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Doc Number: 0829690

08/28/2013 02:32 PM OFFICIAL RECORDS

Requested By

NOEL PALMER SIMPSON ESQ.

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

Page: 10f 4

Bk: 0813 Pg: 7716

Deputy: ar

Fee: \$ 17.00

## **J 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The statements made above are accurate and the trust has not been revoked or amended in any way that would cause the representations in this Certification of Trust to be incorrect.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 day of July, 2013.

DENISE INGRAM rustee

STATE OF NEVADA )

COUNTY OF CLARK )

On this day, 26 m 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.

NOTARY PUBLIC

NOEL PALMER SIMPSON Notary Public State of Novada No. 05-100752-1 My appt. exp. Sept. 23, 2013



# STATE OF NEVADA—DEPAREMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH—VITAL STATISTICS



TYPE OR				RTIFICATE O	F-DEATH		201202(	
PRINT IN .	1a. DECEASED NAME (FIRST)	AIDDLE LAST SUFF	X)		<del></del>	2. DATE DE DEATH	Mo/Day/Year)	
PERMANENT BLACK INK	Beverly N		В	RAREN				_
	3b. CITY, TOWN, OR LOCATION	OF DEATH I3c. HO	SPITAL OR O	HER INSTITUTION AN	mo/il not either e			Clark
	1 11 1	and nu	mper)			ve street (3e if Hosp. i Inpatient(Sp	or Inst. indicate DOA,OP/E	mer. Rm. 4. SEX
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	5 RACE White (Specify)	•	<ol><li>Hispanic</li></ol>	Origin? Specify 7	a, AGE-Last	76. UNDER 1 YEAR	C. UNDER 1 DAY 19 DA	TE OF BIRTH (Mo/Day/Yr)
	(Specify)	_ · <del></del> .	No - Non-		rthday (Years)	I MUSI DAYS I	HOURS I MINS I	
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REGARDING COMPLETION OF			ife, Even if Re	N (Give Kind of Work Do		14b. KIND OF BUS	INESS OR INDUSTRY	Ever in US Armed
RESIDENCE	15a RESIDENCE - STATE 11			nomema	ker	4 0	Own Home	Forces? No
ITEMS		5b. COUNTY	150	CITY, TOWN OR LOC	ATION 15d	STREET AND NUMBER	₹	15e INSIDE CITY
<del>&gt;</del>	Nevada	Douglas	i	Gardnerville	130	9 Waterloo Lane		LIMITS (Specify Yes or No) Yes
PARENTS	16. FATHER/PARENT - NAME_(F	irst Middle Lost S	uffix)		17 WATUEDA	PARENT - NAME_(First		or No) Yes
		Beautord CL	ARK		- I'', and include			_ \_\
J	18a INFORMANT-MANE (Type o	r Print		10h 144 H (100 400)	45		THE LANDRY	
	Denise	NGRAM		18b. MAILING ADDRE		F.D. No, City or ≢own.	State, Zip)	
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DISPOSITION	Crematio	DVAL, UTHER (SPEC	196. CEM	ETERY OR CREMATOR	RY - NAME		19c. LOCATION City of	or Town State
	_	• •	_	Paim	Crematory	1 1	Las Vegas I	Nevada 89101
[	20a. FUNERAL DIRECTOR - SIGN	IATURE (Or Person	Acting as Suc		20c. NAN	ME AND ADDRESS OF	FACILITY	TROTAGO OS TOT
	BAKI	BURTON		DIRECTOR LICEN	ISE	Pal	m Mortuary-Easterr	1
RADE CALL	SIGNATU	RE <u>AUTHENTICA</u>	TED	50.		7600 S Ea	stem Las Vegas NV	89123 🚐 📚
	TRADE CALL - NAME AND ADDR		,			-/-/		
<del>-</del>	2 21a To the best of my know	vledge, death occum	ed at the time,	date and place and	22a On th	e basis of evernination a	andior investigation in	opinion death occurred at
į,	2 % and to this correspie) similar	(Signature & Title)	SIGNATURI	AUTHENTICATED	p ⊆ the time d	ate and place and due t	o the cause(a) stated. (Sig	opinion death occurred at
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·	= = =		and the same of th		p= 0			• '
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<b></b>	4a. REGISTRAR (Signature)	O SAXENA	MD 1210	S. Valley View Las	Mense NV 8			
REGISTRAR 2					, TOSUO, 11V U	9102		6690 #
	(Bigilature)	NINETTE	HARRING	STON 24	DATE RECEIVED	9102 BY REGISTRAR	24c. DEATH DUE TO C	
Ŀ		NINETTE SIGNATURE A	HARRING	STON 24	DATE RECEIVED	D BY REGISTRAR		OMMUNICABLE DISEASE
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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-3 1 2012

