

APN 010-162-09



0142932

**CERTIFICATE OF INCUMBENCY**

**Affirmation Statement**

[Signature] I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

[Signature] I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: NEVADA  
(State specific law)

[Signature] \_\_\_\_\_ AGENT  
Signature Title

RENATO RITTER  
Print

04/02/2013  
Date

**Grantees address and mail tax statement:**  
DAVID K. WYNN, SUCCESSOR TRUSTEE  
15503 N.E. 41TH STREET  
VANCOUVER, WA 98682



**CERTIFICATE OF INCUMBENCY**

*AFFIDAVIT OF INCUMBENT TRUSTEE  
OF THE  
JAMES R. GRADY REVOCABLE TRUST  
DATED OCTOBER 3, 2008,*

STATE OF NEVADA           } }  
  } } s.s.  
COUNTY OF CLARK        }

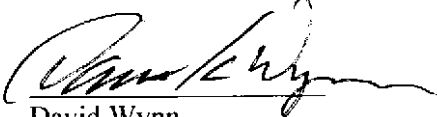
David Wynn under penalties of perjury, does hereby certify and say that:

1. On October 3, 2008 James R. Grady established a revocable Trust entitled the "James R. Grady Revocable Trust.."
2. Under the terms of said Trust, James R. Grady was serving as Trustee, but James R. Grady ("decedent") has died, and a certified copy of his death certificate is attached hereto and incorporated herein by this reference as Exhibit A. Under the terms of the Trust, James R. Grady is hereby removed as Trustee of the Trust.
3. Pursuant to the terms of the Trust, the office of Trustee is to be filled by David Wynn The Successor Trustee, who, by signing this Certificate, accepts the duties and responsibilities thereof, and agrees to be bound by the terms of the Trust.
4. The Trustee has all powers now or hereafter conferred upon Trustees by applicable state law, and also those powers appropriate to the orderly and effective administration of the Trust. Any expenditure involved in the exercise of the Trustee's powers shall be borne by the Trust estate. Such powers shall include, but not be limited to, the following powers with respect to the assets in the Trust estate:
  - a. To register any securities or other property held hereunder in the name of the Trustee or in name of a nominee, with or without the addition of words indicating that such securities or other property are held in fiduciary capacity, and to hold in bearer form any securities or other property held hereunder so that title thereto will pass by delivery, but the books and records of the Trustee shall show all such investments are part of her respective funds.
  - b. To hold, manage, invest and account for the separate trusts in one or more consolidated funds, in whole or in part, as she may determine. As to each consolidated fund, the division into the various shares comprising such fund need be made only upon the Trustee's books and account.
  - c. To lease Trust property for terms within or beyond the term of the Trust and for any purpose, including exploration for and removal of gas, oil, and other minerals; and to enter into community oil leases, pooling and unitization agreements.

- d. To borrow money, mortgage, pledge or lease trust assets for whatever period of time. Trustees shall determine, even beyond the expected term of the respective Trust.
- e. To hold and retain any property, real or personal, in the form in which the same may be at the time of the receipt thereof, as long as in the exercise of their discretion it may be advisable so to do, notwithstanding same may not be of a character authorized by law for investment of trust funds.
- f. To invest and reinvest in their absolute discretion, and they shall not be restricted in their choice of investments to such investments as are permissible for fiduciaries under any present or future applicable law, notwithstanding that the same may constitute an interest in partnership.
- g. To advance funds to any of the Trusts for any Trust purpose. The interest rate imposed for such advances shall not exceed the current rates.
- h. To institute, compromise, and defend any actions and proceedings.
- i. To vote, in person or by proxy, at corporate meetings any shares of stock in any Trust created herein, and to participate in or consent to any voting Trust, reorganization, dissolution, liquidation, merger, or other action affecting any such shares of stock or any corporation which has issued such shares of stock.
- j. To partition, allot, and distribute, in undivided interest or in kind, or partly in money and partly in kind, and to sell such property as the Trustee may deem necessary to make division or partial or final distribution of any of the Trusts.
- k. To determine which is principal or income of the Trusts and apportion and allocate receipts and expenses as between these accounts.
- l. To make payments hereunder directly to any beneficiary under disability, to the guardian of his or her person or estate, to any other person deemed suitable by the Trustees, or by direct payment of such beneficiary's expenses.
- m. To employ agents, attorneys, brokers, and other employees, individual or corporate, and to pay them reasonable compensation, which shall be deemed part of the expenses of the Trusts and powers hereunder.
- n. To accept additions of property to the Trust, whether made by the Trustors, a member of the Trustor's family, by any beneficiaries hereunder, or by any one interested in such beneficiaries.
- o. To hold on deposit or to deposit any funds of any Trust created herein, whether part of the original Trust fund or received thereafter, in one or more savings and loan associations, bank or other financing institution and in such form of account, whether or not interest bearing, as Trustees may determine, without regard to the amount of any such deposit or to whether or not it would otherwise be suitable investment for funds of a trust.
- p. To open and maintain safety deposit boxes in the name of this Trust.



