



KAREN ELLISON, RECORDER

After Recording Mail to:

Kelly Edwardson  
1476 Kathy Way  
Gardnerville, NV 89460

Mail Tax Statements  
Same

The undersigned affirms that this document **does** contain the social security number of a person or persons, as required by NRS 440.380. (NRS 239B.030).

**AFFIDAVIT OF DEATH OF SURVIVING TRUSTEE  
SUCCESSION OF SUCCESSOR TRUSTEE  
AND CERTIFICATE OF THE RUHLAND FAMILY TRUST AND  
THE RUHLAND IRREVOCABLE FAMILY TRUST**

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS        )

Kelly Edwardson of Gardnerville, Nevada, and James R. Ruhland of San Diego, California, being first duly sworn, does hereby swear under penalties of perjury under the laws of the State of Nevada that the following statements are true:

(1) By instrument dated October 22, 1991, Albert J. Ruhland and Wendy E. Ruhland executed the Declaration of the Ruhland Family Trust ("Trust").

(2) The Ruhland Family Trust, appointed Kelly Edwardson and James R. Ruhland to serve as the Successor Co-Trustees of the Trust and any sub-trusts created thereunder upon the death or incapacity of Albert J. Ruhland and Wendy E. Ruhland.

(3) Wendy E. Ruhland died on September 4, 2005. Albert J. Ruhland, as surviving trustee, continued the Ruhland Family Trust as his survivor's revocable trust, and created the Ruhland Irrevocable Family Trust (collectively referred to as the "Trusts"). Albert J. Ruhland died on December 11, 2015, a resident of Douglas County Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of Albert J. Ruhland.

(4) Pursuant to the terms of the Trusts, Kelly Edwardson and James R. Ruhland have assumed all the duties of Successor Trustees.

(5) Kelly Edwardson and James R. Ruhland are authorized under the terms of the Trusts and applicable provisions of Nevada Revised Statutes to act as the Successor Co-Trustees with respect to the Trusts' interest in any property.

(6) Kelly Edwardson and James R. Ruhland are authorized to act on behalf of the Trusts, and are vested with the following powers concerning the management of the Trust property, in addition to the powers now or hereafter conferred under the laws of the State of Nevada, NRS 163.260 to 163.410, inclusive:

(a) To invest the trust estate in any common or preferred stocks, mutual funds, investment trusts, bonds, deeds of trust, notes, real estate, or other property the Trustee in the Trustee's discretion select. The Trustee shall have the full power to invest the Trust funds without being restricted to forms of investments that the Trustee may otherwise be permitted to make by law.

(b) To manage, control, grant options on, purchase, sell (for cash or deferred payments), convey, exchange, partition, divide, improve and repair real and personal Trust property.

(c) To operate any business that the Trustee receives or acquires under the Trust for as long as the Trustee considers advisable.

(d) To retain, purchase, or otherwise acquire unproductive real or personal property.

(e) To hold securities or other property in the Trustee's own name or in a nominee's name, or to hold securities unregistered in such condition that ownership will pass by delivery.

(f) To lease Trust property for terms within or beyond the term of the Trust for any purpose.

(g) To lend money to any person, including the probate estate of either Trustor.

(h) To purchase property at its fair market value, as determined by the Trustee in the Trustee's discretion, from the probate estate of either Trustor.

(i) To carry insurance of the kinds and in the amounts the Trustee considers advisable, at the expense of the Trust, to protect the trust estate and the Trustee personally against any hazard.

(7) No other person has a right to the interest of the Trust in the described property.

(8) For the purpose of inducing all persons, organizations, corporations and entities including but not limited to any bank, broker, custodian, insurer, lender, title company, transfer agent, taxing authority, governmental agency, or party to act in reliance upon this Certificate of Trust, Dawn Rosenberg hereby represents, warrants and agrees that:

(a) If the Trust is revoked or amended under any circumstances, Kelly Edwardson and James R. Ruhland, their estates, heirs, successors and assigns will hold any person, organization, corporation or entity (hereinafter referred to collectively as "Person") harmless from any loss suffered, or liability incurred by such Person in acting in accordance with the instructions of the Trustees acting under the Trust Agreement or this Certificate of Trust prior to the receipt by such Person of actual notice of any such revocation or amendment.

