



KAREN ELLISON, RECORDER

After Recording, Mail to:

Gloria J. Norvell  
1341 Mary Jo Dr.  
Gardnerville, NV 89460

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

## CERTIFICATE OF TRUST AND NOTICE OF DEATH OF CO-TRUSTEE

The undersigned hereby certifies that on April 30, 1997, her now deceased husband, Frederick J. Norvell, and she created a revocable living trust. This Trust is known as: THE NORVELL FAMILY TRUST dated April 30, 1997, Frederick J. Norvell and Gloria J. Norvell Settlers and Trustee for the benefit of the Norvell family. On December 14, 1998, Trustees and Settlers Frederick J. Norvell and Gloria J. Norvell amended the revocable living trust by First Amendment to the Norvell Family Trust. The Norvell Family Trust was fully amended and restated on March 3, 2021 by the surviving Settlor, Gloria J. Norvell.

### IT IS AGREED BETWEEN PARTIES HERETO AS FOLLOWS:

#### Description of Trust

The undersigned hereto desires to confirm the establishment of a revocable and amendable living trust on April 30, 1997, which was amended by First Amendment dated December 14, 1998, and fully restated and amended on March 3, 2021, for the benefit of the Settlers and containing inter alia the following provisions:

1. Frederick J. Norvell and Gloria J. Norvell were designated as the original Co-Trustees to serve until their death, resignation or incompetence. Upon the death, resignation, removal, or incompetence of an original Co-Trustee and Co-Settlor, the remaining Co-Settlor/Co-Trustee shall serve as sole Trustee.
2. Original Co-Settlor/Co-Trustee Frederick J. Norvell died on November 10, 2020. A certified copy of his death certificate is attached hereto as Exhibit "A".
3. The Surviving Settlor/Trustee hereby remains as the sole Trustee over all trusts.

4. The undersigned Settlor/Trustee states that the Trust is funded and in full force and effect, and has not been revoked, modified or otherwise amended in any manner which would cause the representations in this Certification to be incorrect. The undersigned Gloria J. Norvell is the sole person who has any power to revoke any part of the Trust.

5. The undersigned states that under the terms of the Trust she, Gloria J. Norvell, has full power to act for said Trust and all sub-trusts created thereunder and is properly exercising her authority under said Trust in negotiating for, contracting for and executing any documents regarding trust property, and that no Trustee other than the undersigned is necessary under the Trust to sign any such documents.

6. The current Tax Identification Number(s) are available by contacting the Trustee.

7. Unless otherwise indicated in writing to a prospective transferee, the Trustee has full power to transfer assets held in the name of the Trust and all sub-trusts created thereunder and subsequent transferees are entitled to rely upon such transfers provided the chain of title is not otherwise deficient.

8. Declarant states that to the best of her knowledge, there are no claims, challenges of any kind or cause of action alleged, contesting or questioning the validity of the Trust or the Surviving Settlor's/Trustee's authority to act for the Trust.

9. Any Trustee has the power and authority to manage and control, buy, sell and transfer the Trust property, in such manner as the Trustee may deem advisable, including the power to grant, bargain, sell and convey, encumber and hypothecate, real and personal property, and the power to invest in corporate obligations of every kind, stocks, preferred or common, and to buy stocks, bonds and similar investments on margin or other leveraged accounts, except to the extent that such management would cause includability of an irrevocable Trust in the estate of a Trustee.

10. Following the death of the a Settlor, the Trust and all sub-trusts created thereunder, continues or is distributed in whole or in part for the benefit of named Beneficiaries according to the terms of the Trust.

11. While a Settlor is living and competent, except when there shall be a Corporate Trustee, the Trustee may add money to or withdraw money from any bank or savings and loan or checking account owned by the Trust without the approval of a Settlor.

12. All personal property transferred into Trust remains personal property and all real property transferred into Trust remains real property.

13. Unless otherwise indicated to a prospective transferee, the Trustee has full power to transfer assets held in the name of the Trust and subsequent transferees are entitled to rely upon such transfers provided the chain of title is not otherwise deficient.



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

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4180282

**CERTIFICATE OF DEATH**

**2020026234**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Frederick Jerrold NORVELL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 18, 2020</b>		3a. COUNTY OF DEATH <b>Washoe</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>The Seasons</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Assisted Living Facility</b>		
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		
	7a. AGE-Last birthday (Years) <b>99</b>		7b. UNDER 1 YEAR <b>MOS DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>May 09, 1921</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		
	10. EDUCATION <b>9</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Gloria HOUGHAM</b>		
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████ 9653</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		
	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>1341 Mary Jo Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>EDUCATION</b>		
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Matt NORVELL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Flora Ann DIRINGER</b>			
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Gloria NORVELL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1341 Mary Jo Drive Gardnerville, Nevada 89460</b>				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>		
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R BEAULAC</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>5890 S Virginia St. Suite 4-E Reno NV 89502</b>		
	TRADE CALL - NAME AND ADDRESS						
REGISTRAR	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>SIGNATURE AUTHENTICATED</b> <b>MARJORIE UHALDE MD</b>		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>November 30, 2020</b>		21c. HOUR OF DEATH <b>08:02</b>		22b. DATE SIGNED (Mo/Day/Yr)		
CAUSE OF DEATH	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) <b>Marjorie Uhalde MD 5542 Longley Ln Reno, NV 89511</b>				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>4427</b>		24a. REGISTRAR (Signature) <b>KATHERINE J SULLIVAN</b> SIGNATURE AUTHENTICATED				
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 30, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>				
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26 AUTOPSY (Specify Yes or No) <b>No</b>				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
PART I		(a) <b>Cerebral Atherosclerosis</b>				Interval between onset and death	
		(b) <b>Hyperlipidemia</b>				Interval between onset and death	
		(c) <b>Hypertension</b>				Interval between onset and death	
		(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part.1. <b>Hypothyroidism, Coronary Artery disease, Osteoporosis, Macular Degeneration</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			

2020026234 38 **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.

DEPUTY REGISTRAR

*Signature Authenticated*

DATE ISSUED: **12/1/2020** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

