

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 11th 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 11th, 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”

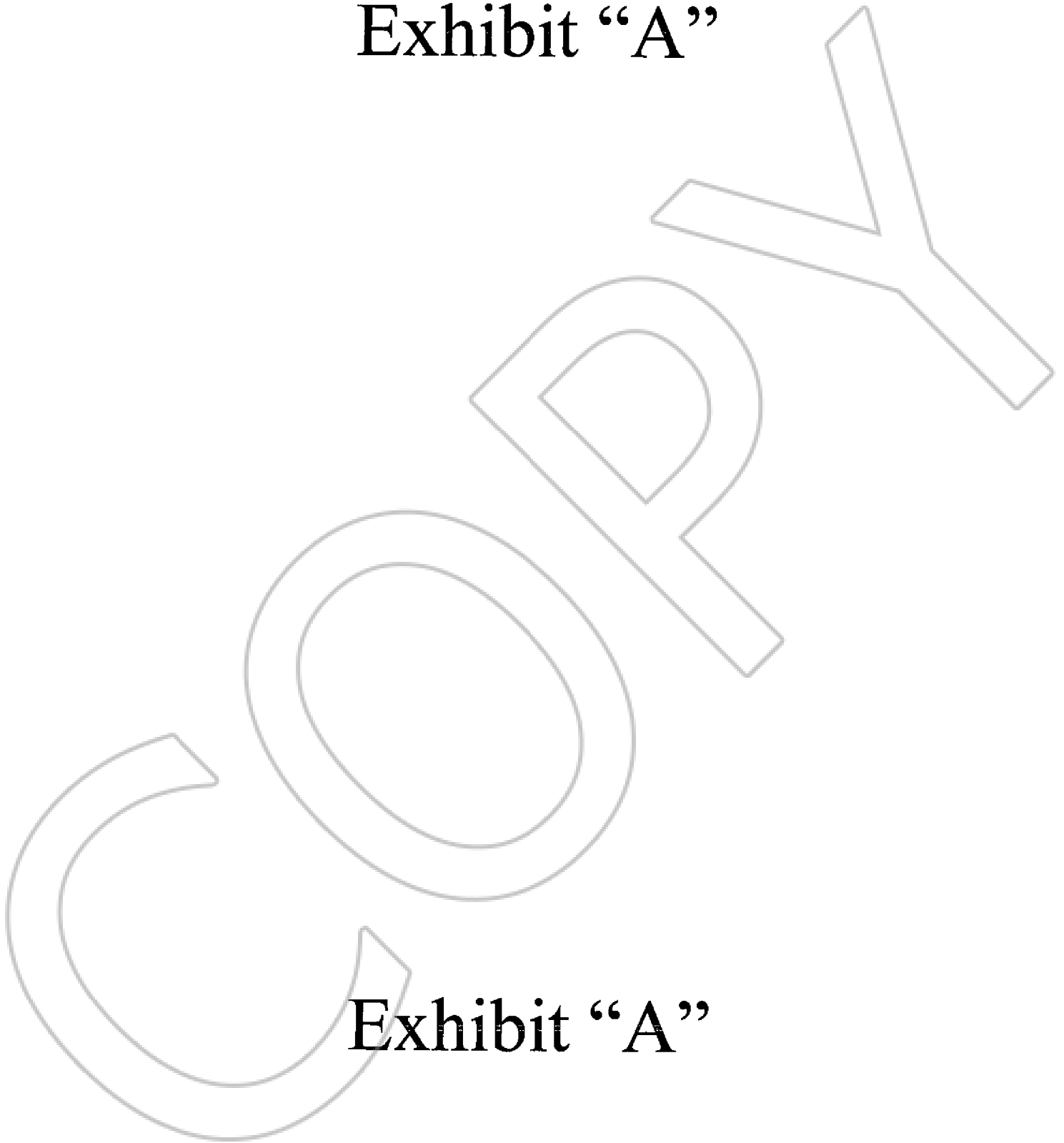


Exhibit “A”