(b) The powers conferred on the co-Trustee by the Trust Agreement as set out in this Certificate of Trust may be exercised by the Co-Trustees and the Trustees' signature or act under the authority granted in the Trust Agreement may be accepted by Persons as fully authorized by the undersigned Co-Trustees and with the same force and effect as if they were personally present, competent and acting on their own behalf.

(c) No Person who acts in reliance upon this Certificate of Trust or any representations these Co-Trustees may make as to the fact that the Trustees' powers are then in effect, the scope of the Trustees' authority granted under the Trust Agreement, the Trustors' competency at the time the Trust Agreement was executed, the fact that the Trust Agreement has not been revoked, or the fact that the Trustee continues to serve as Trustee, shall incur any liability to the undersigned, Kelly Edwardson and James R. Ruhland's heirs or assigns for permitting the Co-Trustees to exercise any such authority.

Dated this 24<sup>th</sup> day of OCTOBER, 2016.

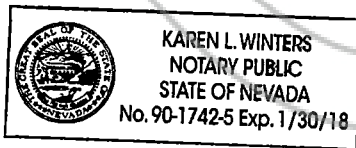
Kelly Edwardson  
KELLY EDWARDSON

James R. Ruhland  
JAMES R. RUHLAND

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

On Oct. 24, 2016, before me, Karen L. Winters, Notary Public, personally appeared Kelly Edwardson, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her 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.



Karen L. Winters  
NOTARY PUBLIC

**LOOSE CERTIFICATE  
ATTACHED**

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 James Lehland \_\_\_\_\_

Signature of Document Signer No. 1                      Signature of Document Signer No. 2 (if any)

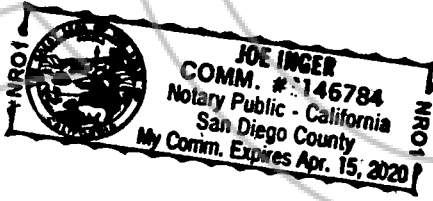
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
 County of San Diego

Subscribed and sworn to (or affirmed) before me  
 on this 4<sup>th</sup> day of October, 2016.  
 by \_\_\_\_\_  
 Date                      Month                      Year

(1) \_\_\_\_\_  
 (and (2) \_\_\_\_\_),  
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence  
 to be the person(s) who appeared before me.



Signature [Signature]  
 Signature of Notary Public

Seal  
 Place Notary Seal Above

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_  
 Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

CASE FILE NO. 3868118

2015022011  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Albert John RUHLAND</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 11, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient(Specify) <b>749 Mammoth Way Home</b>		4. SEX <b>Male</b>	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>81</b>	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 10, 1934</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., <b>New York</b> )		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Anita Dorothy ZANDER</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████-5166</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Manager</b> )		14b. KIND OF BUSINESS OR INDUSTRY <b>Alta Dena Dairy</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>749 Mammoth Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Albert RUHLAND</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Florence B FRAAS</b>		18a. INFORMANT- NAME (Type or Print) <b>Kelly EDWARDSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1476 Kathy Way, Gardnerville, Nevada 89460</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
CERTIFIER	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>JOHN PAUL KELLY M.D.</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 15, 2015</b>		21c. HOUR OF DEATH <b>11:10</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	22b. DATE SIGNED (Mo/Day/Yr)		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) <b>John Paul Kelly M.D. 1535 Medical Pkwy Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>6376</b>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 22, 2015</b>		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) <b>Lung Cancer</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death <b>3 Months</b>		Interval between onset and death Interval between onset and death Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

VRS-Rev-20120523a

609093

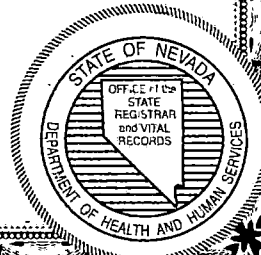
CERTIFIED COPY OF VITAL RECORDS

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: 12/29/2015

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

*Rud White*  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE