

APN# 1420-31-000-003

Recording Requested by/Mail to:

Name: HERITAGE LAW

Address: 1625 Hwy 88, Ste. 304

City/State/Zip: MINDEN NV 89423



00130623202109636380140147

KAREN ELLISON, RECORDER

Mail Tax Statements to:

Name: DARREL D. PALM

Address: 971 STEPHANIE WAY

City/State/Zip: MINDEN NV 89423

CERTIFICATION OF TRUST

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification of Trust – Incapacity of Grantor and Co-Trustee  
Page Family Trust, dated December 22, 2006,  
and any amendments thereto**

Pursuant to Nevada Revised Statutes Title 13, Chapter 164.400 et al., this Certification of Trust is signed by all the currently acting Trustees of *Page Family Trust, dated December 22, 2006, and any amendments thereto*, who declare as follows:

1. The Grantors of the Trust are DARREL D. PAGE and PATRICIA L. PAGE. Grantor PATRICIA L. PAGE passed away on May 11, 2015. The trust is revocable by Grantor DARREL D. PAGE.
2. On August 2, 2018, sole Trustee and surviving Spouse and Grantor of the Trust, DARREL D. PAGE, appointed TAMERA LOU LARSEN to serve concurrently with DARREL D. PAGE as Co-Trustee of the Trust. Ms. Larson accepted her appointment as Co-Trustee of the Trust on August 2, 2018, and has been serving concurrently with Grantor and Co-Trustee DARREL D. PAGE ever since.
3. The issue of the administration of the Trust during incapacity of a Grantor is addressed in Article Four, "Trustee Succession – Distribution to Either Grantor." Therein, at Paragraph B, "Proof of Inability to Serve as Trustee," provides:

If one Grantor/Trustee is incapacitated, the remaining Grantor/Co-Trustee shall serve alone in accordance with ARTICLE ONE (1). If both Grantors are unable to continue to perform the duties of the office of Trustee, each Grantor's incapacity may be proven by two written certifications as follows: 1) a written certification by a licensed physician who is not related to the Grantor or to any Trust beneficiary, stating that the Grantor has become substantially unable to manage his or her financial affairs or is no longer able to resist undue influence; together with, 2) a written certification by a named Trust beneficiary asserting that the Grantor has become substantially unable to manage his or her financial affairs or is no longer able to resist undue influence. Once these certificates are completed, and provided one or both of the Grantors have not elected to resume the office pursuant to subparagraph C below, the successor Trustee shall have the power to assume the office of Trustee whether or not a court of competent jurisdiction has decided Grantor incompetent or has appointed a conservator or guardian. Upon receipt of such written notification, the remaining Co-Trustee or the successor Trustee(s) shall pay to the other Grantor or apply for the benefit of either Grantor, first from the community estate until it is exhausted and then from the separate estates of either or both Grantors (in equal shares to the extent possible), as much of the net income and principal of the Trust estate and the Trustee(s) consider necessary to provide for the incapacitated Grantor's health, education, support and maintenance.

The Successor Trustee's power shall remain in effect until the following occurs: in the Trustee's discretion and as certified in writing by a licensed physician (not related by blood or marriage to the Grantor or any beneficiary of this Trust), that the Grantor is again able to manage the Grantor's own financial affairs and/or is now able to resist undue influence.

4. On or about January 14, 2021, Dr. Noorie Pednekar, M.D., completed a *Physician's Certificate with Needs Assessment* stating his diagnosis that DARREL D. PAGE physical and mental diagnosis (DSM or ICD Diagnoses) and condition is "Dementia without Behavioral Disturbances," and, further, that DARREL D. PAGE's prognosis is "progressive deterioration in cognition." A copy of Dr. Pednekar's completed *Physician's Certificate with Needs Assessment* is attached hereto as **Exhibit 1** and incorporated herein by this reference.
5. A written certification by a named Trust beneficiary asserting that the Grantor, DARREL D. PAGE, has become substantially unable to manage his financial affairs has been issued and executed by Trust beneficiary TAMERA LOU LARSEN. A copy of Ms. Larsen's written certification is attached hereto as **Exhibit 2** and incorporated herein by this reference.
6. Due to the incapacity of the Grantor and Co-Trustee DARREL D. PAGE, as determined by Dr. Pednekar and Trust beneficiary TAMERA LOU LARSEN, the Successor Trustee of the *Page Family Trust, dated December 22, 2006*, TAMERA LOU LARSEN, is the acting Trustee of the Trust.
7. Assets held in the Trust shall be titled as:  

