



131170

Declaration of Trust

WHEREAS, I, William R. Smith, of the

City of Long Beach, County of Los Angeles, State of California,

am the owner of certain real property located in the County of Eureka,

State of Nevada, which property is described more fully in the Deed conveying it from

William R. Smith, a single man, as trustee for the Thomas Family Trust

located in said Eureka County, Nevada, being the East half of

the Northeast quarter of Section 13, Township 28 North, Range 51 East

of the Mount Diablo Base and Meridian.

With recorded, please
Return to:
William R. Smith
P.O. Box 14704
Long Beach, CA 90814

Being the same premises earlier conveyed to the Settlor by an instrument dated August 30, 1976 and

recorded in BK. 56, Page 331 of the Eureka County, Nevada Land Records.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that I do hereby acknowledge and declare that I hold

and will hold said real property and all my right, title and interest in and to said property and all furniture, fixtures and personal

property situated therein on the date of my death, IN TRUST

1. For the use and benefit of

(Name) Nell Sterling Weikel

(Address) 918 Palm View Drive

Los Angeles, California 90042

City State Zip

If because of my physical or mental incapacity certified in writing by a physician, the Successor Trustee hereinafter named shall assume active administration of this trust during my lifetime, such Successor Trustee shall be fully authorized to pay to me or disburse on my behalf such sums from income or principal as appear necessary or desirable for my comfort or welfare. Upon my death, unless the beneficiary shall predecease me or unless we both shall die as a result of a common accident or disaster, my Successor Trustee is hereby directed forthwith to transfer said property and all right, title and interest in and to said property unto the beneficiary absolutely and thereby terminate this trust; provided, however, that if the beneficiary hereunder shall not have attained the age of 21 years, the Successor Trustee shall hold the trust assets in continuing trust until such beneficiary shall have attained the age of 21 years. During such period of continuing trust the Successor Trustee, in his absolute discretion, may retain the specific trust property herein described if he believes it in the best interest of the beneficiary to do, or he may sell or otherwise dispose of such specific trust property, investing and reinvesting the proceeds as he may deem appropriate. If the specific trust property shall be productive of income or if it be sold or otherwise disposed of, the Successor Trustee may apply or expend any or all of the income or principal directly for the maintenance, education and support of the beneficiary and for the

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intervention of any guardian and without application to any court. Such payments of income or principal may be made to the parents of such beneficiary or to the person with whom the beneficiary is living without any liability upon the Successor Trustee to see to the application thereof. If such beneficiary survives me but dies before attaining the age of 21 years, at his or her death the Successor Trustee shall transfer, pay over and deliver the trust property to such beneficiary's personal representative, absolutely.

2. The beneficiary hereunder shall be liable for his proportionate share of any taxes levied upon the Settlor's total taxable estate by reason of the Settlor's death.

3. All interests of a beneficiary hereunder shall be inalienable and free from anticipation, assignment, attachment, pledge or control by creditors or a present or former spouse of such beneficiary in any proceedings at law or in equity.

4. I reserve unto myself the power and right during my lifetime (1) to place a mortgage or other lien upon the property, (2) to collect any rental or other income which may accrue from the trust property and to pay such income to myself as an individual. I shall be exclusively entitled to all such income accruing from the trust property during my lifetime, and no beneficiary named herein shall have any claim upon any such income and/or profits distributed to me.

5. I reserve unto myself the power and right at any time during my lifetime to amend or revoke in whole or in part the trust hereby created without the necessity of obtaining the consent of the beneficiary and without giving notice to the beneficiary. The sale or other disposition by me of the whole or any part of the property held hereunder shall constitute as to such whole or part a revocation of this trust.

6. The death during my lifetime, or in a common accident or disaster with me, of the beneficiary designated hereunder shall designate such designation, and in the former event, I reserve the right to designate a new beneficiary. Should I for any reason fail to designate such new beneficiary, this trust shall terminate upon my death and the trust property shall revert to my estate.

