

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

When recorded, return to
George M. Keele, Esq.
1692 County Road, Ste. A
Minden, NV 89423



00018306201508661590060067

KAREN ELLISON, RECORDER

CERTIFICATE OF SUCCESSOR TRUSTEE

I, THOMAS M. LANAGAN, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

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

2. By instrument dated May 26, 1992, LEWIS G. JAKUBEC JR. and DORTHA L. JAKUBEC, as Trustors and Trustees, executed THE JAKUBEC FAMILY TRUST AGREEMENT ("Trust").

3. DORTHA L. JAKUBEC died on November 1, 2011, in Gardnerville, Nevada, a resident of Douglas County, Nevada. A certified copy of her Certificate of Death is attached hereto as Exhibit 1 and incorporated herein by this reference.

4. Pursuant to the terms of the Trust, LEWIS G. JAKUBEC JR. served alone as sole surviving Trustor and sole Trustee following the death of his wife DORTHA L. JAKUBEC.

5. On May 8, 2012, LEWIS G. JAKUBEC JR., as sole Trustor and sole Trustee, executed a First Amendment to the Trust, which stated, in pertinent part:

Should LEWIS G. JAKUBEC JR. become unable because of death, incompetency, or other causes, to serve as trustee, or should he resign as trustee, then THOMAS M. LANAGAN, currently of Wellington, Nevada, shall serve as successor trustee of all trusts provided for in this agreement. Furthermore, should LEWIS G. JAKUBEC JR. so desire, THOMAS M. LANAGAN may serve as co-trustee with LEWIS G. JAKUBEC JR.

6. LEWIS G. JAKUBEC died on March 11, 2015, in Gardnerville, Nevada, a resident of Douglas County, Nevada. A certified copy of his Certificate of Death is attached hereto as Exhibit 2 and incorporated herein by this reference.

7. Therefore, pursuant to the terms of the Trust, as amended, I am now the sole Successor Trustee of the Trust.

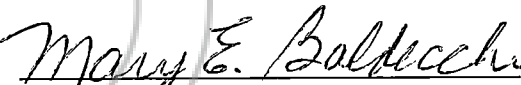
8. I have reviewed the terms and conditions of the Trust, as amended, as well as the duties of Successor Trustee under the Trust, and I hereby accept the appointment as Successor Trustee of, and I agree to assume and perform all of the fiduciary duties and responsibilities of Successor Trustee under, THE JAKUBEC FAMILY TRUST dated 5/26/92, as amended.

DATED this 10 day of July, 2015.


THOMAS M. LANAGAN

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 10th day of July, 2015, by THOMAS M. LANAGAN.


NOTARY PUBLIC

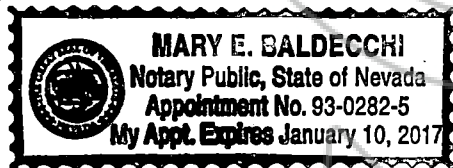


EXHIBIT 1

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2011017423

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) Dortha Louise JAKUBEC		2. DATE OF DEATH (Mo/Day/Year) November 01, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Evergreen Gardnerville Health and Rehab		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify): Nursing Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic:	
7a. AGE-Last birthday (Years): 84		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 27, 1926		9a. STATE OF BIRTH (if not U.S.A. name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Lewis G JAKUBEC	
13. SOCIAL SECURITY NUMBER ██████████-6703		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Executive Secretary		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1421 Walker View Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Johnson RUSH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sadie THOMAS		
18a. INFORMANT - NAME (Type or Print) Lewis G JAKUBEC		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1421 Walker View Rd Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) SIGNATURE AUTHENTICATED LAURENCE GAY M.D.			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) November 08, 2011		21c. HOUR OF DEATH 17:53		22b. DATE SIGNED (Mo/Day/Yr):	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR 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) Laurence Gay M.D. PO Box 19936 Reno, NV 89511			
23b. LICENSE NUMBER 5152		24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 2011		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).)				Interval between onset and death	
PART I (a) Cardiac Arrest				Seconds	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Bilateral Aspiration Pneumonia				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Dysphagia				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Severe Weakness Due To Cachexia				Weeks	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Chronic Obstructive Pulmonary Disease, Hypertension				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

VRS Rev 20110104

410722

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: 11/15/2011

Rud White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

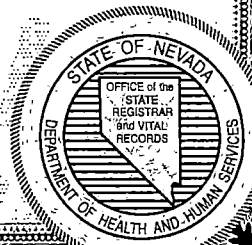
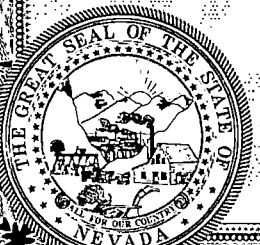


EXHIBIT 2

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

2015004297
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) Lewis, George JAKUBEC JR		2. DATE OF DEATH (Mo/Day/Year) March 11, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and Inpatient (Specify)) Gardnerville Health & Rehab Residential Care Facility		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 81	
9a. STATE OF BIRTH (If not U.S.A., Illinois)		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (Maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) March 10, 1934	
13. SOCIAL SECURITY NUMBER ██████████-5873		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Consulting Engineer)		14b. KIND OF BUSINESS OR INDUSTRY Electronics	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1421 Walker View Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lewis, George JAKUBEC			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Fern Ruby PRATT		
18a. INFORMANT - NAME (Type of Print) Tom LANAGAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1421 Walker View Rd, Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville, NV 89410	
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) VIJAY MAIYA MD 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) March 17, 2015		21c. HOUR OF DEATH 20:45		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Vijay Maiya MD, 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11909		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 17, 2015		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 Interval between onset and death					
(b) Gastrointestinal Bleed Interval between onset and death					
(c) Clostridium Difficile Interval between onset and death					
(d) Unknown Etiology 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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SUICIDE, HOMICIDE, UNDETERMINED 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

572144

CERTIFIED COPY OF VITAL RECORDS

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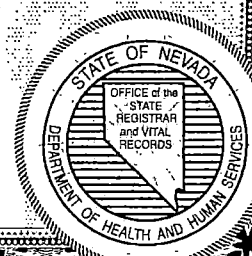
DATE ISSUED:

3/23/2015

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R. J. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE