

After Recording, Mail to:

Carole MacDonald
1636 Golconda Dr.
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

The undersigned affirms pursuant to NRS 239B.030 that this document does contain the social security number of any person as required by NRS 440.380.

CERTIFICATE OF TRUST THE MACDONALD FAMILY TRUST

The undersigned hereby certifies that on October 1, 1997, she and her now deceased husband, Arthur E.R. MacDonald created a revocable living Trust, dated October 1, 1997, which was fully amended and restated by Declaration dated September 25, 2019. This Trust is known as: THE MACDONALD FAMILY TRUST dated October 1, 1997, Carole Ann MacDonald Trustee and surviving Trustor for the benefit of the MacDonald 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 October 1, 1997, and amendments thereto, for the benefit of the Trustor and containing inter alia the following provisions:

1. Arthur E.R. MacDonald and Carole Ann MacDonald are designated as the Co-Trustees to serve until their deaths, resignation or incompetence.
2. Arthur E.R. MacDonald died on July 26, 2023, therefore Carole Ann MacDonald is designated as the sole Trustee to serve until her death, resignation or incompetence. A true and correct certified copy of Arthur E.R. MacDonald's death certificate is attached hereto as Exhibit "A".
3. Upon the removal of the original Trustee, the successor Trustee is designated as Victoria L. Giguere.
4. 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.

5. Following the death of the Trustor, the Trust continues or is distributed in whole or in part for the benefit of other named Beneficiaries according to the terms of the Trust.

6. While the 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 the Trustor.

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

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

11. 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 certificate 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 this 22nd day of August, 2023.

TRUSTOR/TRUSTEE:

Carole Ann Macdonald
CAROLE ANN MACDONALD

CERTIFICATE OF ACKNOWLEDGMENT

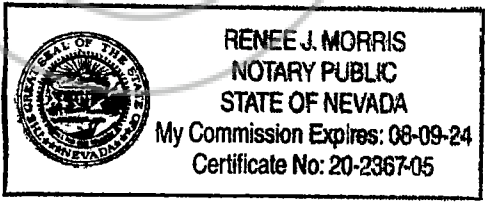
STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On this 22nd day of August, 2023, before me, Renee J. Morris, a Notary Public, personally appeared CAROLE ANN MACDONALD, 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.
(Seal)

Renee J. Morris

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. 4361643

CERTIFICATE OF DEATH

2023016583
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) Arthur Elmore Royston		2. DATE OF DEATH (Mo/Day/Year) July 26, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1636 Golconda Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. (Inpatient)(Specify) Home	
4. SEX Male		5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR (MOS DAYS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) October 03, 1933		9a. STATE OF BIRTH (If not US/CA, name country) Nova Scotia		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Carole Ann BRAY	
13. SOCIAL SECURITY NUMBER ██████████5681		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1636 Golconda Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thompson MACDONALD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margorie CANN		
18a. INFORMANT - NAME (Type or Print) Victoria L GIGUERE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1636 Golconda Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO CARPENTER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) REED DOFF MD			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) July 27, 2023		21c. HOUR OF DEATH 04:48		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Reed Doff MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 01, 2023		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				Interval between onset and death	
(a) Respiratory Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Osteomyelitis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Peripheral Arterial Disease				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Pulmonary Hypertension, Coronary Heart Disease				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)		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	



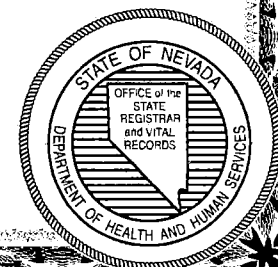
CERTIFIED COPY OF VITAL RECORDS

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.

Wesley T Storey
STATE REGISTRAR

DATE ISSUED: **8/4/2023**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE