

**Certificate of incumbency**

**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)

  X   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:   NRS 440.380(1)(A) and NRS 40.525(%)    
(State specific law)

Carla von Felden Legal Secretary  
Signature Title

Carla von Felden  
Print

December 13, 2023  
Date

**Grantees address and mail tax statement:**

Kirk D. Kaplan, Esq.  
6980 O'Bannon Drive, Suite 100  
Las Vegas, NV 89117

**NRS 239B.030 Recorded, filed or otherwise submitted documents.**

1. Except as otherwise provided in subsections 2 and 6, a person shall not include and a governmental agency shall not require a person to include any personal information about a person on any document that is recorded, filed or otherwise submitted to the governmental agency on or after January 1, 2007.

**NRS 603A.040 "Personal information" defined.** "Personal information" means a natural person's first name or first initial and last name in combination with any one or more of the following data elements, when the name and data elements are not encrypted:

- 1. Social security number.
- 2. Driver's license number or identification card number.
- 3. Account number, credit card number or debit card number, in combination with any required security code, access code or password that would permit access to the person's financial account.

↳ The term does not include the last four digits of a social security number or publicly available information that is lawfully made available to the general public.

(Added to NRS by 2005, 2504; A 2005, 22nd Special Session. 109; 2007, 1314)

CERTIFICATE OF INCUMBENCY  
aka CERTIFICATION OF TRUST  
[Pursuant to NRS §§ 164.010(2), 164.400(2), 164.410 and 164.430]  
Affidavit of Incumbent Trustee

of  
THE LIVING TRUST OF EARL R. PAULSON AND MARION PAULSON,  
u/a/d JULY 24, 1991

STATE OF UTAH            )  
  ) ss.  
COUNTY OF BOX ELDER )

Terri Lynn Day, also known as Terri Day, under penalties of perjury, does hereby certify and says in this Certificate of Incumbency ("Certificate") that:

**Identity of Settlor(s)/Trustor(s)/Grantor(s)**  
**[NRS §164.410(1)(a) and (b)]**

1. On July 24, 1991, as Grantors, Earl R. Paulson and Marion Paulson established a living trust entitled The Living Trust of Earl R. Paulson and Marion Paulson, u/a/d July 24, 1991.
2. On February 21, 2006, exercising reserved power to amend the trust agreement, Grantor totally restated the trust in a document named "First Amendment and Total Restatement of the Living Trust of Earl R. Paulson and Marion Paulson."
3. The Second Amendment could not be located.
4. On September 8, 2011, exercising reserved power to amend the trust agreement, Grantor totally restated the trust in a document named "Third Amendment to the Living Trust of Earl R. Paulson and Marion Paulson, dated July 4, 1991."
5. The date of July 4, 1991 as stated in the Third Amendment is a Scrivener error.
6. Grantor then amended the trust with a Fourth and Fifth Amendment, September 21, 2012 and March 15, 2015, respectively. The date of July 4, 1999, as stated in the Fourth and Fifth Amendments were Scrivener errors.

The First Amendment and Total Restatement of the Living Trust of Earl R. Paulson and Marion Paulson created on July 24, 1991, and the Third, Fourth, and Fifth Amendments shall herein be referred to as the "Trust."

**Circumstances Causing Change of Trustee and Change of Status of Trust**

7. Earl R. Paulson, also known as Earl Raymond Paulson, died on February 15, 2011. A copy of the Certificate of Earl Raymond Paulson is attached hereto and incorporated herein by this reference as Exhibit "A."

8. Marion Paulson, also known as Marion Green Paulson, died on October 3, 2022. A copy of the Certificate of Marion Green Paulson is attached hereto and incorporated herein by this reference as Exhibit "B."

**Status of Revocability of Trust**  
**[NRS §164.410(1)(d)]**

9. Pursuant to the terms of the Trust, the Trust became irrevocable at the date of death of Marion Paulson.

**Identity of Currently Acting Trustees(s); Powers and Restrictions of Trustees**  
**[NRS §164.410(1)(b), (c) and (e)]**

10. Under the terms of the Trust, Marion Paulson served as Trustee of the Trust until her death.

11. At the death of Marion Paulson, pursuant to the terms of the Trust, the office of Trustee is to be filled by Terri Lynn Day.

