



TRUST dated June 16, 2017, MARSHA MILLARD DAVIS being the sole surviving Trustee thereof.

That LYNN MYCHAEL BARSTOW and MARSHA MILLARD DAVIS, as original Trustors and Trustees, conveyed the following described real property to the BARSTOW & DAVIS REVOCABLE FAMILY TRUST dated June 16, 2017:

See Exhibit "B" attached hereto and incorporated herein by reference.

**PLEASE TAKE NOTICE** that MARSHA MILLARD DAVIS hereby certifies that she is qualified and acting as Trustee of the Survivor's Trust to the BARSTOW & DAVIS REVOCABLE FAMILY TRUST dated June 16, 2017.

IN WITNESS WHEREOF this instrument was executed this 11<sup>th</sup> day of March, 2019.

Survivor's Trust to the BARSTOW & DAVIS REVOCABLE FAMILY TRUST dated June 16, 2017:

  
MARSHA MILLARD DAVIS, Trustee

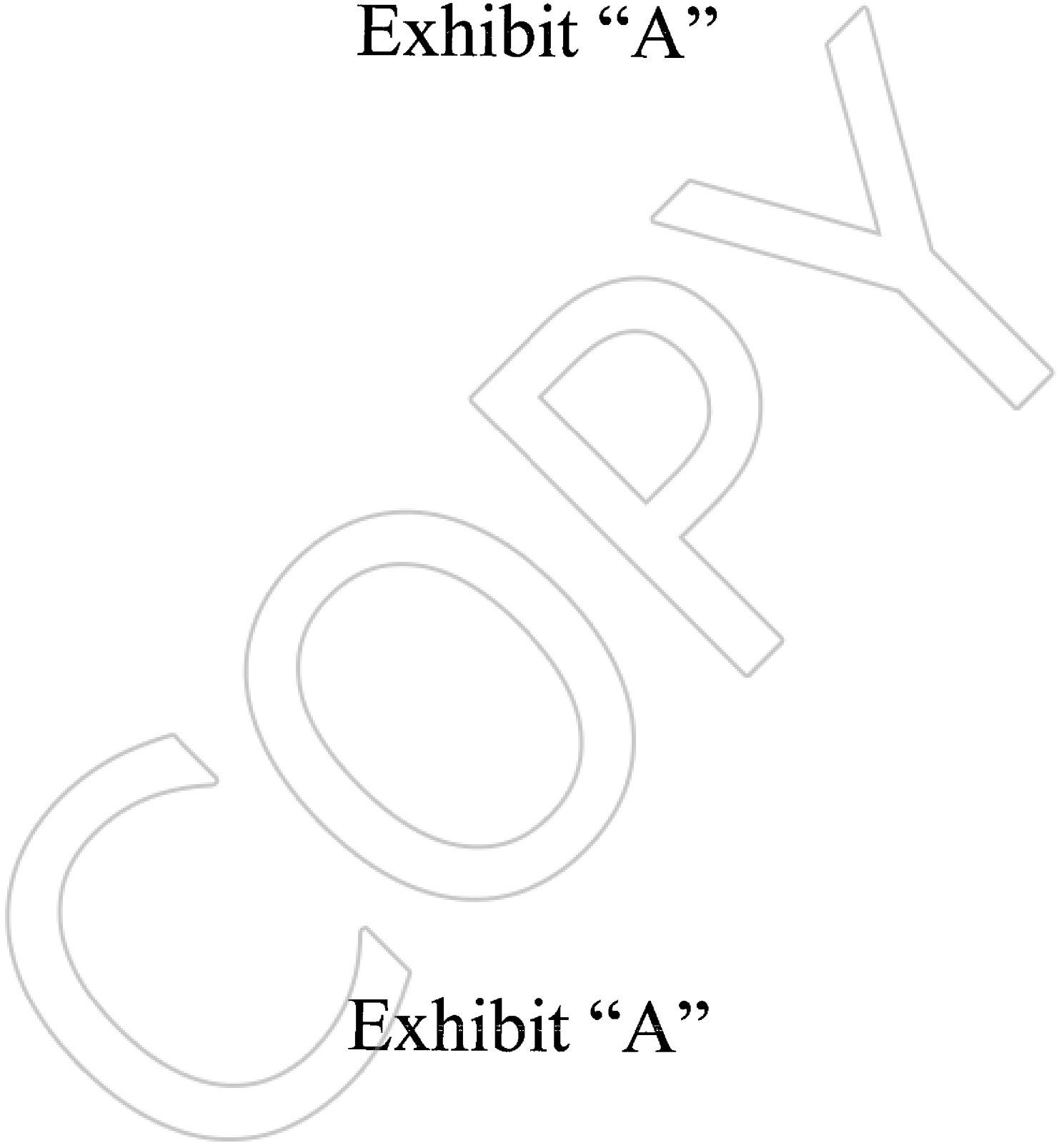
STATE OF NEVADA        )  
                                  ) SS.  
COUNTY OF ELKO        )

On March 11<sup>th</sup>, 2019, personally appeared before me, a Notary Public, MARSHA MILLARD DAVIS, personally known (or proved) to me to be the person whose name is subscribed to the above instrument acknowledged that she executed the foregoing instrument.

