

Recording Requested by:

Carrie J. Nolting and
Cristy L. Menzer

After Recording, Mail to:

Carrie J. Nolting
1355 Mountain Ash
Gardnerville, NV 89410



OFFICIAL RECORD
AMY ELMER, RECORDER

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

NOTICE OF DEATHS OF TRUSTEES

The undersigned Successor Co-Trustees Carrie Jené Nolting and Cristy Lynn Menzer hereby certifies that on February 27, 1996, Alan Brian Mortimer and Kathryn Phyllis Mortimer created a revocable living trust. This Trust is known as: THE ALAN BRIAN MORTIMER AND KATHRYN MORTIMER 1996 FAMILY TRUST dated February 27, 1996, Alan Brian Mortimer and Kathryn Phyllis Mortimer Trustees and Trustors for the benefit of the Mortimer family. The Trust was fully amended and restated by Trustors on April 18, 2000, and fully amended and restated again on August 21, 2009.

IT IS AGREED BETWEEN PARTIES HERETO AS FOLLOWS:

Description of Trust

The undersigned hereto desires to confirm the establishment of a revocable and amendable living trust on February 17, 1996, which was fully amended and restated on April 18, 2000, and fully amended and restated again on August 21, 2009, for the benefit of the Trustors and containing inter alia the following provisions:

1. Alan Brian Mortimer and Kathryn Phyllis Mortimer were designated as the original Co-Trustees to serve until their death, resignation or incompetence. Upon the death, resignation, removal, or incompetence of both original Co-Trustees, Carrie Jené Nolting and Cristy Lynn Menzer shall serve as successor Co-Trustees.
2. Original Co-Trustor/Co-Trustee Kathryn Phyllis Mortimer died on February 18, 2014. A certified copy of her death certificate is attached hereto as Exhibit "A".

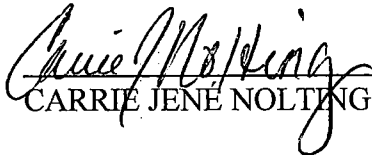
3. Original Co-Trustor/Co-Trustee Alan Brian Mortimer died on November 5, 2022. A certified copy of his death certificate is attached hereto as Exhibit "B".
4. The Successor Co-Trustees Carrie Jené Nolting and Cristy Lynn Menzer hereby accept and act as the Co-Trustees over THE ALAN BRIAN MORTIMER AND KATHRYN MORTIMER 1996 FAMILY TRUST dated February 27, 1996 and any sub-trusts.
5. The undersigned Trustees state that the Trust is funded and in full force and effect, and has not been revoked, modified or otherwise amended in any manner which would cause the representations in this Certification to be incorrect. The trust is urrently irrevocable and no one has any power to revoke any part of the Trust.
6. The undersigned states that under the terms of the Trust they, Carrie Jené Nolting and Cristy Lynn Menzer, have full power to act for said Trust and all sub-trusts created thereunder and is properly exercising their authority under said Trust in negotiating for, contracting for and executing any documents regarding trust property, and that no Trustee other than the undersigned is necessary under the Trust to sign any such documents.
7. The current Tax Identification Number(s) are available by contacting the Trustee.
8. Unless otherwise indicated in writing to a prospective transferee, the Trustees have full power to transfer assets held in the name of the Trust and all sub-trusts created thereunder and subsequent transferees are entitled to rely upon such transfers provided the chain of title is not otherwise deficient.
9. The Trustees jointly have the power and authority to manage and control, buy, sell and transfer the Trust property, in such manner as they jointly may deem advisable, including the power to grant, bargain, sell and convey, encumber and hypothecate, real and personal property, and the power to invest in corporate obligations of every kind, stocks, preferred or common, and to buy stocks, bonds and similar investments on margin or other leveraged accounts, except to the extent that such management would cause includability of an irrevocable Trust in the estate of a Trustee.
10. All personal property transferred into Trust remains personal property and all real property transferred into Trust remains real property.
11. Unless otherwise indicated to a prospective transferee, the Trustees have full power to jointly transfer assets held in the name of the Trust and subsequent transferees are entitled to rely upon such transfers provided the chain of title is not otherwise deficient.
12. The situs of the Trust is the State of Nevada.
13. This Trust contains a spendthrift provision to the extent available under the laws of the State of Nevada.

14. The use of this Notice is for convenience only and the Trust is solely controlled as to provisions and interpretations, and any conflict between this notice and the Trust shall be decided in favor of the Trust.

IN WITNESS WHEREOF, the Successor Trustees have hereto executed this Notice of Deaths of Trustees this 29th day of December, 2022.

