

19-

APN: Not Applicable

The undersigned hereby affirms that there is no Social Security number contained in this document.



KAREN ELLISON, RECORDER

✓ When recorded, mail to:
George M. Keele
1692 County Road, #A
Minden, NV 89423

CERTIFICATE OF SUCCESSOR CO-TRUSTEES

We, KENNETH B. DRESSLER and ANNETTE R. SWAINSTON, hereby swear (or affirm), under penalty of perjury, that the following assertions are true of our own personal knowledge:

1. We are both over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. By instrument dated April 24, 1997, BUDD F. DRESSLER and RUTH M. DRESSLER, as Grantors and Trustees, executed THE BUDD & RUTH DRESSLER FAMILY TRUST AGREEMENT ("the Family Trust").

3. BUDD F. DRESSLER, one of the Grantors of the Family Trust, died on November 29, 2002, in Reno, Nevada, a resident of Douglas County, Nevada. A certified copy of his Certificate of Death is attached hereto as Exhibit 1 and incorporated herein by this reference.

4. RUTH M. DRESSLER, the other Grantor of the Family Trust, died on May 17, 2014, in Gardnerville, Douglas County, Nevada. A certified copy of her Certificate of Death is attached hereto as Exhibit 2 and incorporated herein by this reference.

5. The provisions of Article II of the Family Trust appointed us to serve as successor Co-Trustees of the Family Trust and the Decedent's Trust created pursuant to the Family Trust, upon the death or incapacity of both Grantors and initial Co-Trustees.

6. Pursuant to the terms of the Family Trust, we have assumed the responsibilities of successor Co-Trustees of The Budd & Ruth Dressler Family Trust Agreement dated April 24, 1997, and of the Decedent's Trust created pursuant to The Budd & Ruth Dressler Family Trust Agreement dated April 24, 1997.

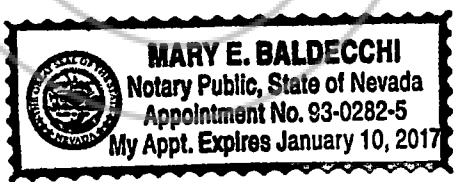
7. We are authorized under the terms of the Family Trust and applicable provisions of the Nevada Revised Statutes to act in all respects as successor Co-Trustees of the Family Trust and of the Decedent's Trust created pursuant to The Budd & Ruth Dressler Family Trust Agreement dated April 24, 1997.

Kenneth B. Dressler
KENNETH B. DRESSLER

Annette R Swainston
ANNETTE R. SWAINSTON

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 8th day of December, 2014, by KENNETH B. DRESSLER and ANNETTE R. SWAINSTON.



Mary E Baldecchi
NOTARY PUBLIC

EXHIBIT 1
CERTIFICATE OF DEATH OF BUDD FREDRICK DRESSLER

COPY

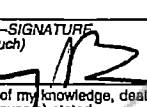
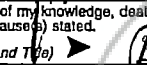
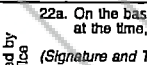

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 109 IMAGE 70 3011

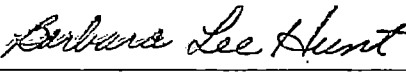
	LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Budd Fredrick DRESSLER	DATE OF DEATH (Month, Day, Year) 2. November 29, 2002	STATE FILE NUMBER COUNTY OF DEATH 3a. Washoe
TYPE OR PRINT IN PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF DEATH 3b. Reno	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center	If Hosp. or Inst. Indicate DOA, OP/Emer. Pm. Inpatient (Specify) 3e. Inpatient
	SEX 4. Male	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	AGE—Last Birthday (Years) 7a. 82	UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.
	DATE OF BIRTH (Mo., Day, Yr.) 8. December 28, 1919	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
PARENTS	STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	SURVIVING SPOUSE (If wife, give maiden name) 12. Ruth M. Storke
	SOCIAL SECURITY NUMBER 13. 6420	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Rancher	KIND OF BUSINESS OR INDUSTRY 14b. Cattle Business
DISPOSITION	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville
	STREET AND NUMBER 15d. 1476 Garden Glen Court	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
CERTIFIER	FATHER—NAME First Middle Last 16. Ernest F. Dressler	MOTHER—MAIDEN NAME First Middle Last 17. Emma D. Thran	
	INFORMANT—NAME (Type or Print) 18a. Ruth Dressler	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1476 Garden Glen Court, Gardnerville, NV 89410	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a. Burial	CEMETERY OR CREMATORY—NAME 19b. Garden Cemetery	LOCATION City or Town State 19c. Gardnerville, NV
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. 	FUNERAL DIRECTOR LICENSE NUMBER 20b. 9	NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley, Carson City, NV 89706
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)  DATE SIGNED (Mo., Day, Yr.) 21b. 12/2/2002		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.) 22b.
	HOUR OF DEATH 21c. 1010		HOUR OF DEATH 22c.
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Derrick Moore, M.D. 77 Pringle Way, Reno, NV		LICENSE NUMBER 23b. 10291
CAUSE OF DEATH	REGISTRAR 24a. (Signature)  Dep.	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 4, 2002	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		
CAUSE OF DEATH	PART I (a) CARDIO PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
	PART I (b) HEMORRHAGIC CEREBROVASCULAR ACCIDENT DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 2 weeks
CAUSE OF DEATH	PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death
	AUTOPSY (Specify Yes or No) 25. NO	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO	
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.
	INJURY AT WORK (Specify) 28d.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE 28g.



STATE REGISTRAR

No. 230475

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: 

Date: **DEC 5 2002**

EXHIBIT 2
CERTIFICATE OF DEATH OF RUTH MARGARET DRESSLER

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2014008067

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

Form containing fields for: 1a. DECEASED NAME, 2. DATE OF DEATH, 3a. COUNTY OF DEATH, 3b. CITY, TOWN, OR LOCATION OF DEATH, 3c. HOSPITAL OR OTHER INSTITUTION, 5. RACE, 7a. AGE-Last birthday, 7b. UNDER 1 YEAR, 7c. UNDER 1 DAY, 8. DATE OF BIRTH, 9a. STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10. EDUCATION, 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, 12. SURVIVING SPOUSE, 13. SOCIAL SECURITY NUMBER, 14a. USUAL OCCUPATION, 14b. KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE-STATE, 15b. COUNTY, 15c. CITY, TOWN OR LOCATION, 15d. STREET AND NUMBER, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT NAME, 17. MOTHER/PARENT NAME, 18a. INFORMANT NAME, 18b. MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER, 19b. CEMETERY OR CREMATORY, 19c. LOCATION, 20a. FUNERAL DIRECTOR SIGNATURE, 20b. FUNERAL DIRECTOR LICENSE, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD, 22e. PRONOUNCED DEAD AT, 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR SIGNATURE, 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25. IMMEDIATE CAUSE, 26. AUTOPSY, 27. WAS CASE REFERRED TO CORONER, 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST., 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK, 28f. PLACE OF INJURY, 28g. LOCATION

STATE REGISTRAR

Information Corrected, State Affidavit # 60213, 05/28/2014 - 19b, 19c

531397

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.

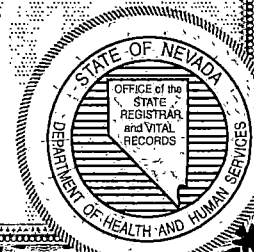
DATE ISSUED:

MAY 29 2014

This copy is not valid unless printed on certified paper displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a



Handwritten signature of Nicole Shore

STATE REGISTRAR