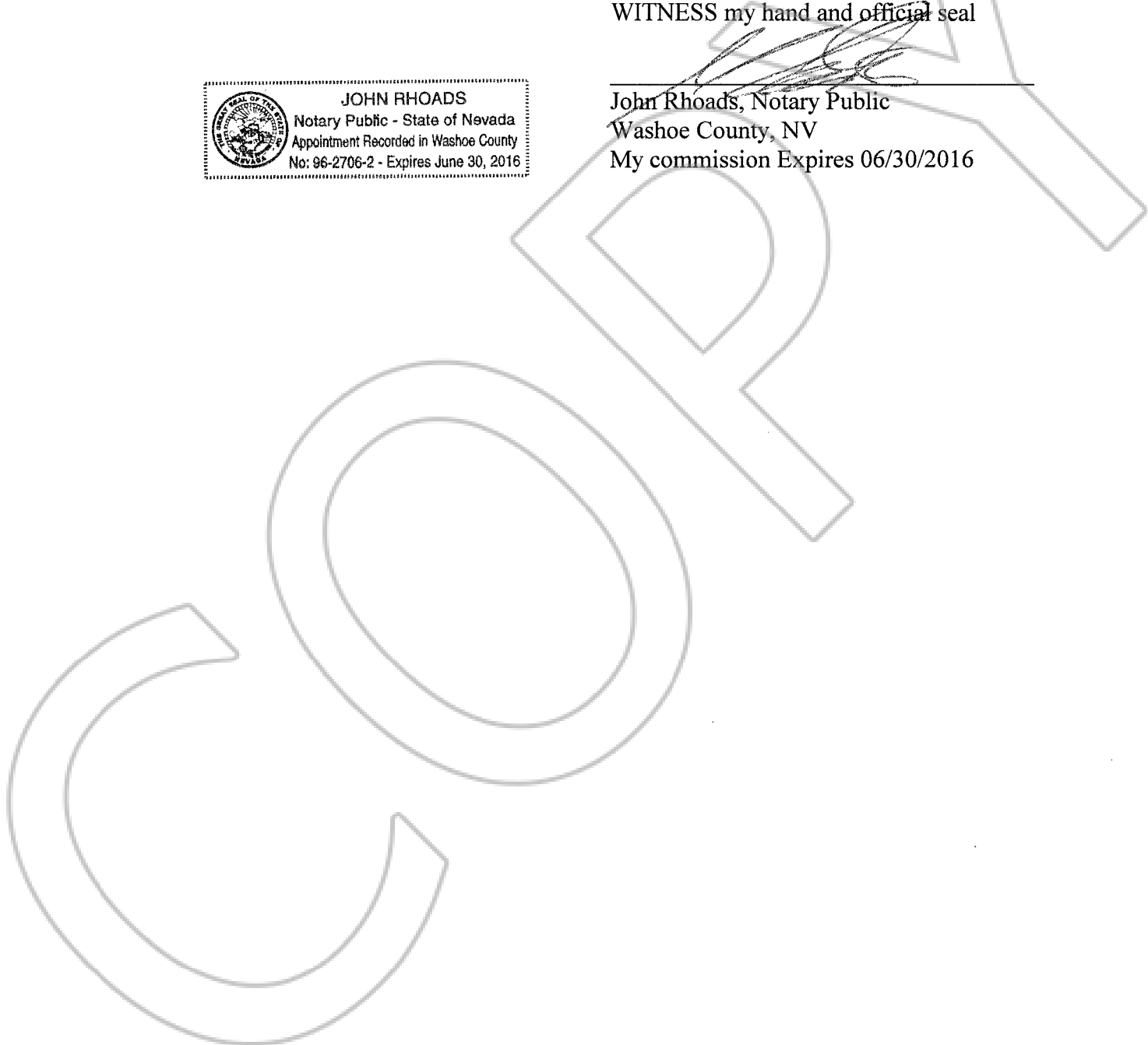
On July 17th, 2013, before me, John Rhoads a Notary Public in and for said County and State, personally appeared ALICE HIDAKA BAILEY, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal





John Rhoads, Notary Public
Washoe County, NV
My commission Expires 06/30/2016



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013006767
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Joe Curtis BAILEY		2. DATE OF DEATH (Mo/Day/Year) April 18, 2013		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2900 Cielo Vista Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 83	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS.		8. DATE OF BIRTH (Mo/Day/Yr) August 19, 1929	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Alice CHIDAKA			
PARENTS	13. SOCIAL SECURITY NUMBER 0349		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Real Estate Agent		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2900 Cielo Vista Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle - Last Suffix) Martin BAILEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ida LANDRUM		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Alice Hidaka BAILEY		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2900 Cielo Vista Court Minden, Nevada 89423			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ M.D. SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) April 24, 2013		21c. HOUR OF DEATH 11:10		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE OF DEATH	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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 25, 2013		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 Arrest						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Respiratory Failure						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Lung Cancer with Metastatic Disease						
DUE TO, OR AS A CONSEQUENCE OF:						
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No		
				27. WAS CASE REFERRED TO CORONER (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. CITY OR TOWN STATE		

