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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
First American Title
2005 JAN 26 PM 2:58

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 42⁰⁰

195422

APN# 005-020-33

Recording Requested by:

Name First American Title

Address 2715 Argent Ave # 5

City/State/Zip Elko NV 89801

151-2169643

Certification of Trust
(Title of Document)

Certification of Trust

(Pursuant to NRS 164.400-164.440)

The undersigned being all of the currently acting trustees of the trust, being of lawful ages, hereby declare the following to be true and correct:

1. The Griffith Trust Trust dated 9/06/89 is a valid and existing trust. Revised

2. The Trust Identification number is: [REDACTED]

3. The names and addresses of all the settlors of the trust are:
Name/Address Mary G. Griffith, 546 Wilac Dr., Los Osos, CA. 93402-3750
Name/Address _____
Name/Address _____
Name/Address _____

4. The names and addresses of all the trustees of the the trust are:
Name/Address Mary G. Griffith, 546 Wilac Dr., Los Osos, CA. 93402-3750
Name/Address _____
Name/Address _____
Name/Address _____

5. The following powers are conferred upon the trustee(s).
a. the powers to sell, convey and exchange yes no
b. the power to borrow money and encumber the trust property with a deed of trust or mortgage yes no
c. any restrictions imposed upon the trustee(s) in dealing with assets of the trust yes no

6. The trust is REVOCABLE/IRREVOCABLE (please circle one).

7. Fewer than all of the trustees are authorized to act on behalf of the trust in any acquisitions, conveyance, encumbrance, lease/ or any other dealing with an interest in trust property. The following trustee(s) is limited as follows: N/A

8. Title to Trust assets is to be taken in the following manner: N/A

The trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect:

This Certification is executed by all of the currently acting Trustees of the Trust pursuant to NRS 164.400-164.440.

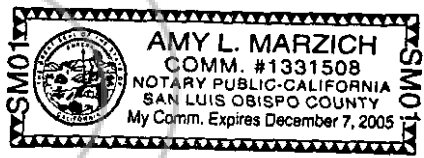
Signature: Mary G. Griffith Date: 10/09/04
Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____

(ALL SIGNATURES MUST BE ACKNOWLEDGED BY A NOTARY)

STATE OF ~~NEVADA~~ CALIFORNIA)
COUNTY OF ~~ELKO~~ SAN LUIS) :SS.
 BY OBISPO

This instrument was acknowledged before me on
11/19/04 by
MARY G GRIFFITH

Amy L. Marzich
Notary Public
(My commission expires: 12/17/05)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO

SAN LUIS OBISPO, CALIFORNIA

1161-643
STATE FILE NUMBER

CERTIFICATE OF DEATH

3200140001746
LOCAL REGISTRATION NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 1/00)

1. NAME OF DECEDENT—FIRST (GIVEN) G.		2. MIDDLE DALE		3. LAST (FAMILY) GRIFFITH	
4. DATE OF BIRTH M/M/D/D/C/CYY 09/18/1920		5. AGE YRS 81		7. DATE OF DEATH M/M/D/D/C/CYY 11/09/2001	
9. STATE OF BIRTH IL		10. SOCIAL SECURITY NO.		12. MARITAL STATUS Married	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19. USUAL EMPLOYER Los Angeles County	
17. OCCUPATION Electrician		18. KIND OF BUSINESS Electrical Contractor		19. YEARS IN OCCUPATION 39	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 546 Lilac Drive					
21. CITY Los Osos		22. COUNTY San Luis Obispo		24. YEAR IN COUNTY 23	
26. NAME, RELATIONSHIP Mary Griffith, Wife					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 546 Lilac Drive, Los Osos, CA 93402					
28. NAME OF SURVIVING SPOUSE—FIRST Mary		29. MIDDLE Galbraith		30. LAST (MAIDEN NAME) Griffith	
31. NAME OF FATHER—FIRST Stanley		32. MIDDLE B.		34. BIRTH STATE IL	
36. NAME OF MOTHER—FIRST Nena		38. MIDDLE Farrell		38. BIRTH STATE IL	
39. DATE M/M/D/D/C/CYY 11/16/2001					
40. PLACE OF FINAL DISPOSITION at sea off the Santa Barbara County Coast, Santa Barbara, CA					
41. TYPE OF DISPOSITIONS CR/SEA		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR McDermott-Crockett Mortuary		45. LICENSE NO. FD 383		47. DATE M/M/D/D/C/CYY 11/16/2001	
101. PLACE OF DEATH Sierra Vista Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONF. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY San Luis Obispo		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1010 Murray		106. CITY San Luis Obispo	
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) Respiratory Failure		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. SIGNATURE OF CORONER 01R-0659	
DUE TO (B) Lung Disease/Pneumonia		109. SIGOPS PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEDENT ATTENDED SINCE M/M/D/C/CYY 05/02/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>Phillip A Borgardt</i>		116. LICENSE NO. A055468	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Phillip A Borgardt, M.D. 1334 Marsh, San Luis Obispo CA93401		118. DATE M/M/D/D/C/CYY 11/13/2001			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C/CYY	
122. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		123. HOUR		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/D/D/C/CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. # 8688		CENSUS TRACT	

155243



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY SAN LUIS OBISPO

SS DATE ISSUED: NOV 15 2004

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY CLERK-RECORDER or this is to certify this document is a true abstract of the official record filed with the County Clerk-Recorder.

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This copy is valid unless prepared on engraved border displaying seal and signature of County Registrar.

Julie L. Redwood
COUNTY CLERK-RECORDER

