



KAREN ELLISON, RECORDER

After Recording, Mail to:

Mary E. Spindler
1054 Chip Ct.
Minden, NV 89423

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 January 23, 1993, her now deceased husband, Jerry S. Spindler, and she created a revocable living trust. This Trust is known as: **The Spindler Family Trust dated January 23, 1993**, Jerry S. Spindler and Mary E. Spindler, Trustees and Trustors for the benefit of the Spindler family.

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 January 23, 1993 for the benefit of the Trustors and containing inter alia the following provisions:

1. Jerry S. Spindler and Mary E. Spindler 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-Trustor, the remaining Co-Trustor/Co-Trustee shall serve as sole Trustee.
2. Original Co-Trustor/Co-Trustee Jerry S. Spindler died on May 29, 2021. A certified copy of his death certificate is attached hereto as Exhibit "A".
3. The Surviving Trustor/Trustee hereby remains as the sole Trustee over the trust and any sub-trusts created thereunder.
4. The undersigned Trustor/Trustee states that the Trust is funded and in full force and effect, and has not been revoked, modified or otherwise amended in any manner which would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 Mary E. Spindler 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, Mary E. Spindler, 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. Pursuant to the terms of the Trust, the Trustee may create revocable and irrevocable sub-trusts, for which separate Certificates of Trust may be issued.

8. 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.

9. The legal description of real property held in the Trust is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 33, in Block C as set forth on that certain Final Map LDA #99-054-03 SUNRIDGE HEIGHTS III, PHASE 3, a Planned Unit Development, recorded in the office of the Douglas County Recorder on June 5, 2000, in Book 0600, Page 880, as Document No. 493409, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, Page 470, as Document No. 502691.

Per NRS 111.312, the foregoing legal description of Nevada property was previously recorded at Document No. 2020-941149, on January 21, 2020.

10. 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.

11. 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.

12. Following the death of the surviving Trustor, 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.

13. While a Trustor is living and competent, 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 Trustor.

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

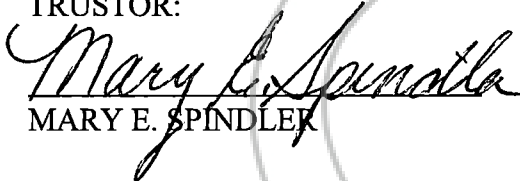
15. The situs of the Trust is the State of Nevada.

16. This Trust contains a spendthrift provision to the extent available under the laws of the State of Nevada.

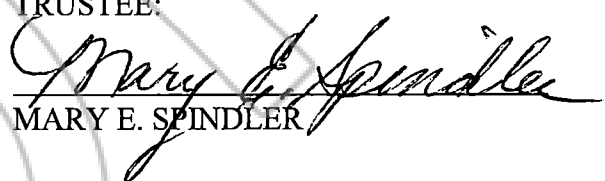
17. The use of this Certificate of Trust is for convenience only and the Trust is solely controlled as to provisions and interpretations, and any conflict between this abstract and the Trust shall be decided in favor of the Trust.

IN WITNESS WHEREOF, the Trustor and Trustee has hereto executed this Certificate of Trust and Notice of Death of Co-Trustee this 6th day of January, 2022.

TRUSTOR:


MARY E. SPINDLER

TRUSTEE:


MARY E. SPINDLER

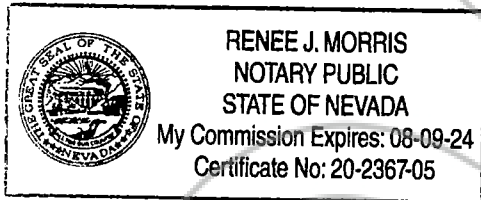
CERTIFICATE OF ACKNOWLEDGMENT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On this 6th day of January, 2022, before me, Renee J. Morris, a Notary Public, personally appeared MARY E. SPINDLER, 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 signatures on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

(Seal)



Renee J. Morris

NOTARY PUBLIC

COPY

EXHIBIT A

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4215875

CERTIFICATE OF DEATH

2021013113
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jerold S SPINDLER		2. DATE OF DEATH (Mo/Day/Year) May 29, 2021		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 30, 1939	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Mary Ella SMITHERMAN			
PARENTS	13. SOCIAL SECURITY NUMBER -6611		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) IT Technician		14b. KIND OF BUSINESS OR INDUSTRY Mono County	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1054 Chip Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilbur Frederick SPINDLER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Genevieve Lillian DUNN		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Mary Ella SPINDLER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1054 Chip Court Minden, Nevada 89423			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
	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) CRAIG RAU 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) June 01, 2021		21c. HOUR OF DEATH 12:30		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 10991		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 03, 2021	
	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) Cardiorespiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Acute On Chronic Hypoxic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Interstitial Pulmonary Fibrosis DUE TO, OR AS A CONSEQUENCE OF: (d) Chronic Back Pain			
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
CAUSE OF DEATH	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	

AKA: Jerold Stanley SPINDLER



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: 6/4/2021

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