**Tamera Larsen, Successor Trustee of Page Family Trust, dated December 22, 2006, and any amendments thereto**
8. Any alternative description shall be effective to title assets in the name of the trust or to designate the trust as a beneficiary if the description includes the name of at least one initial or successor trustee, any reference indicating that property is being held in a fiduciary capacity, and the date of the trust.
9. The Trust Identification Number is the social security number of DARREL D. PAGE.
10. Excerpts from the trust agreement that establish the trust, designate the Trustee and set forth the powers of the Trustee will be provided upon request. The powers of the Trustees include the power to acquire, sell, assign, convey, pledge, encumber, lease, borrow, manage and deal with real and personal property interests.
11. The terms of the trust agreement provide that a third party may rely upon this Certification of Trust as evidence of the existence of the trust and is specifically relieved of any obligation to inquire into the terms of this agreement or the authority of my Trustee, or to see to the application that my Trustee makes of funds or other property received by my Trustee.
12. The trust has not been revoked, modified, or amended in any way that would cause the representations in this *Certification of Trust* to be incorrect.

Dated: March 03, 2021.



TAMERA LOU LARSEN  
Successor Trustee,  
*Page Family Trust, dated December 22, 2006*

CALIFORNIA ALL-PURPOSE NOTARY JURAT

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 Santa Clara

Subscribed and sworn to (or affirmed) before me on this 3<sup>rd</sup>  
day of March, 2021, by Tamera Lou Larsen

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



(Seal)

Signature

A handwritten signature in black ink, appearing to read "Kristin Yamaguchi", written over a horizontal line.

# EXHIBIT 1

*Certificate of Trust for the Page Family Trust, dated December 22, 2006,  
and any amendments thereto  
(Incapacity of Grantor and Co-Trustee)*

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***Redacted Physician's Certificate with Needs Assessment completed by  
Dr. Noorie Pednekar, dated January 14, 2021***

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Certificate of Trust – Incapacity of Grantor and Co-Trustee - Page Family Trust  
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HERITAGE LAW, A DIVISION OF KALICKI COLLIER, LLP ♦ 1625 Hwy 88, STE. 304 ♦ MINDEN, NV 89423 ♦ 775.782.0040  
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**PHYSICIAN'S CERTIFICATE WITH NEEDS ASSESSMENT**

*(Please answer all questions)*

I, PEDNEKAR NOORJE, am qualified to complete this form because:  
Physician's Full Name (please print legibly)

*(check one)*

- I am a physician licensed to practice in the State of Nevada.
- I am a physician employed by the Department of Veterans Affairs.
- I am employed by the following Nevada governmental agency that conducts investigations *(agency name)*: \_\_\_\_\_
- I am a person who is otherwise qualified to execute this certificate (subject to the court's determination). My qualifications are as follows:  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 1: Examination Information, Diagnosis and Condition**

I last examined DARREL PAGE, an adult, on 11/10/2020,  
Patient's Full Name ("Patient") Date of Exam

at CALTON TAHOE SPECIALTY CLINIC. I have been the Patient's physician  
Name of Facility or Address of Office or Residence

since 11/10/2020; Patient  *(check one)*  is /  is not under my continuing care/treatment.  
Date of First Encounter

A. Prior to the examination, I informed the Patient that my communications with him or her would not be privileged: .....  *(check one)*  Unable to Comprehend.  Yes  No

B. In addition to examining the Patient, I reviewed the following documents: \_\_\_\_\_  
\_\_\_\_\_

C. I  *(check one)*  AM /  AM NOT aware of the existence of a healthcare directive, living will, power of attorney, guardian nomination, or other similar document executed by the Patient.

If you ARE aware of such a document, provide additional information *(location of document, identity of designated agent, etc.)*: \_\_\_\_\_  
\_\_\_\_\_

D. Was the Patient given or diagnosed using any generally accepted cognitive assessment exam or tool, including but not limited to Folstein's mini-mental status exam? If YES, please attach a copy. ....  Yes  No

\* Before the court can appoint a guardian, a licensed physician must complete an assessment of the Patient's needs that identifies limitations of capacity and how such limitations affect the Patient's ability to maintain safety and basic needs.

