

Doc Number: **0829690**

08/28/2013 02:32 PM

OFFICIAL RECORDS

Requested By

NOEL PALMER SIMPSON ESQ

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00  
Bk: 0813 Pg: 7716



Deputy: ar

**✓ WHEN RECORDED RETURN TO:**

Palmer Law Group, PLLC  
5332 S. Fort Apache, Suite 120  
Las Vegas, NV 89148

**CERTIFICATE OF INCUMBENCY**

DENISE INGRAM being duly sworn, depose and says:

WHEREAS, CALVIN H. BRAREN and BEVERLY N. BRAREN of Gardnerville, Nevada, created the CALVIN H. BRAREN and BEVERLY N. BRAREN TRUST dated August 4, 1986, in which CALVIN H. BRAREN and BEVERLY N. BRAREN were named as the initial Trustees; and

WHEREAS, CALVIN H. BRAREN died on April 26, 2000, in Douglas County, Nevada. BEVERLY N. BRAREN died on December 19, 2012, in Douglas County, NV. Certified copies of the Certificates of Death are attached hereto as Exhibit "1"; and

WHEREAS, pursuant to Article IV of the CALVIN H. BRAREN and BEVERLY N. BRAREN TRUST dated August 4, 1986, DENISE INGRAM, is designated as the Successor Trustee upon the death of the Trustors, CALVIN H. BRAREN and BEVERLY N. BRAREN; and

WHEREAS, the trusteeship of the CALVIN H. BRAREN and BEVERLY N. BRAREN TRUST dated August 4, 1986 is hereby being accepted by DENISE INGRAM,

NOW THEREFORE, all the powers enumerated in Article IV of the CALVIN H. BRAREN and BEVERLY N. BRAREN TRUST dated August 4, 1986 are conferred upon the Successor Trustee.

The statements made above are accurate and the trust has not been revoked or amended in any way that would cause the representations in this Certification of Trust to be incorrect. All of the currently acting Trustees of the trust are identified above and are signatories to this Certification of Trust.

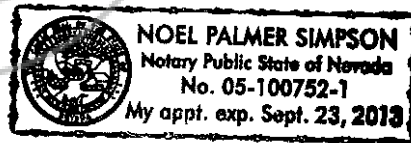
DATED this 26 day of July, 2013.

Denise Ingram  
DENISE INGRAM, Trustee

STATE OF NEVADA )  
                                  ) ss.  
COUNTY OF CLARK )

On this day, 26<sup>th</sup> day of July, 2013, before me personally appeared Denise Ingram, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual whose name is subscribed to the foregoing Certification of Trust, and acknowledged that she executed the same as her voluntary act and deed for the purposes therein contained.

Noel Palmer Simpson  
NOTARY PUBLIC



**STATE OF NEVADA—DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH—VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2012020287**

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) <b>Beverly N BRAREN</b>			2. DATE OF DEATH (Mo/Day/Yr) <b>December 19, 2012</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Henderson</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>Sweet Home Belmont Group Home</b>		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Residential Care Facility</b>		4. SEX <b>Female</b>
5 RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR MOS   DAYS
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		15. Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1399 Waterloo Lane</b>
16. FATHER/PARENT - NAME (First-Middle-Last-Suffix) <b>Beauford CLARK</b>			17. MOTHER/PARENT - NAME (First-Middle-Last-Suffix) <b>Alma LANDRY</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
18a. INFORMANT - NAME (Type or Print) <b>Denise INGRAM</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>545 Carmel Mesa Drive Henderson, Nevada 89012</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BART BURTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>50</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Eastern</b> <b>7600 S Eastern Las Vegas NV 89123</b>		
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) <b>ALOK SAXENA MD</b> 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) <b>December 26, 2012</b>		21c. HOUR OF DEATH <b>22:00</b>		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) <b>ALOK SAXENA MD 1210 S. Valley View Las Vegas, NV 89102</b>					23b. LICENSE NUMBER <b>6690</b>	
24a. REGISTRAR (Signature) <b>NINETTE HARRINGTON</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 27, 2012</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART I						
(a) <b>End-stage debility</b>					Interval between onset and death	
(b) <b>Multiple sclerosis</b>					Interval between onset and death	
(c) <b>Cerebral vascular accident</b>					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 I.						
26a. ACC. SUICIDE, HON. SUICIDE, OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>				
28a. 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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"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

John Middaugh, M.D.  
Registrar of Vital Statistics

By:

Date Issued: **DEC 31 2012**

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. <b>Calvin H. BRAREN</b>		2 <b>April 26, 2000</b>	3a. <b>Douglas</b>
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp or Inst indicate DOA, OP/Emer Rm, Inpatient (Specify)
3b. <b>Gardnerville</b>		3c. <b>1399 Waterloo Lane</b>	3a. <b>Male</b>
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)
5. <b>White</b>		6	7a <b>66</b>
STATE OF BIRTH (If not U.S.A. name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. <b>California</b>		9b. <b>U.S.A.</b>	10. <b>13</b>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13		14a. <b>Owner</b>	14b. <b>Retail - Liquor Store</b>
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. <b>Nevada</b>		15b. <b>Douglas</b>	15c. <b>Gardnerville</b>
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	STREET AND NUMBER
16. <b>Harvey Braren</b>		17. <b>Harvey Braren</b>	15d. <b>1399 Waterloo Ln</b>
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <b>Beverly Braren - Wife</b>		18b. <b>P.O. Box 2143, Gardnerville, Nevada 89410</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. <b>Cremation</b>		19b. <b>FitzHenry's Crematory</b>	19c. <b>Carson City, Nevada</b>
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>[Signature]</i>		20b. <b>217</b>	20c. <b>Home, 1380 Hwy 395, Gardnerville, NV 89410</b>
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)		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) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)
21b. <b>4/27/00</b>		21c. <b>2245</b>	22b. <b>17:00</b>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22c. <b>22:00</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		22d. <b>ON</b>	
23a. <b>Andrew H. K. Tang M.D., 1107 Hwy 395, Gardnerville, NV 89410</b>		22e. <b>AT</b>	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	LICENSE NUMBER
24a. <i>[Signature]</i>		24b. <b>April 28, 2000</b>	23b. <b>8365</b>
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) <b>Cardiopulmonary Arrest</b>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(b) <b>Bradyogenic Carcinoma</b>		Interval between onset and death	
(c) <b>Tobacco</b>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)	
25a. <b>Tobacco</b>		26. <b>No</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
28a.		28b.	28c. <b>M</b>
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION
28d.		28e.	28f.



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No. 166833

STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.  
Date Issued: **APR 28 2000**

*[Signature]*  
State Registrar