

DOC# 232223

11/07/2016

08:08AM

APN:

N/A

Mailing Address of Grantee or Other Person

Requesting Recording:

Wilson | Barrows | Salyer | Jones
442 Court Street
Elko, Nevada 89801

Official Record

Requested By
WILSON BARROWS SALYER JONES

Eureka County - NV

Lisa Hoehne - Recorder

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Fee: \$19.00

Recorded By CH

RPTT: \$0.00

Book- 0597 Page- 0291



0232223

Mail Tax Statements to:

N/A

Social Security Number Affirmation Statement:

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does not contain personal information, including full social security number of any person;

-OR-

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does contain personal information, including full social security number of a person.

Donna L. Mitchell

Legal Secretary

Name

Title

Donna L. Mitchell

Signature

Title of Document Recorded:

CERTIFICATION OF DEATH OF CO-TRUSTOR/CO-TRUSTEE,
NOMINATION OF NEW SUCCESSOR CO-TRUSTEES
AND ACCEPTANCE OF NOMINATION

WILSON | BARROWS | SALYER | JONES

442 Court Street | Elko, Nevada 89801 | 775.738.7271

**Certification of Death of Co-Trustor/Co-Trustee,
Nomination of New Successor Co-Trustees and Acceptance of Nomination**

STATE OF NEVADA)
) ss.
COUNTY OF Elko)

The undersigned hereby certifies under oath and penalty of perjury pursuant to NRS 164.400 - 164.440, that the following facts are true:

1. **Donald E. Morrison and Alberta J. Morrison**, as Trustors, created the **Morrison Family Trust** (the "Trust") by Revocable Trust Agreement and Declaration of Trust, dated April 6, 2006 (the "Agreement");

2. **Donald E. Morrison and Alberta J. Morrison** were also the initial Trustees of the Trust;

3. Although the actual name of the Trust was and is the "**Morrison Family Trust**", the Trust has also been called from time to time the "**DE and AJ Morrison FM Trust dtd 4/6/06**" and the "**D.E. and A.J. Morrison Family Trust DTD 4-6-06**";

4. The Trustors never amended the Agreement;

5. Pursuant to the Agreement and NRS 111.060, **Donald E. Morrison and Alberta J. Morrison** held title to all assets of the Trust as Trustees with the right of survivorship;

6. One of the Co-Trustors and Co-Trustees, **Donald E. Morrison**, a.k.a. **Donald Eugene Morrison**, died on **April 21, 2016**, as shown by the certified copy of his Certificate of Death attached hereto and made a part hereof by this reference;

7. In accordance with the provisions of the Agreement, **Alberta J. Morrison**, the undersigned surviving Co-Trustee, has nominated **Matthew L. Morrison** and **Donald Lloyd Morrison** as the Successor Co-Trustees to serve with **Alberta J. Morrison** as Co-Trustees of the Trust;

8. The undersigned **Matthew L. Morrison** and **Donald Lloyd Morrison** hereby accept the nomination as Successor Co-Trustees of the Trust to serve with **Alberta J. Morrison** as Co-Trustees of the Trust;

WILSON | BARROWS | SALYER | JONES

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9. **Alberta J. Morrison, Matthew L. Morrison and Donald Lloyd Morrison** are the currently acting Co-Trustees of the Trust, and in that capacity have acquired, and are holding, all legal and equitable title to all assets of the Trust, formerly owned and held by the initial Trustees of the Trust;

10. The Trust has not been revoked or amended to make any representations contained in this Certification incorrect.

11. The signature below is the signature of all currently acting Trustees of the Trust.

TRUSTEES:

DATED: 11-3-14

Alberta J. Morrison
ALBERTA J. MORRISON

DATED: 11-03-16

Matthew L. Morrison
MATTHEW L. MORRISON

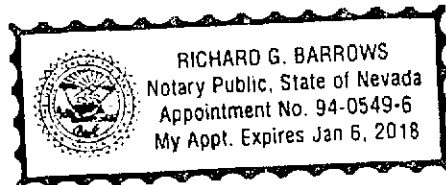
DATED: 11/03/16

Donald Lloyd Morrison
DONALD LLOYD MORRISON

NOTE: NRS 164.400 requires both of the following jurat and acknowledgment to be completed by the Notary Public:

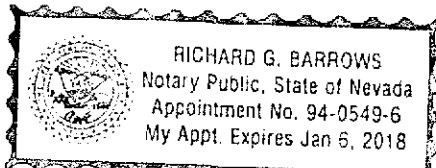
Subscribed and sworn to before me
this 3rd day of November, 2016, by
Alberta J. Morrison, Trustee.

