

APN: 001-112-01

WHEN RECORDED MAIL TO:

Ken R. Ashworth & Associates
1057 Whitney Ranch Drive, Suite 350
Henderson, NV 89014

MAIL TAX STATEMENTS TO:

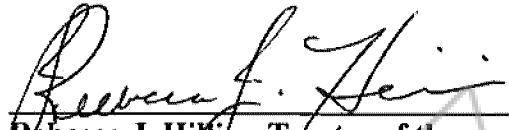
Rebecca J. Hillier
1127 Heaton Avenue
Henderson, NV 89052

CERTIFICATE OF INCUMBENCY

WITNESSETH: REBECCA J. HILLIER, in her capacity as successor Trustee of the Lawrence A. Eccles Revocable Trust, dated May 15, 2009, as amended by the First Amendment to Trust Agreement, dated February 22, 2016, being duly sworn, deposes and states as follows:

1. That Lawrence A. Eccles created the Lawrence A. Eccles Revocable Trust, dated May 15, 2009, and Lawrence A. Eccles was named in said Trust as the initial Trustee;
2. That Lawrence A. Eccles amended said trust by entering into the First Amendment to Trust Agreement, dated February 22, 2016, which, among other things, named Rebecca J. Hillier as the successor Trustee if he died;
3. That Lawrence A. Eccles died on August 17, 2020, as evidenced by the Certificate of Death attached hereto as Exhibit 1; and
4. That said successor Trustee, Rebecca J. Hillier, by her signature hereunder, hereby files this Certificate of Incumbency and accepts the trusteeship of the said the Lawrence A. Eccles Revocable Trust, dated May 15, 2009.

[Signature and Notary block on Next Page]

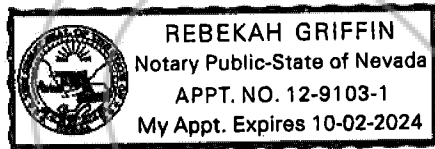


Rebecca J. Hillier, Trustee of the
Lawrence A. Eccles Revocable Trust
dated May 15, 2009

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

On the 26th day of October, 2020, before me, the undersigned Notary Public, personally appeared REBECCA J. HILLIER, who upon oath, did depose that she is the person described in and whose name is subscribed to the above and foregoing CERTIFICATE OF INCUMBENCY, and who acknowledged to me that she executed the same in her authorized capacity as the successor Trustee of the Lawrence A. Eccles Revocable Trust dated May 15, 2009, freely and voluntarily, and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.





NOTARY PUBLIC

COPY

EXHIBIT 1

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4162202

2020019925
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lawrence A ECCLES		2. DATE OF DEATH (Mo/Day/Year) August 17, 2020		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not aither, give street an 1127 Heaton Ave		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) May 28, 1941		9a. STATE OF BIRTH (If not US/CA, name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Rebecca HILLIER	
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Hydrogeologist		14b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
DISPOSITION	15d. STREET AND NUMBER 1127 Heaton Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) August ECCLES	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Zelma KOSCHADE		18a. INFORMANT- NAME (Type or Print) Rebecca HILLIER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1127 Heaton Avenue Henderson, Nevada 89052	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89122	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RYAN BOWEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD810		20c. NAME AND ADDRESS OF FACILITY Simple Cremation - Northeast 3468 E Sahara Ave Las Vegas NV 89104	
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)		21b. DATE SIGNED (Mo/Day/Yr) September 14, 2020		21c. HOUR OF DEATH 22:20	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. DATE SIGNED (Mo/Day/Yr) September 14, 2020		22b. HOUR OF DEATH 22:20	
REGISTRAR	22c. PRONOUNCED DEAD (Mo/Day/Yr) August 17, 2020		22d. PRONOUNCED DEAD AT (Hour) 22:20		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Christina M Di Loreto MD 1704 Pinto Lane Las Vegas, NV 89106	
	23b. LICENSE NUMBER 17849		24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 14, 2020	
CAUSE OF DEATH	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) Hypertensive And Atherosclerotic Cardiovascular Disease		Interval between onset and death	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Obstructive Pulmonary Disease; Myelodysplastic Syndrome		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

VR8-Rev-20120523a

"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 authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **OCT 01 2020** Registrar of Vital Statistics
By: *[Signature]*
This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

