

Official Record

Recording requested By
MARILOU E. DENOOY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$42.00

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RPTT:

Recorded By: AE

Book- 298 Page- 0544



0148383

APN _____

APN _____

APN _____

Certificate of trust

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)

MariLou E. DeNooy
Signature Title

MARILOU E. DeNooy
Print

10/1/15
Date

Grantees address and mail tax statement:

P.O. Box 384
CALIENTE, NV 89008



CERTIFICATE OF TRUST

The undersigned Grantors hereby certify the following:

- 1. This Certificate of Trust relates to the DENOY FAMILY TRUST DATED MAY 12, 2010 (the "Trust") created by trust agreement (the "Trust Agreement").
- 2. The names of the Grantors are DONALD M. DENOY and MARILOU E. DENOY.
- 3. The names of each original trustee are DONALD M. DENOY and MARILOU E. DENOY. 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. DENOY and MARILOU E. DENOY
P.O. Box 384
Caliente, Nevada 89028

Successor: MARI MICHELE DENOY-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

- 6. 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.

Donald M. Denoy
DONALD M. DENOY

MariLou E. Denoy
MARILOU E. DENOY

STATE OF UTAH

COUNTY OF WASHINGTON

)
) SS:
)

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



Lindy Leigh Sorenson
Notary Public
Washington County, Utah
My Commission Expires:



0148383

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Page 2, CERTIFICATE OF TRUST

This instrument was drafted by
Jeffery J. McKenna, Attorney-at-Law
43 South 100 East, Suite 300, St. George, Utah 84770

COPY



NEVADA OFFICE OF VITAL RECORDS



DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2010008237
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) Donald Martin DENOOY		2. DATE OF DEATH (Mo/Day/Year) May 17, 2010		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 7389 Russell Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 26, 1932		9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Marlou Elizabeth NELSON	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Firefighter		14b. KIND OF BUSINESS OR INDUSTRY Fire Department	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 7389 Russell Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) Martin DENOOY			17. MOTHER - NAME (First Middle Last Suffix) Elizabeth DORENBOS		
18a. INFORMANT- NAME (Type or Print) Marlou Elizabeth DENOOY			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 384 Caliente, Nevada 89008		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 607		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) RICHARD KATSCHKE M.D. 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) May 18, 2010		21c. HOUR OF DEATH 23:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008		23b. LICENSE NUMBER 10509	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 08, 2010		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 (a) Multiorgan Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Metastatic Adenocarcinoma DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death Weeks Interval between onset and death Months Interval between onset and death _____ Interval between onset and death _____	
PART II				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			

STATE REGISTRAR

3537773

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.

DATE ISSUED: 06/08/2010

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

Richard Katschke
STATE REGISTRAR
SIGNATURE AUTHENTICATED