TRUSTEE:

TRUSTEE:


CARRIE JENE NOLTING


CRISTY LYNN MENZER

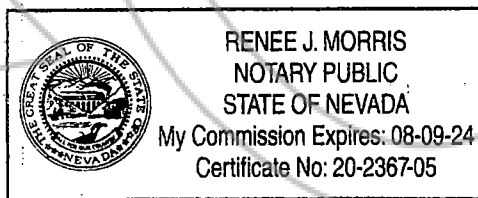
CERTIFICATE OF ACKNOWLEDGMENT

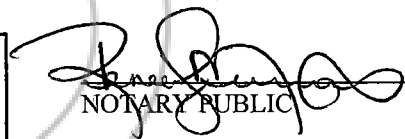
STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On this 29th day of December, 2022, before me, Reneé J. Morris a Notary Public, personally appeared Carrie Jené Nolting, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signatures on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

(Seal)




NOTARY PUBLIC

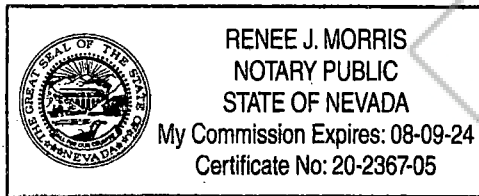
CERTIFICATE OF ACKNOWLEDGMENT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On this 29th day of December, 2022, before me, Reneé J. Morris a Notary Public, personally appeared Cristy Lynn Menzer, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signatures on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

(Seal)



Renee J. Morris

NOTARY PUBLIC

COPY

EXHIBIT "A"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014002811
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST SUFFIX) Kathryn P MORTIMER		2. DATE OF DEATH (Mo/Day/Year) February 18, 2014		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) 1243 Pleasant View Drive		3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Home	
DECEDENT	4. SEX Female		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE: Last birthday (Years) 65	
	5. RACE White (Specify)		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) January 21, 1949		9a. STATE OF BIRTH (If not U.S.A., name/country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Alan MORTIMER	
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner / Operator		14b. KIND OF BUSINESS OR INDUSTRY Towing / Auto Body	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1243 Pleasant View Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Donald KYLE	
	17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) Mildred MCABOY		18a. INFORMANT - NAME (Type or Print) Alan MORTIMER		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1243 Pleasant View Drive Gardnerville, Nevada 89460	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION (City or Town, State) Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) JOHN HOLMAN MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) February 20, 2014		21c. HOUR OF DEATH 13:20	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) JOHN HOLMAN MD 925 Ironwood Drive Suite 2102 Minden, NV 89423		23b. LICENSE NUMBER 13250		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 25, 2014		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) Respiratory Failure		Interval between onset and death 30 Minutes	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Pancreatic Carcinoma		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death 3 Months	
	(c)		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC., SUICIDE, HOIM., 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

VRS-Rev-20120523a

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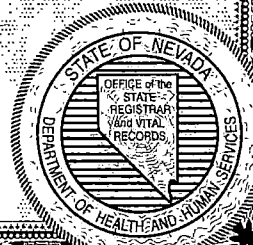
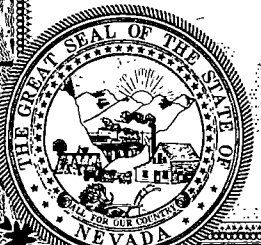
CERTIFIED COPY OF VITAL RECORDS

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: **02/25/2014**

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



COPY

EXHIBIT "B"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4315538

CERTIFICATE OF DEATH

2022026145
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) Alan Brian MORTIMER		2. DATE OF DEATH (Mo/Day/Year) November 05, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION: Name (if not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm., Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) August 11, 1948	
9a. STATE OF BIRTH (if not US/CA, name country) Nevada		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) Shannon DALEY			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Owner - Operator		14b. KIND OF BUSINESS OR INDUSTRY Auto Body & Towing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1243 Pleasantview Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Norman B MORTIMER			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Dolores HELLWINKEL		
18a. INFORMANT - NAME (Type or Print) Shannon DALEY-MORTIMER		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 1243 Pleasantview Drive Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) EVAN M CHERRY MD		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) SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) November 07, 2022		21c. HOUR OF DEATH 09:23		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Evan M Cherry MD 1495 Mill Street Reno NV 89502				23b. LICENSE NUMBER 20000	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 08, 2022		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) Acute On Chronic Hypoxic Hypercapnic Respiratory Failure				Interval between onset and death 5 Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Pulmonary Emphysema				Unknown	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Tobacco Use Disorder				55 Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Unknown Etiology					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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	



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: **11/9/2022**

Scott Spangler
STATE REGISTRAR



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE