



SHAWNYNE GARREN, RECORDER

After Recording Mail to:

Melinda Pickert  
2130 Rabbit Dr.  
Carson City, NV 89704

Mail Tax Statements To:

Melinda Pickert  
2130 Rabbit Dr.  
Carson City, NV 89704

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).

### CERTIFICATE OF THE MARSH FAMILY TRUST

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

Melinda L. Pickert, previously known as Melinda L. Marsh of Carson City, Nevada, being first duly sworn, does hereby swear under penalties of perjury under the laws of the State of Nevada that the following statements are true:

(1) By instrument dated September 1, 1990, William H. Marsh and Carolyn Marsh executed the Declaration of the Marsh Family Trust (“Trust”). The Trust was amended by a First Amendment to the Marsh Family Trust on January 4, 2011. The Trust has not been further amended as of the date of execution of this Affidavit.

(2) The Marsh Family Trust, appointed Melinda L. Pickert to serve as the Successor Trustee of the Trust and any sub-trusts created thereunder upon the death or incapacity of William H. Marsh and Carolyn Marsh.

(3) Trustor and Trustee Carolyn Marsh died on May 22, 2022 and an “Affidavit of Successor Trustee and Certificate of the Marsh Family Trust” evidencing her death was recorded in the Douglas County, State of Nevada Recorder’s Office on January 21, 2022 at Document No. 2022-987722.

(4) Trustor William H. Marsh died on Mary 21, 2023. A certified copy of his death certificate is attached hereto as Exhibit “A”.

(5) Pursuant to the terms of the Trust, Melinda L. Pickert has assumed all the duties of Successor Trustee.

(6) Melinda L. Pickert 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.

(7) Melinda L. Pickert is authorized to act on behalf of the Trust, and is vested with the following powers concerning the management of the Trust property, in addition to the powers now

or hereafter conferred under the laws of the State of Nevada, NRS 163.260 to 163.410, inclusive:

(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 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 property.

(c) To operate any business that the Trustee receives or acquires under the Trust 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 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, to protect the trust estate and the Trustee personally against any hazard.

(8) Real property subject to this Trust includes the following described property: All that real property in the County of Douglas, State of Nevada, bounded and described as follows:

Parcel 2, as set forth on Parcel Map LDA 00-48 for Crestmore Village Apartments Limited Partnership, filed for record September 2, 2001, in Book 0901, at Page 66, as Document No. 522015, Official Records of Douglas County, Nevada. APN 1220-03-201-004.

Commonly known as 1341 Elges Ave., Gardnerville, NV 89410.

Per NRS 111.312, this legal description was previously recorded at Document No. 0754821, in Book 1209, at Page 0319, on December 2, 2009.

No other person has a right to the interest of the Trust in the described property.

(9) 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, Melinda L. Pickert hereby represents, warrants and agrees that:

(a) If the Trust is revoked or amended under any circumstances, Melinda L. Pickert, her estate, 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 Trustee 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 Trustee 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 Trustee and with the same force and effect as if she was personally present, competent and acting on her 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, Melinda L. Pickert's heirs or assigns for permitting the Trustee to exercise any such authority.

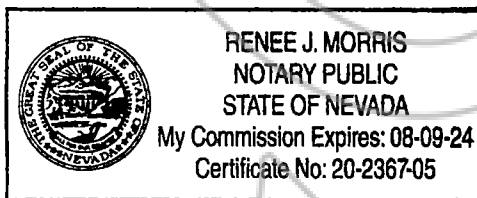
(10) The situs of this Trust is Nevada.

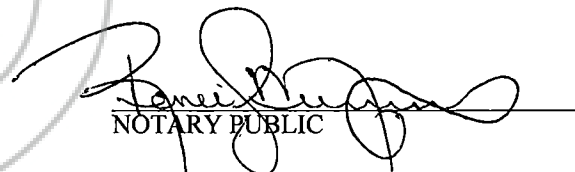
Dated this 15<sup>th</sup> day of June, 2023.

  
MELINDA L. PICKERT

On June 15, 2023, before me, Renee J. Morris, a Notary Public, personally appeared MELINDA L. PICKERT, 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 signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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. 4350871

**CERTIFICATE OF DEATH**

2023012017  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>William Howard MARSH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 21, 2023</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>Carson Tahoe Regional Medical Center</b>		3e.If Hosp. or inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
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>89</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
7d. UNDER 1 DAY <b>MIN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 21, 1933</b>			
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>5879</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>MANAGER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>PHONE COMPANY</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>2130 Rabbit Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Emer Lawrence MARSH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rita Martha-STEIN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Melinda PICKERT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2130 Rabbit Dr Carson City, Nevada 89704</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BETHANY J RASMUSSEN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD969</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
TRADE CALL - NAME AND ADDRESS					
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>CRAIG RAU MD</b> 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) <b>June 02, 2023</b>		21c. HOUR OF DEATH <b>11:55</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22f. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Craig Rau MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>10991</b>	
24a. REGISTRAR (Signature) <b>MARLI MORAIGNE REINHEIMER</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 02, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FCR (a), (b), AND (c).) PART I				Interval between onset and death	
(a) <b>Acute Cardiorespiratory Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Severe Sepsis</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Acute Cholecystitis</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Dementia</b>				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>Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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	



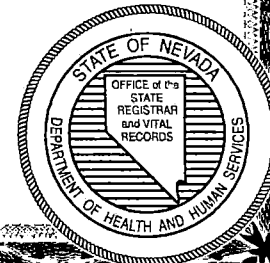
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vita Records.

DATE ISSUED: **6/3/2023**

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