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E. The Patient's physical diagnosis (DSM or ICD Diagnoses) and condition is: Dementia in front Behavioral disturbance

Prognosis is: progressive deterioration in cognition

Severity/Degree is:  check one  Mild  Moderate  Severe

F. The Patient's mental diagnosis (DSM or ICD Diagnoses) and condition is: \_\_\_\_\_

Dementia in front Behavioral Disturbance

Prognosis is: \_\_\_\_\_

Severity/Degree is:  check one  Mild  Moderate  Severe

G. Which of the following descriptions apply to the patient's degree of cognitive impairment (check all that apply)?

- The patient has a sufficient loss or total loss of executive function resulting in a barrier to meaningful understanding or rational response.
- The Patient is able to make independently some but not all of the decisions necessary for his or her own care and management of property.
- The patient is unable to execute on desires, preferences, or stated goals, preventing the ability to pursue the patient's own best interest.
- The patient is unable to receive or evaluate information.
- The patient is unable to make or communicate decisions to such an extent that the patient lacks the ability to meet essential requirements for physical health, safety, or self-care without proper assistance.
- None of the above.

H. Is the Patient facing an immediate need for medical attention? .....  Yes  No  
If YES, is the Patient unable to respond to the need for medical attention? ...  Yes  No  
If YES, explain the immediate attention needed and why the Patient is unable to respond:

\_\_\_\_\_

I. Is the Patient facing a substantial and immediate risk of physical harm? .....  Yes  No  
If YES, is the Patient unable to respond to that risk of physical harm? .....  Yes  No  
If YES, explain the immediate risk and why the Patient is unable to respond:

\_\_\_\_\_

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I. Is the Patient facing a substantial and immediate risk of financial loss? .....  Yes  No  
 If YES, is the Patient unable to respond to that risk of financial loss? .....  Yes  No  
 If YES, explain the immediate risk and why the Patient is unable to respond:

\_\_\_\_\_

\_\_\_\_\_

K. Does the Patient present a danger to himself/herself? .....  Yes  No  
 Does the Patient present a danger to others? .....  Yes  No  
 If YES, explain:

\_\_\_\_\_

\_\_\_\_\_

L. Has the Patient been subjected to abuse, neglect, or exploitation? .....  Yes  No  
 If YES, explain:

\_\_\_\_\_

\_\_\_\_\_

M. Is the Patient capable of living independently? ( check one)  
 Yes, without assistance  Yes, with assistance  No  
 If WITH ASSISTANCE, describe the assistance needed; if NO, explain why not:

\_\_\_\_\_

\_\_\_\_\_

N. Attached to this certificate is ( check all that apply, if applicable):  
 A copy of my report of the above exam which includes my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.  
 A copy of the Patient's chart notes which support and/or detail my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.  
 A letter, signed by me, detailing my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.

**SECTION 2: Ability to Appear at Hearing**

A. Would the Patient's attendance at a hearing for appointment of a guardian be detrimental to the Patient's mental health? .....  Yes  No  
 If YES, why?

\_\_\_\_\_

\_\_\_\_\_

B. Would attending the hearing for appointment of a guardian be detrimental to the Patient's physical health? .....  Yes  No  
 If YES, why?

\_\_\_\_\_

\_\_\_\_\_



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C. Is the patient able to appear at a court hearing? ..... Yes No  
If NO, why not?

D. Would the patient comprehend the reason for a hearing? ..... Yes No

E. Would the patient contribute to a hearing? ..... Yes No

**SECTION 3: Limitations, Abilities, and Needs**

A. The Patient's level of needed supervision is as follows:  
Locked Facility  
24-hour supervision  
Independent living with some supervision  
No supervision  
No supervision when taking medication

B. My opinion as to the Patient's everyday functions is as follows:

	Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	Unknown
<b>CARE OF SELF (Activities of Daily Living (ADLs) and related activities)</b>					
Bathe and shower					
Personal hygiene and grooming (e.g., brushing teeth, hair)					
Dress self					
Toilet hygiene (getting to toilet, cleaning self, getting back up)					
Functional mobility (e.g., walking, transferring to/from bed or chair)					
Feed self and eat for adequate nutrition					
Identify physical abuse or neglect and protect self from harm					
<b>FINANCIAL</b>					
Manage, deposit, withdraw, dispose of, and invest money and assets					
Protect, and spend small amounts of cash					
Employ persons to advise or assist him/her					
Identify financial exploitation, coercion, undue influence					
Protect self from financial exploitation, coercion, undue influence					
Give gifts and donations					

	Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	Unknown
<b>MEDICAL</b>					
Give/withhold medical consent to medical, dental, psychological					
Admit self to health facility					
Make or change an advance directive or healthcare power of attorney					
Manage medications					
Contact help if ill or in medical emergency					
<b>HOME AND COMMUNITY LIFE</b>					
Choose/establish residence					
Maintain reasonably safe and clean shelter					
Drive or use public transportation					
Prepare food/meals, cleanup					
Shop for groceries and necessities					
Use telephone or other forms of communication					
Make and communicate choices about roommates					
Avoid environmental dangers such as stove, poisons					
Maintain and pay household bills, utilities, mortgage/rent, taxes					

