

**MAIL TAX STATEMENTS TO AND
WHEN RECORDED, MAIL TO:**

MARK KEN JOHNSON TRUST
SHELLI ABRAMS, SUCCESSOR TRUSTEE
1734 S. 14TH COURT
RIDGEFIELD, WA 98642

APN: 011-200-34

CERTIFICATE OF INCUMBENCY

The undersigned, being duly sworn, depose and say:

1. That on October 14, 2010, **Mark Ken Johnson** executed a revocable living trust named **The Mark Ken Johnson Trust** ("Trust") wherein **Mark Ken Johnson** was the Grantor;
2. Pursuant to Article 2, Section 2.1 of the Trust, **Mark Ken Johnson** was appointed as initial Trustee of the Trust;
3. **Mark Ken Johnson** died on October 15, 2016 a true and correct copy of his death certificate is attached hereto as **Exhibit A**;
4. Article 2, Section 2.2 of the Trust provides that upon the death of **Mark Ken Johnson**, **Shelli Abrams** shall serve as sole Trustee of the Trust;
5. That **Shelli Abrams** hereby agrees to serve as successor Trustee, accepts the duties and responsibilities thereof, and be bound by the terms of the Trust;
6. That the successor Trustee has, among other powers, the power to sell, exchange, lease and otherwise engage in transactions involving Trust assets as the Trustee deem appropriate;
7. In addition to personal property owned by the Trust, the Trust owns certain real property in Lincoln County, Nevada, described as follows:

APN #011-200-34

That portion of the Northwest Quarter (NW 1/4) of Section 32, Township 6 South, Range 61 East, M. D. B. and M., Lincoln County, Nevada, described as follows:

Parcel 2, as shown on Parcel Map for Jerry S. Johnston Sr., Sam Jay and Mabel Johnston and Jerry Wayne and Jo Ann Clay, recorded November 10, 1998, in the Recorder's Office in Plat Book B, Page 160, as File 111849, Lincoln County, Nevada.



0150832

Commonly known as: HCR 61, Hiko, NV 89017

- 8. The mailing address for the Trustees is: 1734 S. 14th Court, Ridgefield, WA 98642

The Mark Ken Johnson Trust dated October 14, 2010

By: Shelli Abrams
Shelli Abrams, Trustee

12/29/16
Date

STATE OF Washington)
)ss:
COUNTY OF Skagit)

Subscribed and sworn to before me on this 29 day of December 2016, by **Shelli Abrams**, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

