Lincoln County - NV - Recorder Leslie Boucher APN Page 1 Fee: \$42.00 Recorded By: AE RPTT: Book- 298 Page- 0544 APN APN Certificate of trues
Title of Document **Affirmation Statement** 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) 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: (State specific law) Grantees address and mail tax statement:

DOC # 0148383

Recording requested By MARILOU E. DENOOY

10:44 AM

Record

CERTIFICATE OF TRUST

The undersigned Grantors hereby certify the following:

- 1. This Certificate of Trust relates to the DENOOY FAMILY TRUST DATED MAY 12, 2010 (the "Trust") created by trust agreement (the "Trust Agreement").
- 2. The names of the Grantors are DONALD M. DENOOY and MARILOU E. DENOOY.
- 3. The names of each original trustee are DONALD M. DENOOY and MARILOU E.

 DENOOY. This authority is provided by the following provision in the Declaration of
 Trust: "We hereby designate ourselves as the primary trustees of this trust. Either or both of us may exercise dominion and control over any and all of the trust assets, except as to amendment or revocation of this trust, which shall be pursuant to the provisions of Article Three. Upon the death of one of us, the survivor shall continue to act as the primary trustee of this trust with full power and authority to deal with any and all of the assets of this trust in any manner that said survivor sees fit, except as otherwise provided in Article Two and/or Article Three of this trust. During the existence of this trust, each grantor shall have the right to partition, enabling each grantor to restrict, transfer, or withdraw one-half of the assets in this trust."
- 4. The name and address of each trustee empowered to act under the Trust Agreement at the time of the execution of this Certificate of Trust are:

Primary: DONALD M. DENOOY and MARILOU E. DENOOY

P.O. Box 384

Caliente, Nevada 89028

Successor: MARI MICHELE DENOOY-SWAGEL

Alternate Successor: DAWNA RIGGLEMAN

The trustee(s) are authorized by the Trust Agreement to sell, convey, pledge, mortgage, lease, manage, operate, control, transfer title, divide, convert or allot the trust property, including real and personal property including but not limited to securities of all kinds, and to sell upon deferred payments, except as limited by the following (if none, so indicate): NONE

- The undersigned hereby represent that the statements contained in this Certificate of Trust are true and correct, and that there are no other provisions in the Trust Agreement or amendments to it that limit the powers of the Trustee to sell, convey, pledge, mortgage, lease, manage, operate, control, transfer title, divide, convert, allot or sell upon deferred payments trust property, including real and personal property including but not limited to securities of all kinds.
- 7. This trust has not been revoked, modified, or amended in any manner which would cause the representations in this certification of trust to be incorrect. This trust is being signed by all currently acting trustees of the trust.

DONÁLD M. DENOOY

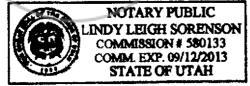
MARILOU E. DENOOY

STATE OF UTAH

COUNTY OF WASHINGTON

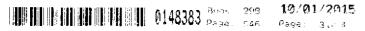
) SS:

Personally came before me this 12th day of May, 2010, the above named DONALD M. DENOOY and MARILOU E. DENOOY, to me known to be the persons who executed the foregoing instrument and acknowledged the same.