  
NOTARY PUBLIC



**Exhibit “A”**



**Exhibit “A”**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4064527

2019002031  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE 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)<br><b>Lynn Mychael BARSTOW</b>   |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>February 01, 2019</b>   |  | 3a. COUNTY OF DEATH<br><b>Elko</b>  |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH:<br><b>Elko</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not other, give street address if Hosp or Inst indicate DOA, OPI/Enter Rm. Inpatient (Specify)<br><b>Highland Manor of Elko Nursing Home</b> |  | 4. SEX<br><b>Male</b>   |  |
| 5. RACE (Specify)<br><b>White</b>  |  | 6. Hispanic Origin? Specify<br><b>No - Non-Hispanic</b>  |  | 7a. AGE-Last birthday (Years)<br><b>73</b>  |  |
| 7b. UNDER 1 YEAR<br><b>MOS</b>   |  | 7c. UNDER 1 DAY<br><b>DAYS</b>   |  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>June 12, 1945</b>  |  |
| 9a. STATE OF BIRTH (If not US/CA, Name country)<br><b>Ohio</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |  | 10. EDUCATION<br><b>14</b>  |  |
| 11. MARITAL STATUS (Specify)<br><b>Married</b>   |  | 12. SURVIVING SPOUSE'S NAME (Last, name prior to first marriage)<br><b>Marsha MILLARD</b>  |  |   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>062</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of<br><b>Assaying</b>  |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>MINING</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Elko</b>   |  | 15c. CITY/TOWN OR LOCATION<br><b>Lamoille</b>   |  |
| 15d. STREET AND NUMBER<br><b>762 Lamoille Highway</b>  |  | 15e. INSIDE CITY LIMITS? (Specify Yes or No)<br><b>Yes</b>   |  | 15f. Ever in US Armed Forces? <b>Yes</b>  |  |
| 16. FATHER/PARENT - NAME (First, Middle, Last, Suffix)<br><b>Willis Sylvester BARSTOW</b>  |  |  | 17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix)<br><b>Delcia Isabel JOHNSTONE</b>   |   |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>Marsha DAVIS</b>   |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>PO BOX 281620 Lamoille, Nevada 89828</b>  |  |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Ely City Cemetery</b>  |  | 19c. LOCATION City or Town State<br><b>Ely Nevada 89301</b>                                       |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>JASON MUTH</b><br>SIGNATURE AUTHENTICATED   |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD298</b>   |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Burns Funeral Home</b><br><b>PO BOX 689 Elko NV 89803</b> |  |
| TRADE CALL - NAME AND ADDRESS  |  |  |  |   |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title)<br><b>KAREN L WRIGHT MD</b><br>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)<br><b>February 04, 2019</b>   |  | 21c. HOUR OF DEATH<br><b>11.56</b>   |  | 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)<br><b>Karen E Wright MD 2100 Ruby View Dr Elko, NV 89801</b>           |  |   |  |
| 23b. LICENSE NUMBER<br><b>10643</b>  |  | 24a. REGISTRAR (Signature)<br><b>BREECE D FLORES</b><br>SIGNATURE AUTHENTICATED  |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>February 05, 2019</b>                           |  |
| 24c. DEATH DUE TO COMMUNICABLE DISEASE<br><b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>  |  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  |  |   |  |
| PART I   |  | (a) <b>Cardiac Arrest</b>  |  | Interval between onset and death<br><b>7 Minutes</b>  |  |
|  |  | (b) <b>Myocardial Ischemia</b>   |  | Interval between onset and death<br><b>3 Hours</b>  |  |
|  |  | (c) <b>Hypoxemia</b>   |  | Interval between onset and death<br><b>12 Hours</b>   |  |
|  |  | (d) <b>End Stage Chronic Obstructive Pulmonary Disease</b>   |  | Interval between onset and death<br><b>10 Years</b>   |  |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I<br><b>Interochontic Hip Fracture And Patient Surgery</b> |  |  |  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>  |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>   |  | 28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)  |  | 28b. DATE OF INJURY (Mo/Day/Yr)   |  |
| 28c. HOUR OF INJURY  |  | 28d. DESCRIBE HOW INJURY OCCURRED  |  |   |  |
| 28e. INJURY AT WORK (Specify Yes or No)  |  | 28f. PLACE OF INJURY - At home, farm, street, factory office building, etc. (Specify)  |  | 28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE  |  |