**SECTION 4: Civil and Legal**

A. In my opinion, the Patient lacks the capacity necessary to (☒ check all that apply):

- Enter into a contract, financial commitment, or lease arrangement
- Make or modify a will or power of attorney
- Participate in mediation

B. Is the Patient capable of driving? ..... Yes No Uncertain

C. Would the Patient present a risk or threat to self or others if Patient were to own or purchase a firearm? ..... Yes No Uncertain

D. Does the Patient have the capacity necessary to understand and complete voter registration forms and vote? ..... Yes No Uncertain

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**SECTION 5: Remarks and Recommendations**

A. If you have any remarks concerning other sections, or if you believe the court should be aware of other concerns about the Patient which are not included above, please explain:

\_\_\_\_\_  
\_\_\_\_\_

B. If you have any recommendations for needed treatment or services which are not included above, please explain:

\_\_\_\_\_  
\_\_\_\_\_

*(This certificate must be signed by the physician, agency employee, or other person identified at the top of page 1 of the certificate.)*

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: 1/14/2021

Signature: *[Handwritten Signature]*

Print Name: NOORIE PEDNEKAR, MD

Address: 1470 medical parkway  
unit 11303, Reno NV 89501

Telephone: 925-445-5464

The following psychologist, nurse, nurse practitioner, physicians' assistant, social worker, case manager, or other assisted in completion of this form (print all names below, if applicable):

OLIVIA FRANKE (PA-C)

\_\_\_\_\_  
\_\_\_\_\_



# EXHIBIT 2

Certificate of Trust for the *Page Family Trust*, dated December 22, 2006,  
and any amendments thereto  
(*Incapacity of Grantor and Co-Trustee*)

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***Trust Beneficiary's Written Certification of Grantor/Co-Trustee's Incapacity***

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Certificate of Trust – Incapacity of Grantor and Co-Trustee - Page Family Trust  
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**Trustee Beneficiary's Written Certification of Grantor and Co-Trustee's Incapacity  
Page Family Trust dated December 22, 2006,  
and any amendments thereto**

**WHEREAS**, on December 22, 2006, DARREL D. PAGE and PATRICIA L. PAGE executed the *Page Family Trust*.

**WHEREAS**, on May 11, 2015, PATRICIA L. PAGE passed away.

**WHEREAS**, on August 2, 2018, sole Trustee and surviving spouse and Grantor of the Trust, DARREL D. PAGE, appointed TAMERA LOU LARSEN to serve concurrently with DARREL D. PAGE as Co-Trustees of the Trust.

**WHEREAS**, TAMERA LOU LARSEN accepted her appointment as Co-Trustee of the Trust on August 2, 2018, and has been serving concurrently with Grantor and Co-Trustee DARREL D. PAGE ever since.

**WHEREAS**, Grantor and Co-Trustee DARREL D. PAGE is now incapacitated, having been diagnosed with "Dementia without Behavioral Disturbances" by Dr. Noori Pednekar, M.D., by and through a completed *Physician's Certificate with Needs Assessment* dated January 14, 2021.

**WHEREAS**, in accordance with Article Four, "Trustee Succession – Distribution to Either Grantor," at Paragraph B, "Proof of Inability to Serve as Trustee," of the Trust Instrument, I, TAMERA LOU LARSEN, a Trustee beneficiary, asset that the Grantor and Co-Trustee DARREL D. PAGE has become substantially unable to manage his financial affairs and may not be able to resist undue influence.

I declare under penalty of perjury under California law that the foregoing is true and correct.

Dated: March 03, 2021.



TAMERA LOU LARSEN

Trust Beneficiary

*Page Family Trust, dated December 22, 2006*

[ATTACH CALIFORNIA ALL-PURPOSE NOTARY JURAT]

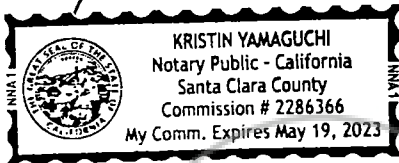
CALIFORNIA ALL-PURPOSE NOTARY JURAT

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 Santa Clara

Subscribed and sworn to (or affirmed) before me on this 3<sup>rd</sup>  
day of March, 2021, by Tamera Lou Larsen

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



(Seal)

Signature 