### **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 D	EATH /	$\neg$						
i	LOCAL FILE NUMBER	ı		(	STATE FILE NUMBER						
TYPE	DECEASED-NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH						
OR PRINT	1. Calvin	н.	BRAREN	<sup>2</sup> April 26, 2000	3a Douglas						
PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF DEAT		ER INSTITUTION—Name (If not either, give	street and number) If Hosp or Inst indicate Rm, Inpatient (Specify)	1. I _						
	3b. Gardnerville	₃c.1399 Wa	terloo Lane	3e.	4 Male						
ECEDENT	RACE-ie g., White, Black, American		non? Specify T yes Lano it yes. AGE-L	ast UNDER 1 YEAR UNDER 1 DA							
	Indian, etc.) (Specify) 5. White	6	7a 60		8 August 24, 1933						
F DEATH	STATE OF BIRTH	CITIZEN OF WHAT COL	IN- Decedent's Education. Specify highs grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE (II wife give maiden name)						
OCCLARED IN	(If not USA name country) 9a. California	9b. U.S.A.	10. 13	(Specify) Married	12 Beverly Clark						
SEE HANDBOOK REGARD NG	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (	Give Kind of Work Done During Most of	KIND OF BUSINESS OF INDUSTRY							
COMPLETION OF RESIDENCE ITEMS	13	Working Life, Even if Re	urea)	14b. Retail - Liquo	14b. Retail - Liquor Store						
1	RESIDENCE—STATE CO	DUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER							
<b>-&gt;</b> [	15a. Nevada 15	Douglas	55. Gardnerville	15d.1399 Water1	The state of the s						
>	FATHER—NAME First	Middle	· Last MOTHER—M		Middle Last						
PARENTS	16 Harvey	**	Braren 17.	1 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
`	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town,	State. Zip)						
	18a Beverly Braren	- Wife	18b P.O. Box 2	143, Gardnerville, N	evada 89410						
	BURIAL, CREMATION, REMOVAL, OT		ERY OR CREMATORY-NAME	LOGATION	City or Fown State						
	19a Cremation	19h T	itzHenry's Cremato	ry 19c. Carson	City, Nevada						
DISPOSITION	FUNERAL DIBECTOR—SIGNATURE (Or Person Acting as Such)	FUNEF	AL DIRECTOR NAME AND ADDRESS O	FFACILITY Fitz Henry's Car	son Valley Funeral						
į	(Or Person Acting as Such)	20b. 2	200 Home . 138	O Hwy 395, Gardnervi	11e. NV 89410						
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ge, down occurred at the time.		22a On the basis of examination and/or investigation that the time, date and place and due to	estination, in my opinion death occurred						
	due to the cause(s) stated due to the cause(s) stated due to the cause(s) stated (Signature and Title)  DATE SIGNED (Mo Day,  DATE SIGNED (MO DAY,	(Z )	2	The Control of the Co	the cause(s) and thanton states.						
	DATE SIGNED (Mo., Day,	O DATE SIGNED (Mo. Day, Yr.)	HOUR OF DEATH								
	SE 216 4/22	22b.	22c.								
CERTIFIER	NAME OF ATTENDING PI	PRONOUNCED DEAD (Mo . Day. Yr.)	PRONOUNCED DEAD (Hour)								
Ì	으뜸 당 21d.	0,	\ \	22d. ON	22e AT						
		CERTIFIER (PHYSICIAN, ATI	ENDING PHYSICIAN, MEDICAL EXAMINER		LICENSE NUMBER						
	· ·	n,	The state of the s		23b \$76F						
COMPITIONS	REGISTRAR ANG TEW IT	K. Lang M.D.	DATE RECEIVED BY	rdnerville. NV 89410	COMMUNICABLE DISEASE						
CONDITIONS IF ANY WHICH GAVE	24a. (Signature)	D. W. L.	-in 240 april	28, 2000 240 YES []	NO₽						
RISE TO	25 IMMEDIATE CAUSE (ENTE	R ONLY ONE CAUSE PER LIN	E JOR (a). (b), AND (c) )		Interval between onset and death						
CAUSE STATING THE	2177	Cartio pilnowy	Aveit	r	nia.						
UNDERLYING CAUSE LAST	PART (a) DUE TO, OR AS A CO	INSECUENCE OF			Interval between onset and death						
1/1		Bondagenie	Concinent		ito-th,						
4	DUE TO, OR AS A CO				Interval between onset and death						
	( , , ,										
CAUSE OF	PART OTHER SIGNIFICANT CO	ONDITIONS—Conditions contrib	ting to death but not resulting in the underlyi		peofy WAS CASE REFERRED TO or No.   CORONER (Specify Yes or No.)						
DEATH	Tobacce 25. No 27 Yes										
\	ACC , SUICIDE HOM., UNDET.,   D		HOUR OF INJURY DESCRIBE HO	W INJURY OCCURRED							
\ \	OR PENDING INVEST, (Specify) 28a	9b. / /	28c M 28d.								
\		PLACE OF INJURY—At home, f	arm, street, factory, office   LOCATION	STREET OR R F.D. No. C	CITY OR TOWN STATE						
1	(Spec tyres or No)	building, etc. 18t.	(Specify) 28g.								
j		E 188111 88181 1818 1818 18	IN NAME (BIT COLL   COL	BK Ø813	No.166833						
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3			STATE REGISTRAR		_						
			GIATE REGISTRAN	1	· ( )						
		This is to certify the	at the above is a true and co	rrect copy Minns	ne Sylva.						

of the certificate on file in this office. APR 2 8 2000

Date Issued:

State Registrar

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