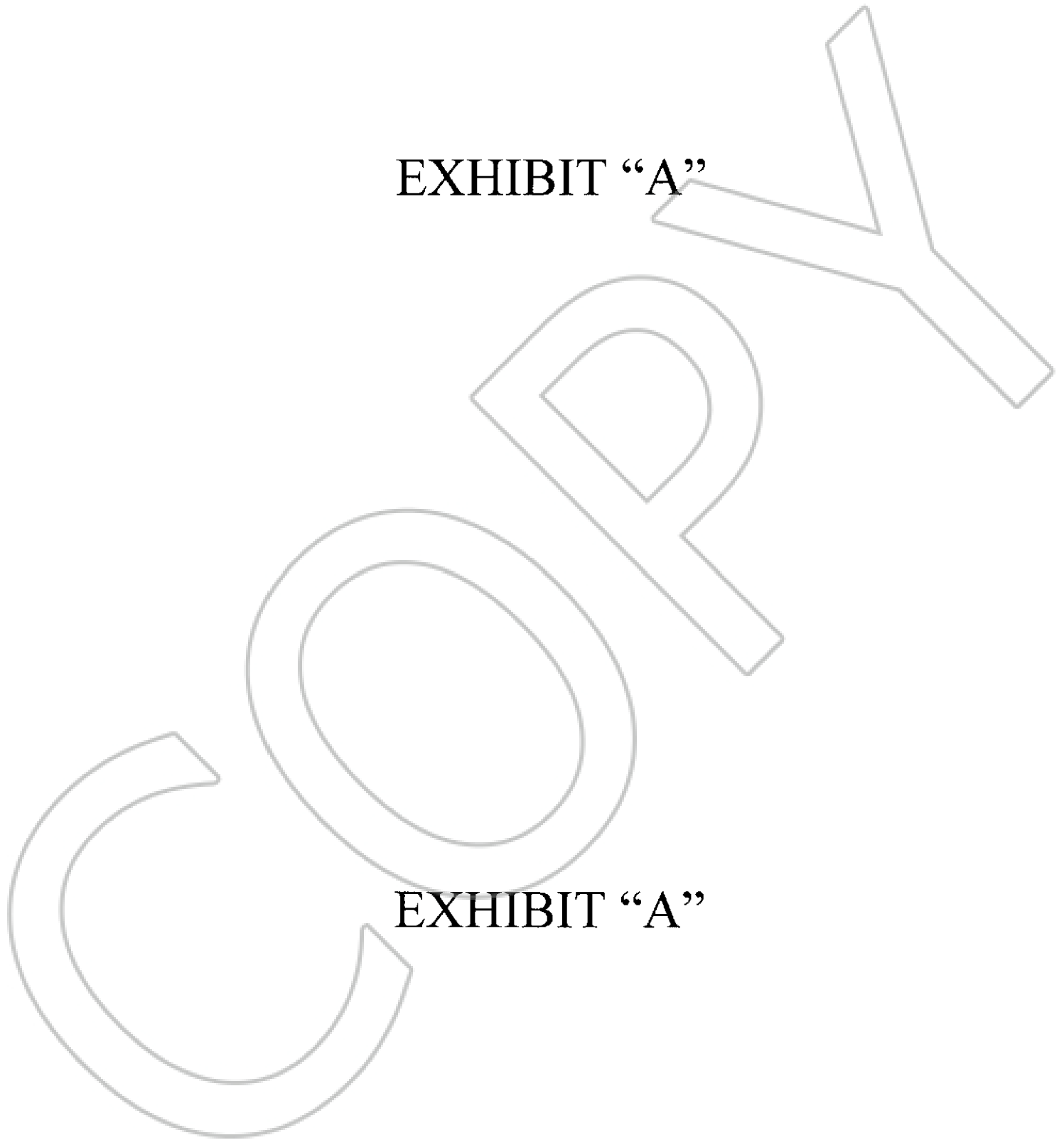
WITNESS my hand and official seal.

[Signature]
NOTARY PUBLIC

Notary Public
State of Washington
LAURA RUIZ
My Appointment Expires Apr 9, 2018



EXHIBIT "A"



STATE OF NEVADA
OFFICE OF VITAL RECORDS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3920264 **CERTIFICATE OF DEATH** STATE FILE NUMBER **2016018739**

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) Mark Ken JOHNSON		2. DATE OF DEATH (Mo/Day/Year) October 15, 2016		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Hiko		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or street no.) 1719 S. Richardville Road		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) September 13, 1951	
7a. AGE-Last birthday (Years) 65		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 13, 1951		9a. STATE OF BIRTH (if not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
		Rancher		Agriculture	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Hiko	
15d. STREET AND NUMBER 1719 S. Richardville Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Chester Rogers JOHNSON	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Stella Vee STOTT		18a. INFORMANT-NAME (Type or Print) Shell ABRAMS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1734 S. 14th Court Ridgefield, Washington 98642	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Holden City Cemetery		19c. LOCATION City or Town State Holden Utah	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BRIAN REBMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER 49		20c. NAME AND ADDRESS OF FACILITY Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) MINESH AMIN					
21b. DATE SIGNED (Mo/Day/Yr) October 18, 2016		21c. HOUR OF DEATH 00:01		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Minesh Amin 688 Childrens Way Henderson, NV 89052		23b. LICENSE NUMBER DO1591		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 18, 2016		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) Esophageal Adenocarcinoma With Metastases				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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 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: 10/21/2016

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

Cody Phinney
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED



VR8-Rev-20120523a