12. Evidenced by signature below, Terri Lynn Day became the sole acting Trustee.

13. The Trustee has, among other powers, the power to sell, exchange, lease, and otherwise engage in transactions involving Trust assets as the Trustee considers appropriate. The Trustee has the power to investment Trust property, only limited by customary duties imposed on trustees. The Trustee may not amend or revoke the trust.

**Domicile and Law Governing the Validity, Construction and Administration of the Trust**  
**[NRS §§164.010(2)(a)]**

14. Section 12.05 of the Trust implicitly provides the trustee can determine the situs of administration of the trust. Specifically, Section 12.05 provides: "My Trustee may, at any time, change the governing law of the trust, remove all or any part of the property or the situs of administration of the trust from one jurisdiction to another, or both." (Underline emphasis added.)

15. Terri Lynn Day, as trustee declares Nevada as the state in which the administration and situs of the Trust.

**Form in which Title to Assets of the Trust is to be Taken**  
**[NRS §164.410(1)(g)]**

16. The form in which title to assets of the Trust are to be taken is left to the discretion of the Trustee in order to facilitate efficient administration and distributions from the Trust.

**Other Required Statements**  
**[NRS §164.410(2)]**

17. The Trust has not been revoked or amended to make any representation contained herein incorrect.

18. The signature below is that of the currently acting trustee.

**Reliance Upon Facts Contained in this Certificate**  
**[NRS §164.430]**

19. The Trust provides no person dealing with the Trust is obligated to inquire as to the powers of the Trustee or to inquire as to how the Trustee applies any funds delivered to the Trustee.

20. A person who acts in reliance upon a certification of trust without knowledge that the representations contained therein are incorrect is not liable to any person for so acting. A person who does not know that the facts contained in the certification are incorrect may assume without inquiry the existence of the facts contained in the certification. Knowledge may not be inferred solely from the fact that a copy of all or part of a trust instrument is held by the person relying upon the certification.

21. A transaction, and any lien created thereby, entered into by a trustee and a person acting in reliance upon a certification of trust is fully enforceable against the assets of the trust unless the person knows that the trustee is acting outside the scope of the trust.

[This document continues and ends on the next page.]

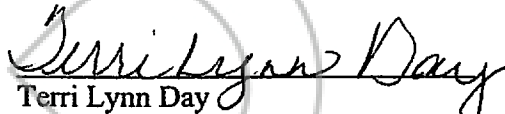
Miscellaneous

22. The tax identification number of the Trust will be provided upon request to individuals or entities appropriate to receive.

TERRI LYNN DAY HAS READ AND UNDERSTANDS THE TRUST, AND WHO BY SIGNING BELOW ACCEPTS AND AGREES TO ABIDE BY THE TERMS THEREIN, UNDERSTANDS THE RESPONSIBILITIES, AUTHORITIES, AND DUTIES AS TRUSTEE.

THE UNDERSIGNED HEREBY AFFIRMS THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A DECEASED PERSON OR PERSONS.

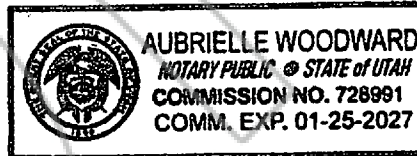
DATED: Nov 27, 2023.

