

The undersigned hereby affirms that this document contains personal information per NRS 40.525

situated in the County of Lincoln, State of Nevada, and bounded and described in **Exhibit 2.**

5. That TAMMY L. FOWLES hereby files this Affidavit and accepts the office of sole Trustee of the "ALAMO TRUST" originally dated July 14, 2016, with a First Amendment dated September 25, 2017.

6. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: January 14, 2022.

ALAMO TRUST

Tammy L Fowles

TAMMY L. FOWLES, Successor Trustee

STATE OF NEVADA)
) ss
COUNTY OF Nye)

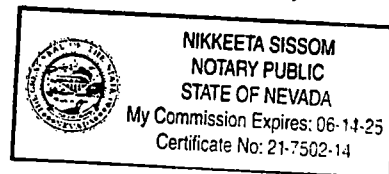
Subscribed and sworn to (or affirmed) before me this 14th day of January, 2022, by TAMMY L. FOWLES, proven to me on the basis of satisfactory evidence to be the person who appeared before me.

I certify under penalty of perjury under the laws of this State that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]

Notary Public



**EXHIBIT 1
DEATH CERTIFICATE**

COPY

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. 4247426

2021027986
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) Scott Marion FOWLES		2. DATE OF DEATH (Mo/Day/Year) November 06, 2021		3a. COUNTY OF DEATH Nye	
3b. CITY, TOWN, OR LOCATION OF DEATH Pahrump		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) 2440 Turtle St.		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) - Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 58		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 17, 1963		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) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Tammy Lynn RHODES	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of [REDACTED]) Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Test Site	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Nye		15c. CITY, TOWN OR LOCATION Pahrump	
15d. STREET AND NUMBER 2440 Turtle St.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Ronald Marion FOWLES	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elaine Ardell WARD		18a. INFORMANT- NAME (Type or Print) Tammy Lynn FOWLES		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2440 S. Turtle Pahrump, Nevada 89048	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Pahrump Crematory		19c. LOCATION City or Town State Pahrump Nevada 89048	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) STARLA F WOLTERS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD950		20c. NAME AND ADDRESS OF FACILITY Pahrump Family Mortuary 5441 S. Vicki Ann Pahrump NV 89048	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JAMES A BRAINARD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) December 13, 2021		21c. HOUR OF DEATH 18:25		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) JAMES A BRAINARD SIGNATURE AUTHENTICATED	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) James A Brainard		22b. DATE SIGNED (Mo/Day/Yr) November 06, 2021		22c. HOUR OF DEATH 18:25	
22d. PRONOUNCED DEAD (Mo/Day/Yr) November 06, 2021		22e. PRONOUNCED DEAD AT (Hour) 18:25		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) James A Brainard 1520 Basin Rd Ste 102 Pahrump, NV 89048	
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 14, 2021	
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) Diabetic Ketoacidosis 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) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death			
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 Hypertensive Atherosclerotic Cardiovascular Disease		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	

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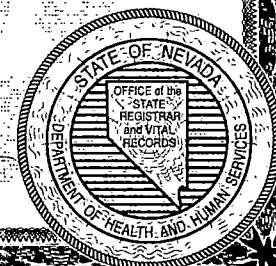
CERTIFIED COPY OF VITAL RECORDS

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: 12/15/2021

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

Daran Grissom
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**EXHIBIT 2
LEGAL DESCRIPTION**

The land referred to is situated in the County of Lincoln, State of Nevada, is commonly referred to as 680 Box Canyon Rd., Alamo, NV, and is described as follows:

LOT 5 IN BLOCK 2 OF ALAMO WEST SUBDIVISION-PHASE II, AS SHOWN BY MAP THEREOF RECORDED OCTOBER 15, 1993 IN PLAT BOOK A, PAGE 392, AS FILE NO. 101044 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

APN: 004-161-05

COPY