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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. 195422 FEE$ 42.00

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)

COPY

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 Revised is a valid and existing trust.

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 Lilac 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 Lilac 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The trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect: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: 11/09/04

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(ALL SIGNATURES MUST BE ACKNOWLEDGED BY A NOTARY)

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

This instrument was acknowledged before me on 11/9/04 by MARY A GRIFFITH

Amy L Marzich
Notary Public
(My commission expires: 12/7/05)

AMY L. MARZICH
COMM. #1331508
NOTARY PUBLIC-CALIFORNIA
SAN LUIS OBISPO COUNTY
My Comm. Expires December 7, 2005

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO

SAN LUIS OBISPO, CALIFORNIA

161-643
STATE FILE NUMBER

CERTIFICATE OF DEATH

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

3200140001746
LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): G.
2. MIDDLE: DALE
3. LAST (FAMILY): GRIFFITH
4. DATE OF BIRTH MM/DD/CCYY: 09/18/1920
5. AGE YRS.: 81
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 11/09/2001
8. HOUR: 1210
9. STATE OF BIRTH: IL
10. SOCIAL SECURITY NO.: [redacted]
11. MILITARY SERVICE: [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS: Married
13. EDUCATION—YEARS COMPLETED: 14
14. RACE: White
15. HISPANIC—SPECIFY: [ ] YES [X] NO
16. USUAL EMPLOYER: Los Angeles County
17. OCCUPATION: Electrician
18. KIND OF BUSINESS: Electrical Contractor
19. YEARS IN OCCUPATION: 39

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 546 Lilac Drive
21. CITY: Los Osos
22. COUNTY: San Luis Obispo
23. ZIP CODE: 93402
24. YRS IN COUNTY: 23
25. STATE OR FOREIGN COUNTRY: CA

INFORMANT

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

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: Mary
29. MIDDLE: -
30. LAST (MAIDEN NAME): Galbraith
31. NAME OF FATHER—FIRST: Stanley
32. MIDDLE: B.
33. LAST: Griffith
34. BIRTH STATE: IL
35. NAME OF MOTHER—FIRST: Nena
36. MIDDLE: -
37. LAST (MAIDEN): Farrell
38. BIRTH STATE: IL

DISPOSITION(S)

39. DATE MM/DD/CCYY: 11/16/2001
40. PLACE OF FINAL DISPOSITION: at sea off the Santa Barbara County Coast, Santa Barbara, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): CR/SEA
42. SIGNATURE OF EMBALMER: ▶ Not Embalmed
43. LICENSE NO.:
44. NAME OF FUNERAL DIRECTOR: McDermott-Crockett Mortuary
45. LICENSE NO.: FD 383
46. SIGNATURE—LOCAL REGISTRAR: ▶ [signature]
47. DATE MM/DD/CCYY: 11/16/2001

PLACE OF DEATH

101. PLACE OF DEATH: Sierra Vista Hospital
102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP. [ ] RES. CARE [ ] OTHER
104. COUNTY: San Luis Obispo
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 1010 Murray
106. CITY: San Luis Obispo

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Respiratory Failure	3 Mos
DUE TO	(B) Lung Disease/Pneumonia	3 Mos
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — MATERIAL NUMBER 01R-0859
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO
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

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
DECEDENT ATTENDED SINCE MM/DD/CCYY: 05/02/2001
DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 11/09/2001
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ [signature]
116. LICENSE NO.: A055468
117. DATE MM/DD/CCYY: 11/13/2001
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: Phillip A Borgardt, M.D. 1334 Marsh, San Luis Obispo CA93401

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURY AT WORK: [ ] YES [ ] NO
121. INJURY DATE MM/DD/CCYY:
122. HOUR:
123. PLACE OF INJURY:
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP):
126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶
127. DATE MM/DD/CCYY:
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER:

STATE REGISTRAR

A | B | C | D | E | F | G | H | FAX AUTH. # 8688 | CENSUS TRACT

155243

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY SAN LUIS OBISPO } SS

DATE ISSUED: NOV 1-5 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.

Julie L. Rodewald
COUNTY CLERK-RECORDER

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY RECORDER — SAN LUIS OBISPO CO. CA