

DOC# 232223

11/07/2016

08:08AM

Official Record

Requested By
WILSON BARROWS SALYER JONES

Eureka County - NV

Lisa Hoehne - Recorder

Page: 1 of 6 Fee: \$19.00

Recorded By CH RPTT: \$0.00

Book- 0597 Page- 0291



0232223

APN:

N/A

Mailing Address of Grantee or Other Person

Requesting Recording:

Wilson | Barrows | Salyer | Jones

442 Court Street

Elko, Nevada 89801

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;

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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

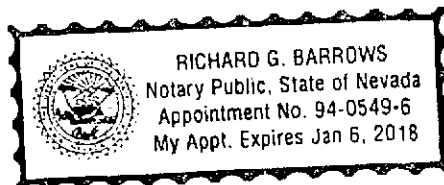
DATED: 11/03/16

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.

[Signature]
NOTARY PUBLIC



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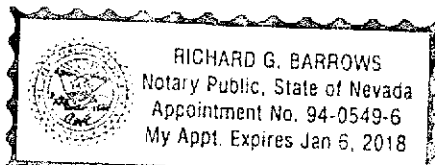


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STATE OF NEVADA,)
) ss.
COUNTY OF Elko)

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.

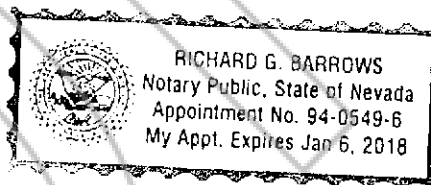



NOTARY PUBLIC

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

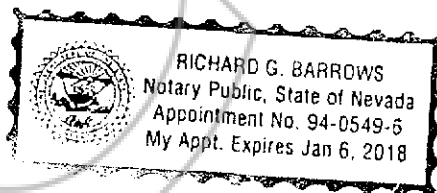
Subscribed and sworn to before me
this 3rd day of November, 2016, by
Matthew L. Morrison, Trustee.


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

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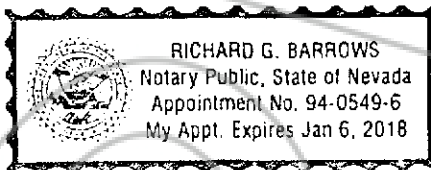
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NOTE: NRS 164.400 requires both of the following jurat and acknowledgment to be completed by the Notary Public:

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

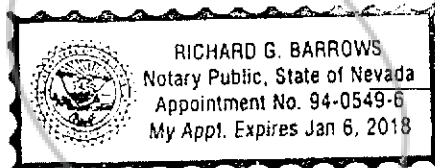


NOTARY PUBLIC



STATE OF NEVADA,)
COUNTY OF ELKO) ss.

On the 3rd day of November, 2016, personally appeared before me, a
Notary Public, **Donald Lloyd 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

16060361rgb.wpd
November 1, 2016



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
DEATHCONDITIONS 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 3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (Inpatient) (Specify) Northeastern Nevada Regional Hospital Inpatient		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 90	
7b. UNDER 1 YEAR MOs DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 13, 1926	
9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Alberta GOODWIN		13. SOCIAL SECURITY NUMBER 2433	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Farmer		14b. KIND OF BUSINESS OR INDUSTRY Agriculture		15a. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15b. RESIDENCE - STATE Nevada		15c. COUNTY Eureka		15d. STREET AND NUMBER 1001 Gold Street	
16. 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 246 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 MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 295	
20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 589 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		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)	
21b. DATE SIGNED (Mo/Day/Yr) April 27, 2016		21c. HOUR OF DEATH 22:35		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Maureen L. Durkin M.D., 2001 Erreacan 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 (a) Septic Shock DUE TO, OR AS A CONSEQUENCE OF: (b) Streptococcus Pneumoniae DUE TO, OR AS A CONSEQUENCE OF: (c) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death 5 Days Interval between onset and death 5 Days Interval between onset and death 5 Days Interval between onset and death		25. AUTOPSY (Specify Yes or No) No	
26. INJURY AT WORK (Specify Yes or No)		26a. DATE OF INJURY (Mo/Day/Yr)		26b. HOUR OF INJURY	
26c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26d. DISCLOSE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		28b. INJURY AT WORK (Specify Yes or No)		28c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
28d. LOCATION		28e. STREET OR R.F.D. No.		28f. CITY OR TOWN	
28g. STATE		28h. COUNTY		28i. ZIP	

STATE REGISTRAR



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VRS-Rvr-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.

Veralynn A. Boyack
STATE REGISTRAR