

Recording Requested by:

Norma J. Rankin

After Recording, Mail to:

Norma J. Rankin, Successor Trustee
Russell I. Lindell Jr. 1995 Trust
P.O. Box 255
Genoa, NV 89411



KAREN ELLISON, RECORDER

The undersigned affirms that this document, including all exhibits which may be attached hereto, DOES contain the social security number of any person, pursuant to NRS 443.380.

CERTIFICATE OF TRUST

The undersigned hereby certifies that on June 27, 1995, Russell I. Lindell, Jr. created a revocable Living Trust. This Trust is known as the Russell I. Lindell, Jr. 1995 Trust dated June 27, 1995, for the benefit of the Lindell Family, and the undersigned Norma J. Rankin became the Successor Trustee on even date herewith. Norma J. Rankin, of P.O. Box 255, Genoa, NV 89411, being first duly sworn, does hereby swear under penalty of perjury under the laws of the State of Nevada that the following statements are true:

1. By instrument dated June 27, 1995, Russell I. Lindell, Jr., as settlor and trustee, executed the Russell I. Lindell, Jr. 1995 Trust, referred to herein after as the "Trust".
2. The Trust appointed Norma J. Rankin to serve as Successor Trustee upon the death or incapacity of Russell I. Lindell, Jr.
3. Russell I. Lindell, Jr. died on August 24, 2022. A certified copy of his death certificate is attached as Exhibit "A".
4. Norma J. Rankin is authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in any property.
6. The following described real property is part of the Trust estate:

One-half interest in and to 216 Holton Ct., Genoa, Nevada 89411, bearing Assessor's Parcel Number 1319-03-401-005.
7. 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, and shall have,

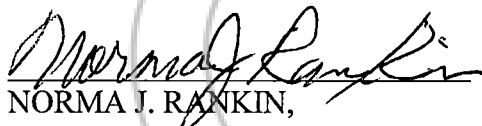
enjoy and exercise all powers and rights over and concerning said property and the proceeds thereof as fully and amply as though said Trustee were the absolute and unqualified owner of same, including the power to grant, bargain, sell and convey, encumber and hypothecate, real and personal property, 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. Any Trustee has the further power and authority to pay or contest any claim against the trust, to adjust, compromise or settle any claim against the trust, to prosecute or defend actions, claims, or proceedings of whatever kind for the protection of the trust property and of the trustee in the performance of the trustee's duties, and employ and compensate attorneys, advisors, and other agents as the trustee deems advisable.

8. 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.

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

10. The undersigned trustee hereby declares that the trust has not been revoked, modified, or amended in any manner which would cause the representations contained herein to be incorrect. This certification is being signed by the only currently acting trustee.

DATED this 4th day of October, 2022



NORMA J. RANKIN,
Trustee of the RUSSELL I. LINDELL, JR.
1995 TRUST

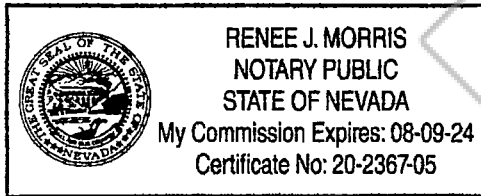
ACKNOWLEDGMENT

STATE OF NEVADA)
)
 : ss.
COUNTY OF DOUGLAS)

On October 4, 2022 before me, Renee J. Morris, Notary Public, personally appeared NORMA J. RANKIN, 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 capacities, and that by her signatures on the instrument the person, or the entity upon behalf of which the persons 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. 4302269

CERTIFICATE OF DEATH

2022020332
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED NAME (FIRST, MIDDLE LAST, SUFFIX) Russell I LINDELL		2 DATE OF DEATH (Mo./Day/Year) August 24, 2022		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 or number. Carson Tahoe Regional Medical Center		3d SELF-HOSP. OR INST. INPATIENT DATE DOA OP. Emer. Rm. Inpatient, Specify Inpatient	
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 75	
	7b UNDER-YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo./Day/yr) May 17, 1947	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA, name country) Illinois		9b CITIZEN OF V.HAT COUNTRY United States		10 EDUCATION 14	
	13 SOCIAL SECURITY NUMBER [REDACTED] 4734		14a USUAL OCCUPATION (Give Kind of Work Done During Most of [REDACTED]) Utility Engineer		14b KIND OF BUSINESS OR INDUSTRY Utilities	
PARENTS	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Genoa	
	15d STREET AND NUMBER 216 Holton Court		15e INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER/PARENT - NAME (First Middle Last Suffix) Swan Russell Irving LINDELL	
DISPOSITION	17a INFORMANT - NAME (Type or Print) Norma RANKIN		17b MAILING ADDRESS P.O. Box 255 Genoa Nevada 89411		17c MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Mary GORRAK	
	18a BURIAL CREMATION REYOVAL OTHER (Specify) Cremation		18b CEMETERY OR CREMATORY - NAME Waiton's Sierra Crematory		18c LOCATION City or Town State Carson City Nevada 89706	
TRADE CALL	20a FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) BLAKE HOWE		20b FUNERAL DIRECTOR LICENSE NUMBER FD622		20c NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N. Curry Street Carson City NV 89703	
	20d SIGNATURE AUTHENTICATED					
CERTIFIER	21a To the best of my knowledge death occurred at the time, date and place and due to the causes stated (Signature & Title) CRAIG PAU MD		21b DATE SIGNED (Mo./Day/yr) August 25, 2022		21c HOUR OF DEATH 04:50	
	21d NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print)		22a On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the causes stated (Signature & Title)		22b DATE SIGNED (Mo./Day/yr)	
REGISTRAR	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		23b LICENSE NUMBER 10991		24a DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24b REG. STRAPAR (Signature) SCOTT SHELDON SPANGLER		24c DATE RECEIVED BY REGISTRAR (Mo./Day/yr) August 26, 2022		24d SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I: (a) Acute Cardiorespiratory Failure		Interval between onset and death		26 AUTOPSY (Specify Yes or No) No	
	(b) DUE TO OR AS A CONSEQUENCE OF Post-obstructive Pneumonia		Interval between onset and death		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) DUE TO OR AS A CONSEQUENCE OF Metastatic Squamous Cell Carcinoma Of Lung		Interval between onset and death		28a ACC. SUICIDE HGT. UNDET. OR PENDING INVEST. (Specify)	
	(d) DUE TO OR AS A CONSEQUENCE OF Unknown Etiology		Interval between onset and death		28b DATE OF INJURY (Mo./Day/yr)	
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I		28c HOUR OF INJURY		28d DEGREE 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		



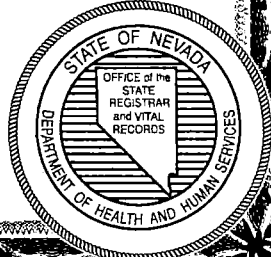
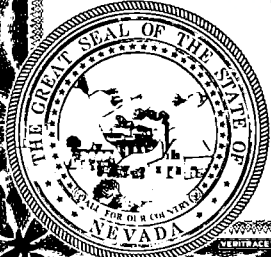
CERTIFIED COPY OF VITAL RECORDS

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: 8/30/2022

Scott Spangler
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