STATE REGISTRAR



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BK 813
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VRS-Rev-20120523a

CERTIFIED COPY OF VITAL RECORDS

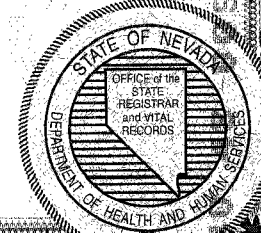
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

04/29/2013

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED





CERTIFICATION OF TRUSTEE AUTHORITY AND POWER

We, **Joe Curtis Bailey** and **Alice Hidaka Bailey**, state and declare that we, as Grantors, established a revocable living trust known as the **BAILEY 1984 FAMILY TRUST DATED JANUARY 19, 1984, AS AMENDED AND COMPLETELY RESTATED ON OCTOBER 1, 2008** and have appointed ourselves as initial Trustees. If we have named successor and alternate successor trustees, their names are set forth below at Paragraph 6.

The following provisions are found in the Trust Agreement and may be relied upon as a correct abbreviated statement of the operation of the trust during the joint lifetime of the Grantors by anyone dealing with any Trustee or Successor Trustee to the Trust.

1. Property may be added to the trust. Grantors retain the beneficial interest in all trust property during their lifetimes.
2. Both Grantors together may amend or revoke the trust; either Grantor may revoke the trust as to his or her separate property or his or her interest in community property.
3. If either Grantor ceases to serve as Trustee for any reason, the remaining Grantor shall serve as sole Trustee. If that Grantor is also unable or ceases to serve, he or she may name a successor Trustee to serve in his or her place.
4. The Grantors during their joint lifetimes, shall have the right to discharge the Trustee, or any successor Trustee, of any Trust hereunder, and to appoint a Trustee in its place. If either Grantor becomes unable to act as Trustee, the other Grantor shall have the right to discharge the Trustee, or any successor Trustee, of any Trust hereunder and to appoint a Trustee in its place.
5. Upon the death of a Grantor, the Survivor will have the power to appoint a Co-Trustee, to alter the succession of Trustees set forth below, to appoint a successor Trustee to fill a vacancy, and to remove the then acting Trustee.
6. The order of Successor Trustees is as follows:
 1. Susan K. Stafford
 2. Jon H. Stafford

The Successor Trustees that are listed above are Alternate Trustees. They shall serve in succession in the order listed above after each predecessor becoming unable or unwilling to serve.

7. The Trustee is given broad powers, including the power, subject to the Trustee's fiduciary obligations, to have all the rights, power and privileges which an absolute owner of the same property would have. A copy of the Article that contains the powers of the Trustee is available upon request.
8. Said trust is in full force and effect.
9. This trust was created under the laws of the State of Nevada.




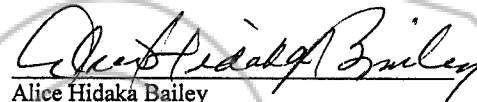
10. Each of the Trustees have the right to transact business for the trust over his or her sole signature and/or to hold property in his or her sole name as Trustee of the trust, provided, however, that such Co-Trustees shall agree to such delegation of power among them. The initial Co-Trustees have agreed to such delegation.

11. The tax identification number for this trust is:

The Grantors hereby state that the assertions of any Trustee hereinabove designated that (1) he or she is acting alone or with another qualified Trustee, or (2) that he or she is acting with full delegated powers of a Co-Trustee shall be sufficient on its face, and no person designated above shall be put to further inquiry into the right of such Co-Trustee to act.

IN WITNESS WHEREOF, We, the undersigned Grantors, on this date, October 1, 2008, hereby certify under penalty of perjury, the foregoing statements to be true and correct.


Joe Curtis Bailey
Grantor

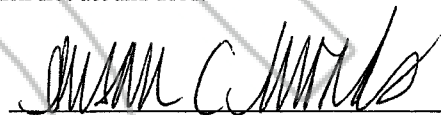

Alice Hidaka Bailey
Grantor

ACKNOWLEDGMENT

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On this date, October 1, 2008, before me, the undersigned Notary Public personally appeared Joe Curtis Bailey and Alice Hidaka Bailey to me known to be the individual(s) in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.




Susan C. Rhoads, Notary Public
Washoe County, Nevada
My commission expires July 23, 2012