DOUGLAS COUNTY, NV

Rec:\$18.00

2016-889623 10/25/2016 03:48 PM

Total:\$18.00 LAW OFFICE OF KAREN L. WINTERS

Pgs=5

After Recording Mail to:

Kelly Edwardson 1476 Kathy Way Gardnerville, NV 89460

Mail Tax Statements Same



KAREN ELLISON, RECORDER

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.

- 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.
- 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 4 day of coroser, 2016.

MES 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 STATE OF NEVADA No. 90-1742-5 Exp. 1/30/18

LOOSE CERTIFICATE ATTACHED

## **GOVERNMENT CODE § 8202 CALIFORNIA JURAT WITH AFFIANT STATEMENT** ☐ 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) 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 Subscribed and sworn to (or affirmed) before me County of Man by (1)(and (2) Name(s) of Signer(s) proved to me on the basis of satisfactory evidence COMM. #1146784 to be the person(s) who appeared before me. Votary Public - California San Diego County 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:

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

**VITAL STATISTICS** 

## **CERTIFICATE OF DEATH**

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DERTIFIER    The cause(s) stated (Signature & Title)   SIGNATURE AUTHENTICATED   1.1.				urred at the time	date and place and	due 22a On th	a basis of examination	n and/or investigat	tion, in my oc	oinion death occ	urred
DIA DATE SIGNED (MODDBY/Yr)  December 15, 2015  21th DATE SIGNED (MODDBY/Yr)  December 15, 2015  22th DATE SIGNED (MODDBY/Yr)  22th DATE SIGNED (MODDBY/Yr)  22th DATE SIGNED (MODDBY/Yr)  December 15, 2015  22th DATE SIGNED (MODDBY/Yr)  December 12, 20th DATE SIGNED (MODDBY/Yr)  December 12		De la sina anunatal atata d'		SIGNATUR	E AUTHENTICAT						
22c. HOUR OF DEATH  21c. HOUR OF DEATH  21c. HOUR OF DEATH  22c. H				KELLY M.D.	The state of the s	i i i i i i i i i i i i i i i i i i i		•			
### 271d, NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  ### 272d, PRONOUNCED DEAD (MorDay/Yr)  ### 272d, PRONOUNCED DEAD (MorDay	CERTIFIER	환분 21b. DATE SIGNED (M	o/Day/Yr)	21c. HOUR OF D	DEATH	ම න 22b. DA	TE SIGNED (Mo/Da	ay/Yr)	22c. HOU	IR OF DEATH	
### 271d, NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  ### 272d, PRONOUNCED DEAD (MorDay/Yr)  ### 272d, PRONOUNCED DEAD (MorDay		្តីទី December 15, 2	2015		1:10	ŞÄ	- N		1		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  25b. LICENSE NUMBER 6376 2576 2576 2577 26a. REGISTRAR (Signature)  25c. IMMEDIATE CAUSE  CAUSE OF DEATH  25c. IMMEDIATE CAUSE  25c. IMMEDIATE C		8 21d NAME OF ATTEN	DING PHYSICIAN (F	OTHER THAN C	ERTIFIER	8 8 22d, PR	ONOUNCED DEAL	(Mo/Dav/Yr)	22e, PRO	NOUNCED DE	AD AT (Hou
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23b. LICENSE NUMBER 6376  24a. REGISTRAR (Signature)  VERALYNN A BOYACK SIGNATURE AUTHENTICATED  24c. DEATH DUE TO COMMUNICABLE DISE (INTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  25. IMMEDIATE CAUSE  (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  25. IMMEDIATE CAUSE  (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  26. INTERVAL between onset and do any white the underlying cause given in Part 1.  (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Special 27, WAS CASE (Specify) TYPE or No.)  No.  REFERENCE TO CORN.  No.  STATE REGISTRAR  25b. LICENSE NUMBER 6376  24c. DEATH DUE TO CORNMUNICABLE DISE (Mo/Day/Yr) December 22, 2015  Interval between onset and do interval between on		은 (Type or Print)		OTTIET TO SET O	and the same of th	58	V				
John Paul Kelly M.D. 1535 Medical Pkwy Carson City, NV 89703  24a. REGISTRAR (Signature)  VERALYNN A BOYACK SIGNATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR (MorDay/Yr) December 22, 2015  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (e), (b), AND (e).)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specify 7 sor No) No (Specify Yes or No)  No  STATE REGISTRAR  STATE REGISTRAR  24c. DEATH DUE TO COMMUNICABLE DISE. (MorDay/Yr) PECCHOPSE J. No  YES NO  VERALYNN A BOYACK (MorDay/Yr) Pecember 22, 2015  Interval between onset and displayed in the underlying cause given in Part 1.  26. AUTOPSY (Specify 7 sor No) No (Specify Yes or No) No  STATE REGISTRAR  STATE REGISTRAR			F CERTIFIER (PHYS	ICIAN ATTENDI	NG PHYSICIAN ME	DICAL EXAMINER C	R CORONER) (Tvi	oe or Print)	23b. 1	ICENSE NUM	BER
EGISTRAR  24a. REGISTRAR (Signature)  VERALYNN A BOYACK SIGNATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 22, 2015  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  27. IMMEDIATE (a) DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and do not resulting in the underlying cause given in Part 1.  27. IMMEDIATE (a) DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and do not resulting in the underlying cause given in Part 1.  27. MAS CASE (A) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  28. ACC. SUICIDE, HOM. UNDET. (R) REFERRED TO CORR (Specify Yes or No) NO  28a. NO. XI Interval between onset and do Interval between onset and		200. TERMIL AND ADDITION OF									
SIGNATURE AUTHENTICATED    Mor/Day/Yr)   December 22, 2015   YES   NO     No   No		24a REGISTRAR (Signature)						R 24c. DE	ATH DUE T	O COMMUNIC	ABLE DISE