  
Terri Lynn Day  
The Sole Current Successor Trustee

SUBSCRIBED AND SWORN TO OR AFFIRMED BY  
Terri Lynn Day on November 27, 2023



NOTARY PUBLIC in and for  
said County and State



COPY

**Exhibit "A"**

**Certified Copy of Death Certificate of Earl Raymond Paulson**

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2011002541  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Earl Raymond PAULSON</b>		2 DATE OF DEATH (Mo/Day/Year) <b>February 15, 2011</b>		3a COUNTY OF DEATH <b>Clark</b>	
	3b CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Nathan Adelson Hospice NW</b>		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Hospice Facility (HFS)</b>	
DECEDENT	5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) <b>85</b>	
	7b UNDER 1 YEAR MOS   DAYS		7c UNDER 1 DAY HOURS   MINS		8 DATE OF BIRTH (Mo/Day/Yr) <b>April 18, 1925</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not U.S.A. name country) <b>Montana</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>12</b>	
	11 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) <b>Married</b>		12 SURVIVING SPOUSE (if wife, give maiden name) <b>Marion GREEN</b>		13 SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
PARENTS	14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life Even If Retired) <b>Construction Supervisor</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		15 Ever in US Armed Forces? Yes	
	15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Clark</b>		15c CITY TOWN OR LOCATION <b>Las Vegas</b>	
DISPOSITION	15d STREET AND NUMBER <b>9779 Hickory Crest Court</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Arthur PAULSON</b>	
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Estella May DAVENPORT</b>		18a INFORMANT - NAME (Type or Print) <b>Marion PAULSON</b>		18b MAILING ADDRESS (Street or R F D No, City or Town State, Zip) <b>9779 Hickory Crest Court Las Vegas, Nevada 89147</b>	
TRADE CALL	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>La Paloma Funeral Services</b>		19c LOCATION City or Town State <b>Las Vegas Nevada</b>	
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b FUNERAL DIRECTOR LICENSE <b>823</b>		20c NAME AND ADDRESS OF FACILITY <b>Simple Cremation and Burial Services 3658 N Rancho Drive #101 Las Vegas NV 89130</b>	
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) <b>TERESA HANLON MD</b>		21b DATE SIGNED (Mo/Day/Yr) <b>February 22, 2011</b>		21c HOUR OF DEATH <b>08.14</b>	
	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) <b>TERESA HANLON MD 3391 N Buffalo Las Vegas, NV 89129</b>		23b LICENSE NUMBER <b>5947</b>		24a REGISTRAR (Signature) <b>NINETTE HARRINGTON</b>	
CAUSE OF DEATH	24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 24, 2011</b>		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))	
	25a ACCIDENT, SUICIDE, HOMICIDE, UNDET OR PENDING INVEST (Specify)		25b DATE OF INJURY (Mo/Day/Yr)		25c HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST	25d DESCRIBE HOW INJURY OCCURRED		25e INJURY AT WORK (Specify Yes or No)		25f PLACE OF INJURY - At home, farm, street, factory, office, building, etc (Specify)	
	25g LOCATION STREET OR R F D No CITY OR TOWN STATE		26 AUTOPSY (Specify Yes or No) <b>No</b>		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	

STATE REGISTRAR

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

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.  
Registrar of Vital Statistics  
By: *[Signature]*  
Date Issued: **MAR 22 2011**

COPY

**Exhibit "B"**

**Certified Copy of Death Certificate of Marion Green Paulson**



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022016990

Marion Green Paulson

DECEDENT INFORMATION

Date of Death:	October 3, 2022	Time of Death:	06:06
City of Death:	Brigham City	County of Death:	Box Elder
Age:	94	Date of Birth:	November 10, 1927
Place of Birth:	Lambeth District, England	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Hostess
Industry/Business:	Food	Education:	Unknown
Residence:	Brigham City, Utah	Father's Name:	Albert Victor Green
Mother's Name:	Lilian Mary Griffiths	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	The Gables of Brigham City		

INFORMANT INFORMATION

Name:	Terri Day	Relationship:	Granddaughter
Mailing Address:	2560 South 900 West, Perry, Utah 84302		

DISPOSITION INFORMATION

Method of Disposition: Cremation  
 Place of Disposition: Care Center of Utah, Salt Lake City, Utah  
 Date of Disposition: October 5, 2022

FUNERAL HOME INFORMATION

Funeral Home: Gillies Funeral Chapel  
 Address: 634 East 200 South, Brigham City, Utah 84302  
 Funeral Director: Amanda Garcia

MEDICAL CERTIFICATION

Certifying Physician: Jeffrey Lish MD, Brigham City Medical Arts Clinic , 984 South Medical Drive Suite 1, Brigham City (Box Elder), Utah 84302

CAUSE OF DEATH

Alzheimer Dementia [Onset: 5 Years]  
 Tobacco Use: Non-user  
 Medical Examiner Contacted: Yes    Autopsy Performed: No    Manner of Death: Natural

Date Registered: October 4, 2022  
 Date Issued: October 5, 2022

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.



*Linda S. Winger*  
 Linda S. Winger, MSW, LCSW  
 State Registrar



*Jordan Mathis*  
 Jordan Mathis  
 Director/Health Officer  
 County/District Health Department