Richard G. Barrows
NOTARY PUBLIC



STATE OF NEVADA,)
) ss.
COUNTY OF Elko)

On the 3rd day of November, 2016, personally appeared before me, a Notary Public, **Alberta J. Morrison**, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the above instrument as an Trustee of the Morrison Family Trust.

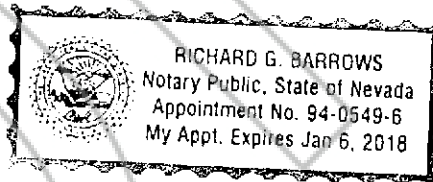



NOTARY PUBLIC

NOTE: NRS 164.400 requires both of the following jurat and acknowledgment to be completed by the Notary Public:

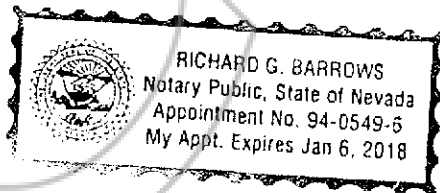
Subscribed and sworn to before me this 3rd day of November, 2016, by **Matthew L. Morrison**, Trustee.


NOTARY PUBLIC



STATE OF NEVADA,)
) ss.
COUNTY OF Elko)

On the 24 day of November, 2016, personally appeared before me, a Notary Public, **Matthew L. Morrison**, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the above instrument as Successor Trustee of the Morrison Family Trust.




NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2016007615

STATE FILE NUMBER

CASE FILE NO. 3890663

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF REFERENCE 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) Donald Eugene MORRISON		2. DATE OF DEATH (Mo/Day/Year) April 21, 2016		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or apt. No. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (Inpatient) (Specify) Northeastern Nevada Regional Hospital		4. SEX Male	
5. RACE White (Specify)		8. Hispanic Origin? Specify (No - Non-Hispanic)		7a. AGE - Last birthday (Years) 90	
6a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		6b. CITIZEN OF WHAT COUNTRY United States		6c. DATE OF BIRTH (Mo/Day/Yr) January 13, 1926	
13. SOCIAL SECURITY NUMBER 2433		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Farmer		14b. KIND OF BUSINESS OR INDUSTRY Agriculture	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 1001 Gold Street		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Alberta GOODWIN	
18. FATHER/PARENT - NAME (First Middle Last Suffix) James Edia MORRISON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence BUNKER		
18a. INFORMANT - NAME (Type or Print) Alberta MORRISON		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO BOX 248 Eureka, Nevada 89316			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eureka Cedar Hills		19c. LOCATION City or Town State Eureka Nevada 89316	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting As Such) JASON NUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MAUREEN L. DURKIN M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 27, 2016		21c. HOUR OF DEATH 22:35		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Maureen L Durkin M.D. 2001 Erccan Blvd Elko, NV 89801				23b. LICENSE NUMBER 7280	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 27, 2016		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				Interval between onset and death	
(a) Septic Shock				5 Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Streptococcus Pneumoniae				5 Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Pneumonia				5 Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Acute Myocardial Infarction, Acute Renal Failure, Hypertension				26. AUTOPSY (Specify Yes or No) No	
27a. ACC. SUICIDE, HOUL, UNDET. OR PENDING INVEST. (Specify)		27b. DATE OF INJURY (Mo/Day/Yr)		27c. HOUR OF INJURY	
27d. INJURY AT WORK (Specify Yes or No)		27e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		27f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



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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:

5/9/2016

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



Verallynn A Boyack
STATE REGISTRAR