CAUSE OF DEATH  CONDITIONS IF ANY WHICH GUERTON ON AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  ZEA ACC, SUICIDE, HOM, UNDET. ZEAD, DATE OF INJURY (MorDayry)  ZEA, CAC, SUICIDE, HOM, UNDET. ZEAD, DATE OF INJURY (MorDayry)  ZEAD, OR AS A CONSEQUENCE OF:  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  ZEAD, AUTOPSY (Special ZE, WAS CASE REFERRED TO CORE (Specify) as or No)  NO  STATE REGISTRAR	REGISTRAR	,				(Mo/Day/Yr) De	cember 22 20	45	YES T	7 по	X
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DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  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)  No  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  28a. ACC., SUICIDE, HOM., UNDET.  OR PENDING INVEST. (Specify)  28b. DATE OF INJURY AT WORK (Specify)  28c. HOUR OF INJURY  28d. DESCRIBE HOW INJURY OCCURRED  STATE REGISTRAR  Interval between onset and de Interval between on	CAUSE OF	1		JNE CAUSE PER	LINE FOR (a), (b),	AND (c).)					nizer and de
CONDITIONS IF ANY WHICH GAVE RISE TO THE ANY WHICH GAVE RISE TO THE UNDERLYING CAUSE LAST  (b)  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and display the underlying cause given in Part 1.  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Special Presented to Concession of No.)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  28a. ACC., SUICIDE, HOM, UNDET.  OR PENDING INVEST, (Specify)  28b. DATE OF INJURY (MorDay/Yr)  28c. HOUR OF INJURY  28d. DESCRIBE HOW INJURY OCCURRED  28e. INJURY AT WORK (Specify)  STATE REGISTRAR	DEATH	PART (8) LUNG Ca	incer						1 3	Months	
ANY WHICH GAVE RISE TO MEDIATE CAUSE  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Special 27. WAS CASE REFERRED TO CORE (Specify Yes or No) No (Specify Yes or No) Yes or No)  28a. ACC., SUICIDE, HOM., UNDET.  OR PENDING INVEST. (Specify)  28b. DATE OF INJURY (MorDay/Yr)  28c. HOUR OF INJURY  28d. DESCRIBE HOW INJURY OCCURRED  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE REGISTRAR		DUE TO, OR	AS A CONSEQUEN	CE OF:					Int	terval between	onset and d
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DUE TO, OR AS A CONSEQUENCE OF:  (d)  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)  No  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)  No  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)  No  No  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)  No  No  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)  No  No  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)  No  No  No  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)  No  No  No  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)  No  No  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)  No  No  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)  No  Part II OTHER SIGNIFICANT CONDITIONS-CONDITIONS  NO  Part II OTHER SIGNIFICANT CONDITIONS  NO  Part II OTHER SIGNIFICANT CONDITIONS  NO  Part II OTHER SIGNIFICANT CONDITIONS  Part II OTHER	IMMEDIATE #	BOE TO, OR	AS A CONSEQUEN	OF.		/ /			; ""	(at sat barwaarr	UN ISOC CE ICI CI
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Special 27. WAS CASE REFERRED TO CORK Yes or No.)  Yes or No.)  28a. ACC., SUICIDE, HOM., UNDET.  OR PENDING INVEST. (Specify)  28b. DATE OF INJURY (MorDay/Yr)  28c. HOUR OF INJURY  28d. DESCRIBE HOW INJURY OCCURRED  28d. INJURY AT WORK (Specify)  28f. PLACE OF INJURY- At home, farm, street, factory, office  28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE REGISTRAR	STATING THE	(c)				_//_		<del>.</del>			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Special Page of No.)  27. WAS CASE REFERRED TO CORK (Special Page of No.)  28a. ACC., SUICIDE, HOM., UNDET.  OR PENDING INVEST. (Special)  28b. DATE OF INJURY (Mo/Day/Yr)  28c. HOUR OF INJURY  28d. DESCRIBE HOW INJURY OCCURRED  28e. INJURY AT WORK (Special)  28f. PLACE OF INJURY- At home, farm, street, factory, office puliding, etc. (Specify)  STATE REGISTRAR	UNDERLYING CAUSE LAST	DUE TO, OR	AS A CONSEQUEN	ICE OF:		/ /			in .	(GLAS) DELMGOLI	Oriset and o
Yes or No) No    Yes or No)   Y	7	(d)		No.					:		
Yes or No) No    Yes or No)   Y	-/ /	PART II OTHER SIGNIFICAN	T CONDITIONS-Co.	nditions contributir	ng to death but not r	esulting in the underlyi	ng cause given in F	art 1. 26.	AUTOPSY	(Specif 27. WAS	CASE
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)  28b. DATE OF INJURY (MorDay/Yr)  28c. HOUR OF INJURY  28d. DESCRIBE HOW INJURY OCCURRED  28d.	_/ /			The state of the s		and the same of th		Yes	s or No) .	No (Specify	Yes or No)
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28e. INJURY AT WORK (Specify PLACE OF INJURY- At home, farm, street, factory, office pullding, etc. (Specify)  STATE REGISTRAR		OR PENDING (NVEST. (Specify)	LOD DATE OF INDI	JALI (MUNDAY/TI)	ZOU. HOUR OF IN	Zou. DESCRIC					
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Yes or No) puliding, etc. (Specify)  STATE REGISTRAR	- N	On INTERNATION	*. 004 D! AOE CE	NUIDV M.S.		. office   20m   000*T	ION STREET	TOPPED N-	CITY O	P TOWA!	QTA <sup>-</sup>
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