7. In the event of my physical or mental incapacity or my death, I hereby nominate and appoint as Successor Trustee hereunder whosoever shall at that time be beneficiary hereunder, unless such beneficiary shall not have attained the age of 21 years or is otherwise legally incapacitated in which event I hereby nominate and appoint

(Name) _____ of _____

(Address) _____ Number _____ Street _____ City _____ State _____ Zip _____

8. This Declaration of Trust shall extend to and be binding upon the heirs, executors, administrators and assigns of the undersigned and upon the Successors to the Trustee.

9. The Trustee and his successors shall serve without bond.

10. This Declaration of Trust shall be construed and enforced in accordance with the laws of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____ 19 90

 (Settlor sign here)
 L.S.

I, the undersigned legal spouse of the Settlor, hereby waive all community property, dower or curtesy rights which I may have in the hereinabove-described property and give my assent to the provisions of the trust and to the inclusion in it of the said property.

 (Spouse sign here)
 L.S.

Witness: (1) William Keller
 Witness: (2) Mark Wang

STATE OF California
 COUNTY OF Los Angeles
 City of _____
 Town of Long Beach

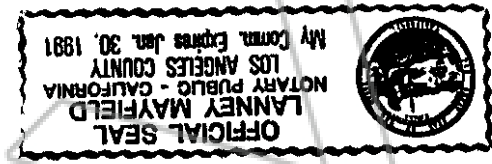
On the _____ day of _____, 19 90, personally appeared

WILLIAM RONALD SMITH

known to me to be the individual who executed the foregoing instrument, and acknowledged the same to be

free

 Notary Public



(Notary Seal)

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

003743

1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
Robert Lee		Walters		October 5, 1987	
3. SEX		4. RACE/ETHNICITY		7. AGE	
Male		Caucasian		35	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Wisconsin		Robert Kenneth Walters-Wisconsin		Marie Helen Krause-Wisconsin	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
U.S.A.		19 to 19		[REDACTED]	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Manager		5		INF-O-RAMA	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN	
4546 East Broadway				Long Beach	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Los Angeles		California		Robert Kenneth Walters—Father	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
Los Angeles		California		15059 Cedar Street Hesperia, CA 92345	
21D. CITY OR TOWN		21E. STATE		21F. ZIP CODE	
Los Angeles		California		92345	
22. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C			
IMMEDIATE CAUSE		PCP			
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE		AIDS			
STATING THE UNDERLYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF			
24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?	
NO		NO		NO	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		Kaposi Sarcoma			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	
8-17-87		[Signature]		10/10/87	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. TYPE PHYSICIAN'S NAME AND ADDRESS		28C. DATE SIGNED	
8-17-87		Robert F. Cathcart M.D., 127 Second St. #4 Los Altos 94021		A-20134	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Cremation		October 22, 1987		Grand View (Crematory)-Glendale-CA	
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
		Cremation Society of California		F-1166	
42. DATE ACCEPTED BY LOCAL REGISTRAR		43. LOCAL REGISTRAR—SIGNATURE		44. DATE ACCEPTED BY LOCAL REGISTRAR	
OCT 21 1987		[Signature]		OCT 21 1987	
45. STATE		46. REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
California		003743			

THIS IS A TRUE CERTIFIED COPY OF THE RECORDS KEPT IN THE CITY OF LONG BEACH DEPARTMENT OF PUBLIC HEALTH IF IT BEARS THIS STAMP IN PURPLE INK.
 OCT 21 1987
 R. Skand
 Health Officer and Registrar

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VS-1111-85

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131470

EUREKA COUNTY, NEVADA
M.N. REGALATI, RECORDER
FILE NO. *800*
FEE \$

90 FEB -9 A9:33

W. L. Smith
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RECORDED AT THE REQUEST OF
OFFICIAL RECORDS

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