STATE REGISTRAR

VRS-Rev-2/10/2019a



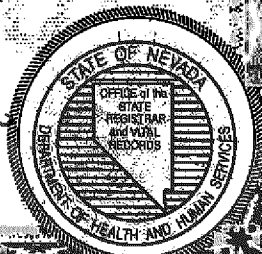
CERTIFIED COPY OF VITAL RECORDS

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 **FEB 05 2019**

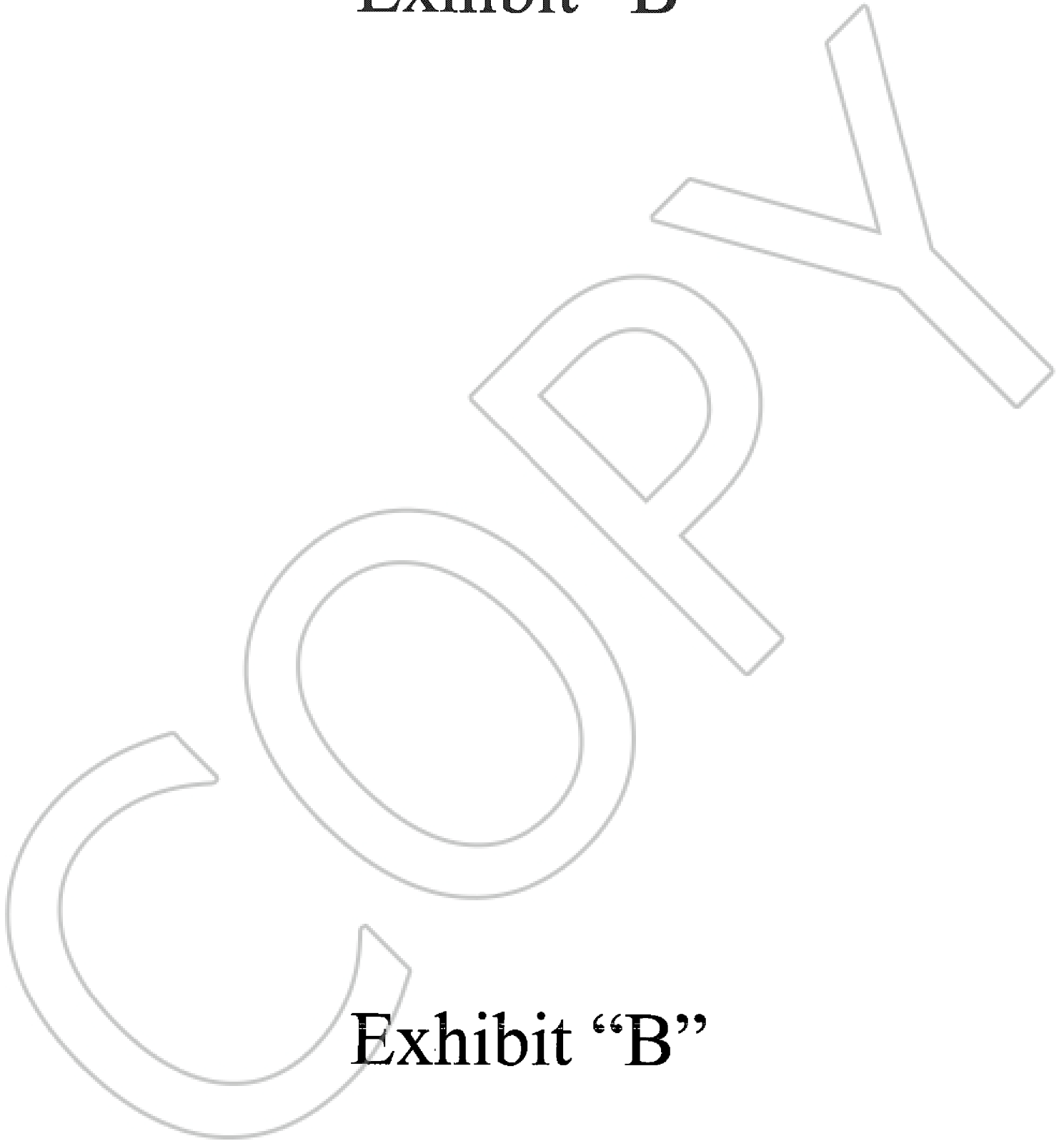
*Julie Katchear*  
STATE REGISTRAR

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



MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# Exhibit “B”



# Exhibit “B”

**APN: 001-131-01**

Lots 1, 2 and 3, in Block 6, as shown on the plat of the Town of Eureka, filed in the office of the County Recorder of Eureka County, Nevada.

**ROYALTY INTEREST**

All rights, title, and interest in and to those mineral royalty interests for property situated in the County of Eureka, State of Nevada as set forth in that Royalty Division Agreement, dated January 6, 1988 and recorded on November 9, 1990 in Book 217 of Official Records of page 278.