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



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit “B”

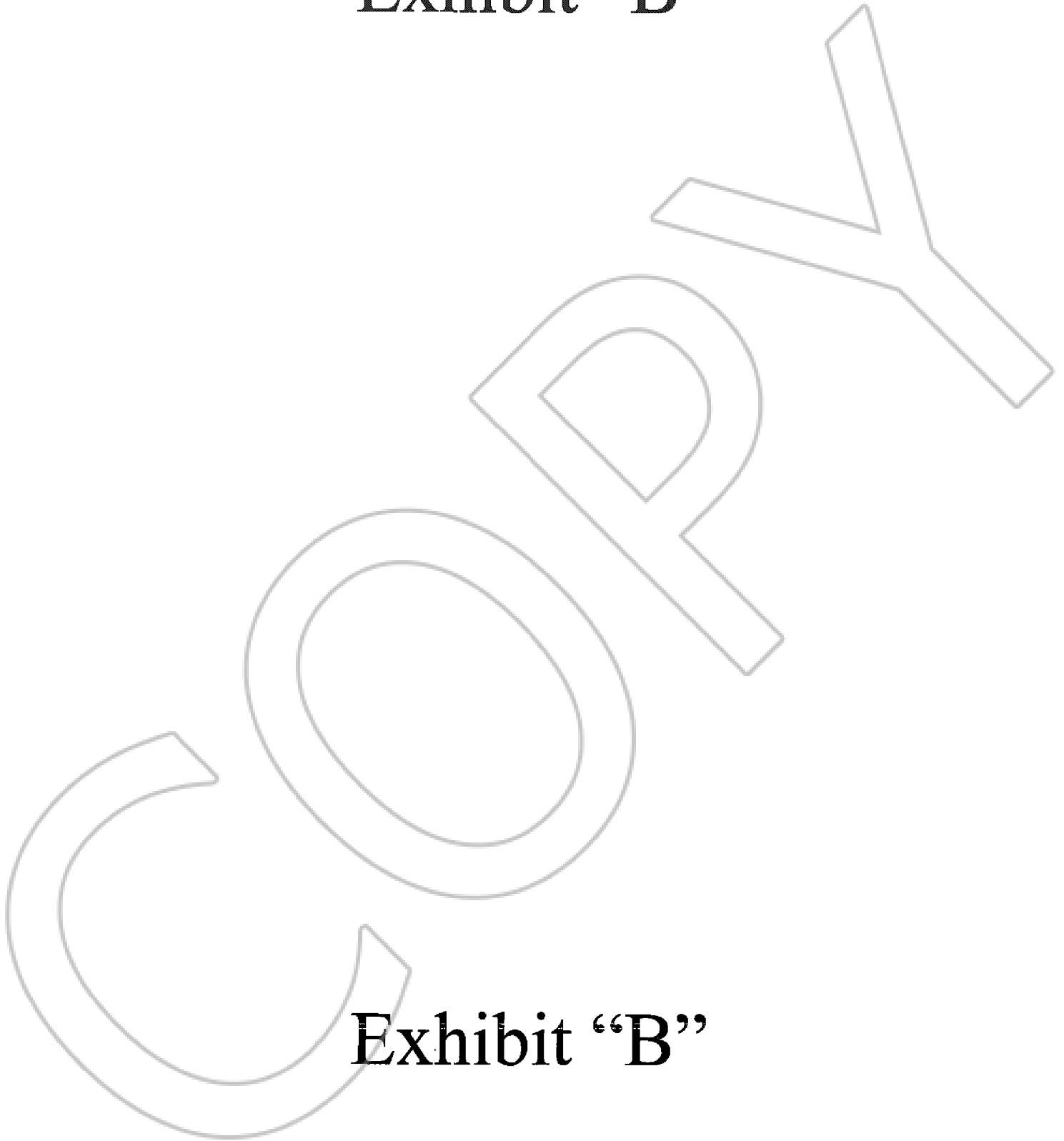


Exhibit “B”

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.

