



SHAWNYNE GARREN, RECORDER

After Recording Mail to:

Ken Gebhart & Claire Armintrout
320 I Street
Davis, CA 95616

Mail Tax Statements To:

Ken Gebhart & Claire Armintrout
320 I Street
Davis, CA 95616

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 SUCCESSOR CO-TRUSTEES OF THE
TRUST A OF CHARLES V. GEBHART AND MURAY R. GEBHART
TRUST**

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

Claire M. Armintrout of Watsonville, California, and Kenneth C. Gebhart of Davis, California, being first duly sworn, does hereby swear under penalties of perjury under the laws of the State of California that the following statements are true:

(1) By instrument dated December 7, 1989, Charles V. Gebhart and Muray R. Gebhart executed the Declaration of the Charles V. Gebhart and Muray R. Gebhart Trust ("Trust"). The Trust was amended by a first amendment dated May 15, 2001 and further amended by a second amendment dated June 28, 2005. One initial Trustor, Muray R. Gebhart, died on November 7, 2004 and the Trust A of the Charles V. Gebhart and Muray R. Gebhart Trust ("Trust A") was created.

(2) Trust A appointed Claire M. Armintrout and Kenneth C. Gebhart to serve as the Co-Trustees of Trust A and any sub-trusts created thereunder upon the death or incapacity of the surviving Trustor, Charles V. Gebhart.

(3) Charles V. Gebhart, Trustor and initial Trustee, died on May 5, 2023. A certified copy of his death certificate is attached hereto as Exhibit "A".

(4) Pursuant to the terms of the Trust and Trust A, Claire M. Armintrout and Kenneth C. Gebhart have assumed all the duties of successor Co-Trustees.

(5) Claire M. Armintrout and Kenneth C. Gebhart are authorized under the terms of the Trust

and applicable provisions of Nevada Revised Statutes to act as the successor Co-Trustees with respect to the Trust A's interest in any property.

(6) Claire M. Armintrout and Kenneth C. Gebhart are authorized to act on behalf of the Trust A, and is vested with the following powers concerning the management of the Trust A property, in addition to the powers now or hereafter conferred under the laws of the State of Nevada:

(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 A 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 A property.

(c) To operate any business that the Trustee receives or acquires under the Trust A 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 A 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 A, 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 A 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, Claire M. Armintrout and Kenneth C. Gebhart hereby represent, warrant and agree that:

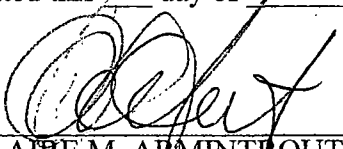
(a) If the Trust A is revoked or amended under any circumstances, Claire M. Armintrout and Kenneth C. Gebhart, their estates, heirs, successors and assigns will hold any person, organization, corporation or entity (hereinafter referred to collectively as "Person") harmless from any loss suffered, or 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.

(b) The powers conferred on the Trustees by the Trust Agreement as set out in this Certificate of Trust may be exercised by the Trustee alone and the Trustee's signature or act

under the authority granted in the Trust Agreement may be accepted by Persons as fully authorized by the undersigned Trustees and with the same force and effect as if they were personally present, competent and acting on their own behalf.

(c) No Person who acts in reliance upon this Certificate of Trust or any representations the Trustee may make as to the fact that the Trustee's powers are then in effect, the scope of the Trustee's 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, Charles V. Genhart's heirs or assigns for permitting the Trustees to exercise any such authority.

Dated this 8 day of 8, 2023.



CLAIRE M. ARMINTROUT

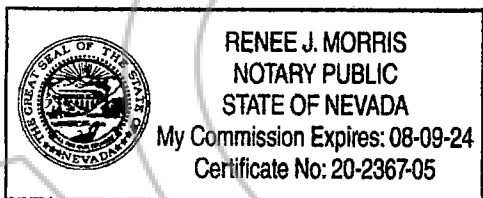


KENNETH C. GEBHART

STATE OF NEVADA)
COUNTY OF DOUGLAS)ss.

SUBSCRIBED AND SWORN TO before me, Renee J Morris, Notary Public, ON June 8th, 2023, by CLARE M. ARMINTROUT.

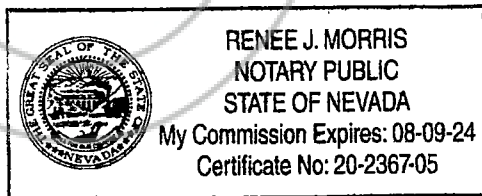
WITNESS my hand and official seal.


NOTARY PUBLIC

STATE OF NEVADA)
COUNTY OF DOUGLAS)ss.

SUBSCRIBED AND SWORN TO before me, Renee J Morris, Notary Public, ON June 8th, 2023, by KENNETH C. GEBHART.

WITNESS my hand and official seal.


NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4348414

CERTIFICATE OF DEATH

2023009987
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Charles Vernon GEBHART		2. DATE OF DEATH (Mo/Day/Year) May 04, 2023		3a. COUNTY OF DEATH Douglas	
	3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center		3e If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) August 21, 1932		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10 EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER 6618		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SELF EMPLOYED		14b. KIND OF BUSINESS OR INDUSTRY Properties Owner	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1383 Pin Oak		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Vernon GEBHART			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Virginia SPEAR		
TRADE CALL	18a INFORMANT- NAME (Type or Print) Kenneth C GEBHART		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 320 I Street Davis, California 95616			
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423	
	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) BETHANY L ADAMS APRN 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) May 08, 2023		21c. HOUR OF DEATH 11:53		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Bethany L Adams APRN 1155 Mill Street Reno, NV 89502				23b. LICENSE NUMBER APRN828531	
	24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 08, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
	(a) Cardiogenic shock					
PART II	DUE TO, OR AS A CONSEQUENCE OF: Non ST Elevation Myocardial Infarct				Interval between onset and death	
	(b) Acute Kidney Injury				Interval between onset and death	
	(c) Rhabdomyolysis				Interval between onset and death	
	(d)				Interval between onset and death	
26. AUTOPSY (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
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				



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.

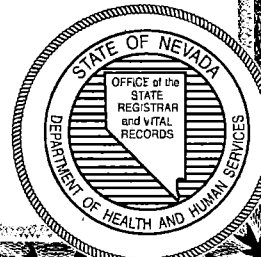
5/9/2023

DATE ISSUED:

Cody D. Hiney

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