

CERTIFICATE OF INCUMBENCY

STATE OF NEVADA )  
                          ) SS.  
COUNTY OF CLARK )

MILTON FOGLIANI, being first duly sworn upon oath, depose and state as follows:

1. That MILTON FOGLIANI, as Grantor, and HAROLD HAMMOND, as Trustee(s) created the VERA M. FLINSPACH LIVING TRUST DATED APRIL 7, 1993 Trust, under an Agreement dated APRIL 7, 1993, and amended N/A, (hereafter referred to as the "Trust"). The Trust provides that upon the death of HAROLD HAMMOND, then MILTON FOGLIANI shall serve as surviving/successor Trustee(s).

2. That HAROLD HAMMOND, the Grantor/CoTrustee of said Trust has died and a Certified copy of the Death Certificate is attached hereto as Exhibit "A".

3. MILTON FOGLIANI, hereby files this certificate and does hereby accept the appointment of surviving/successor Trustee as provided for in the Trust.

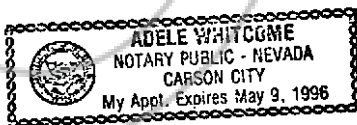
Dated this 2 day of November 1995.

*Milton Fogliani*  
MILTON FOGLIANI

STATE OF NEVADA )  
                          ) SS.  
COUNTY OF CLARK )

On November 2, 1995, personally appeared before me, a Notary Public, Milton Fogliani, who acknowledged that he executed the above instrument.

*Adele Whitcome*  
Notary Public



STATE OF UTAH DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

ICM FILE NUMBER 27-44 STATE FILE NUMBER \_\_\_\_\_

NAME OF DECEDENT FIRST MIDDLE LAST 2 SEX 3a. DATE OF DEATH (Mo. Day, Yr) 3b. TIME OF DEATH (Mo. Day, Yr)

HAROLD DEAN HAMMOND Male February 5, 1994 09:45

DATE OF BIRTH (Mo. Day, Yr) 4. AGE (at death) (If under 1 year, of weeks or months) 5. BIRTHPLACE (City & State or Foreign Country) SOCIAL SECURITY NUMBER

Feb. 26, 1922 72 yrs. Ukraine, Nevada

6. PLACE OF DEATH (Specify only if not at home) 7. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a home, give street address of location)

St. George Washington Dixie Regional Medical Center

8. SURVIVING SPOUSE (If none, give number name)

Shannon Shumway

9. DECEASED'S USUAL OCCUPATION (State kind of work done during most of working life. Do NOT use retired) 10. KIND OF BUSINESS OR INDUSTRY

Maintenance Supervisor Telephone Company

11. MARITAL STATUS 12. RESIDENCE - STREET AND NUMBER 13. CITY, TOWN OR COMMUNITY 14. STATE

Married P.O. Box 235 Pioche Lincoln Nevada

15. ZIP CODE 16. RACE - Black, White, Am. Indian (Indicate by ancestry, Japanese, etc. (Specify)) 17. EDUCATION (Specify only highest grade completed) (Elementary or Secondary (9-12); College (13-16 or 17+))

89043 White 16

18. DECEASED'S USUAL RESIDENCE ADDRESS (Specify street, city, state, and zip code)

Zina Elizabeth Blair

19. NAME, RELATIONSHIP AND ADDRESS OF INFORMANT

Shannon Hammond (Wife) P.O. Box 235 - Pioche, Nevada 89043

20. DATE OF DEPOSITION 21. PLACE OF DEPOSITION (Name of cemetery, church, or other place)

Feb. 8, 1994 Hammond Cemetery Ukraine, Nevada

22. LICENSE NUMBER 23. FUNERAL HOME (Name, address and license number)

111435 METCALF MORTUARY #70

24. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 25. IF NOT CERTIFYING PHYSICIAN, used death reported to I.C.E.? (If yes, enter the date and hour reported; I.C.E. Case No.)

2-5-94 Yes 288 West St. George Blvd. St. George, Utah 84710

26. CERTIFIER 27. DATE FILED (Month, Day, Year)

CERTIFYING PHYSICIAN FEB 14 1994

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

28. SIGNATURE & TITLE OF CERTIFIER 29. DECEASED'S RESIDENCE (City, State, Zip)

Kent M. [Signature] 6469 February 7, 1994

30. NAME AND ADDRESS OF PERSON WHO OBTAINED THE CAUSE OF DEATH (ITEM 31) (Specify)

Dr. B. McDonald M.D. 515 South 300 East - St. George, Utah 84770

31. MEDICAL CAUSE (Final cause or condition leading to death) 32. APPROXIMATE NUMBER OF HOURS SINCE DEATH

Cerebral Hemorrhage 2 HRS

Hypertensive Stroke 17 HRS

Arterial Sclerosis 1 Month

33. IF IN YOUR OPINION, TOBACCO USE BY THE DECEDENT 34. WAS AN AUTOPSY PERFORMED? 35. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Did not contribute to the cause of death Yes Yes

36. NUMBER OF DEATH 37a. DATE OF INJURY (Month, Day, Year) 37b. TIME OF INJURY (24 Hour Clock) 37c. INJURY AT WORK? 37d. PLACE OF INJURY (At home, farm, street, factory, office, outdoors, etc. (Specify))

None None No None

38. LOCATION (Street or road name number, city or town, county and state) 39. HOW INJURY OCCURRED (Specify sequence of events which resulted in injury; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

None None

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-2 of the Utah Code, Annotated, 1993.

Date Issued: **MAR 02 1994**

County Washington

Registrar Ray L. Edwards

John E. Brockert  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS

By \_\_\_\_\_

SDH-BMS 96 (1/93)  
LL 253111

BOOK 115 PAGE 68



THIS DOCUMENT IS BEING ATTACHED FOR RECORDING FOR CLARIFICATION PURPOSES ONLY

CERTIFICATE OF INCUMBENCY

STATE OF NEVADA )  
 ) SS.  
COUNTY OF CLARK )

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
MILTON FOGLIANI

STATE OF NEVADA )  
 ) SS.  
COUNTY OF CLARK )

On \_\_\_\_\_, personally appeared before me, a Notary Public, \_\_\_\_\_, who acknowledged that he executed the above instrument.

\_\_\_\_\_  
Notary Public

104225  
FILED AND RECORDED AT REQUEST OF  
UNITED TITLE OF NEVADA  
NOVEMBER 8, 1995  
1:01 MINUTES PAST 1 O'CLOCK  
P.M. IN ROOM 115 OF OFFICIAL  
RECORDS, PAGE 682 LINCOLN  
COUNTY, NEVADA.

YURIKO SETZER  
BY Gullie Boucher DEPUTY