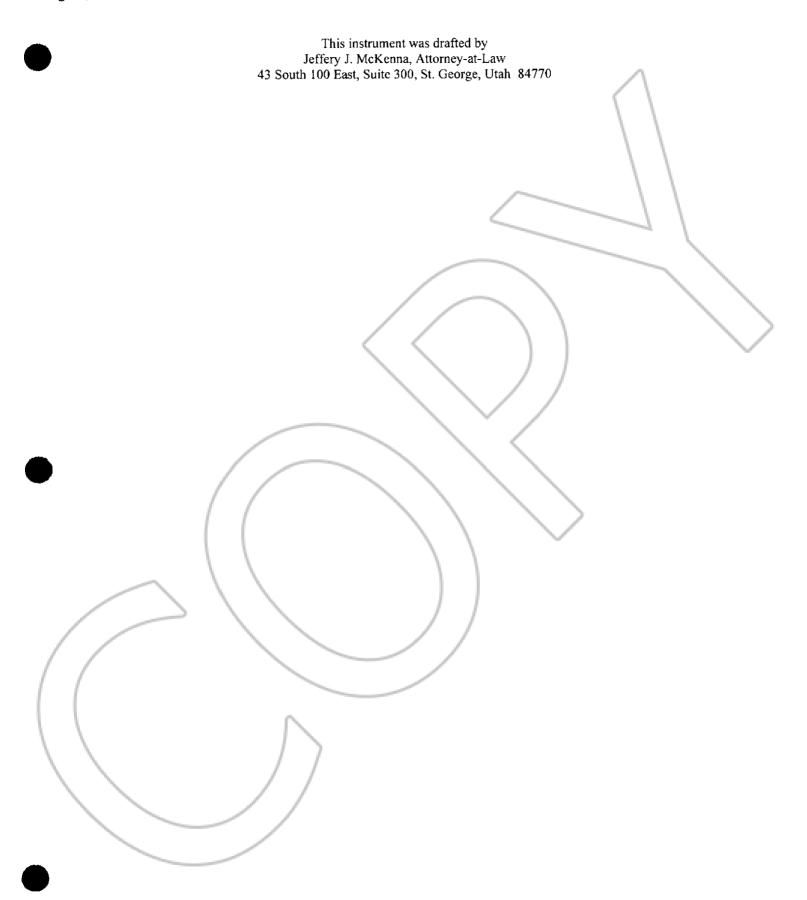


Notary Fublic

Washington County, Utah My Commission Expires: breuz -



Page 2, CERTIFICATE OF TROST



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010008237

A		STATE FILE NUMBER							
TYPE OR PRINT IN	1a. DECEASED-NAME (FIRST, MIDDLE, L.	AST.SUFFIX)			la DATE O	F DEATH (Mo/Day		UNTY OF DEATH	
PERMANENT	Donald Martin DENOOY				1	May 17, 2010		Lincoln	
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEA		IER INSTITUTION -	Name(If not either, giv	1		indicate DOA OP/Er		
	Caliente	and number)		•		ipatient(Specify)		1	
DECEDENT	5 RACE White	6. Hispanic O	7389 Russell	Road 7a. AGE-Last	175 UNDER	O I VEADITO LINE	Home	Male TE OF BIRTH (Mo/Day/Yr)	
	(Specify)	No - Non-Hi		birthday (Years)	MOS	DAYS HOUR	S I MINS I	` .	
	9a. STATE OF BIRTH (If not U.S.A., 9	b. CITIZEN OF WHAT COU	NTDV40 EDUCATI	77		NED WIDOWED		August 26, 1932	
IF DEATH OCCURRED IN	name country) California	United States	12	DIVORCED (Spe	Cify) Marrie	KIED, WIDOWED.		SPOUSE OR DOMESTIC ITIOU Elizabeth NELSON	
INSTITUTION SEE HANDBOOK			<u> </u>			14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed			
REGARDING COMPLETION OF	Working Life, Even		en If Retired) Firefighter			Fire Department Forces? Yes			
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. COUR	TTY, TOWN OR LOCATION 15d. STRE			REET AND NUMBER 15e. INSIDE CITY				
حـــــا	Nevada	Lincoln	Caliente	738	9 Russel	l Road	The state of the s	LIMITS (Specify Yes or No) Yes	
PARENTS	16, FATHER - NAME (First Middle Last	Suffix)	Jan 19 H. J. W.	17. MOTHER -	NAME (Fir	st Middle Last	Suffix)		
PARENTS	Martin DENOOY Elizabeth DORENBOS								
	18a. INFORMANT- NAME (Type or Print)		18b. MAILING ADD			y or Town, State, 2	• •		
	Marilou Elizabeth Di				30x 384 C	aliente, Neva			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, O	THER (Specify) 19b. CEME		Market Control of the	- N.	19c. L	OCATION City of		
	Cremation			m Utah Cremato		<u> </u>		Utah 84720	
	20a. FUNERAL DIRECTOR - SIGNATURE TODD BOY	• • •	20b. FUNERAL DIRECTOR LIC		ME AND AD	Southern	ı⊤ʏ Nevada Mortua	ID.	
	SIGNATURE AU		807	76.	- / "		t Caliente NV	•	
TRADE CALL	TRADE CALL - NAME AND ADDRESS	: :		7	$\overline{}$	7			
	ਨੂੰ ਫ਼ੂ 21a. To the best of my knowledge, d			斉 (j. 22a, On th	e basis of e	ramination and/or	investigation, in my	opinion death occurred at	
	due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED RICHARD KATSCHKE M.D. 21b DATE SIGNED (MoDRWY) 12c HOUR OF DEATH 22b DATE SIGNED (MoDRWY) 22c HOUR OF DEATH								
CERTIFIER	본 21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DE		D Q the time, d	E SIGNED (Vlo/Day/Yr)	22c. HOUR C	E DEATH	
	OZ Way to, ∠∪ to	23	3:50		1	W + 9		,	
	21d. NAME OF ATTENDING PHYSI	CIAN IF OTHER THAN CET	RTIFIER	- 8 0 22d PRO	NOUNCED	DEAD (Mo/Day/Yr) 22e. PRONO	UNCED DEAD AT (Hour)	
				Nafia Tera No	- 4				
	239. NAME AND ADDRESS OF CERTIFIED	R (PHYSICIAN, ATTENDING ard Katschke M.D. P	PHYSICIAN, MED	CAL EXAMINER, OR	CORONER	(Type or Print)	23b. LIČE	NSE NUMBER 10509	
05005040	DATE DECIREMAN (Planeture)	HRISTINA GRIFF	100	24b. DATÉ RECEIVE		TRAR 24c	DEATH DUE TO C	OMMUNICABLE DISEASE	
REGISTRAR		NATURE AUTHENTICA	11H	Charles and the second second	une 08, 2	A	YES 🗆	NO X	
CAUSE OF	25. IMMEDIATE CAUSE (ENTER	ONLY ONE CAUSE PER L		ID (c).)		-	: Interve	al between onset and death	
DEATH	Total Maritimental Callings							ks	
	DUE TO, OR AS A CONS				- : :	n ar ja	Interva	il between onset and death	
CONDITIONS IF	(b) Metastatic Adencocinoma						Months		
ANY WHICH GAVE RISE TO	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
CAUSE ->	IMMEDIATE CAUSE -> (C)								
STATING THE UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
CAUSE LAST	(d)			<u> </u>	<u>;</u>		!		
/ /	PART II						26. AUTOPSY	27. WAS CASE REFERRED TO CORONER (Specify Yea	
/ /		7					(Specify Yes or No No No	or No) No	
/ /	28a. ACC., SUICIDE, HOM., UNDET. 28b. DATE OR PENDING INVEST. (Specify)	OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJUI	RY 28d. DESCRIBE	HOW INJURY	OCCURRED			
	1			ſ			and the second s		

STATE REGISTRAR

STREET OR R.F.D. Na.

SIGNATURE AUTHENTICATED

VRS-Rev-20090602

STATE

CITY OR TOWN



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.

28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION

building, etc. (Specify)

DATE ISSUED:

(es or Na)

06/08/2010

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