- q. To make distributions to any Trust or beneficiary in cash or in specific property, real or personal, or an undivided interest therein, or partly in cash and partly in such property, and to do so without regard to the income tax basis of specific property so distributed.
  - r. The powers enumerated in NRS 163.265 to NRS 163.410, inclusive, are hereby incorporated herein to the extent they do not conflict with any other provisions of the Trust, and those powers enumerated in Article IX of the Trust.
5. The trust instrument provides that no person dealing with the Trust is obligated to see to the application of any property paid or delivered to her or to inquire into the expediency or propriety of any transaction or the authority of the Trustee to enter into and consummate the same upon such terms as she may deem advisable.
6. The trust estate includes all jewelry, pictures, books, silverplate, linen china, coin collections, glassware, objects of art, clothing, household furniture and furnishings, and tangible articles of personal property, together with any insurance on such property, as well as insurance on any other assets owned by trust, promissory notes, amounts owing to trustors, stocks, bonds,

  
 David Wynn

RECORDING REQUESTED BY:

When recorded, mail to:  
David Wynn

*15503 NE 41st St  
Vancouver Wa.  
98682*

and to

Whitehead Law Office  
Jeffrey J. Whitehead, Esq.  
2431 W Horizon Ridge Pkwy. # 110  
Henderson, NV 89052



*Jenifer Kostelac*

*county of Clark  
state of Nevada*

**STATE OF NEVADA—DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH—VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2012017888**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>James R GRADY</b>			2. DATE OF DEATH (Mo/Day/Year) <b>October 29, 2012</b>		3a. COUNTY OF DEATH <b>Clark</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Desert Springs Hospital</b>		5a. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>		
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>72</b>		7b. UNDER 1 YEAR MOS DAYS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 07, 1939</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)		4. SEX <b>Male</b>	
	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Truck Driver</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Test Site</b>		Ever in US Armed Forces? <b>No</b>	
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>		15d. STREET AND NUMBER <b>5133 E. Hallet Drive</b>	
	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Morgan R GRADY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lavinia DRISKOLL</b>		
DISPOSITION	18a. INFORMANT- NAME (Type or Print) <b>Jerry ARMSTRONG</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>335 Cypress Creek Road #4305 Cedar Park, Texas 78613</b>			19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>			19d. LOCATION City or Town State	
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BART BURTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>50</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Eastern</b> <b>7600 S Eastern Las Vegas NV 89123</b>			
	TRADE CALL - NAME AND ADDRESS							
CERTIFIER	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>SIGNATURE AUTHENTICATED</b> <b>BASSAM AL-OWIR MD</b>			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>November 13, 2012</b>		21c. HOUR OF DEATH <b>14:03</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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) <b>BASSAM AL-OWIR MD 2075 E. Flamingo Road Las Vegas, NV 89119</b>					23b. LICENSE NUMBER <b>10605</b>		
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>SUSAN ZANNIS</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 13, 2012</b>		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							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Respiratory failure</b>		Interval between onset and death					
	(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Acute renal disease</b>		Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Shock</b>		Interval between onset and death						
(d) DUE TO, OR AS A CONSEQUENCE OF: <b>Aortic dissection - non-traumatic</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 I.					26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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				

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

John Middaugh, M.D.  
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: **NOV 15 2012**