When Recorded mail to: Goicoechea, Di Grazia, Coyle & Stanton, Ltd. 530 Idaho Street Elko, NV 89801

Affirmation: This document DOES contain the social security number of any person, NRS 239B.030.

EUREKA COUNTY, NV
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GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.
LISA HOEHNE, CLERK RECORDER

CERTIFICATION OF:

NOTICE OF DEATH OF ORIGINAL TRUSTOR & TRUSTEE; ACCEPTANCE OF SURVIVING TRUSTOR & TRUSTEE;

STATE OF NEVADA)
)SS.
COUNTY OF ELKO)

TO WHOM IT MAY CONCERN, NOTICE IS HEREBY GIVEN that MARSHA MILLARD DAVIS, of legal age, being first duly sworn, deposes and says:

- 1. That LYNN MYCHAEL BARSTOW and MARSHA MILLARD DAVIS, as original Trustors and Trustees, created the BARSTOW & DAVIS REVOCABLE FAMILY TRUST dated June 16, 2017, a Revocable Living Trust. The BARSTOW & DAVIS REVOCABLE FAMILY TRUST dated June 16, 2017 was entirely amended by First Amendment on the 15th day of August, 2018, by Original Trustors and Trustees, and is the governing Trust;
- 2. That on February 1, 2019, LYNN MYCHAEL BARSTOW, one of the aforementioned original Trustors and Trustees of BARSTOW & DAVIS REVOCABLE FAMILY TRUST dated June 16, 2017, died; a certified copy of the Certificate of Death attached hereto as Exhibit "A" and incorporated herein by reference;
- 3. That the said BARSTOW & DAVIS REVOCABLE FAMILY TRUST dated June 16, 2017, provides that upon the death of one Trustor the Survivor's Trust shall consist of assets having a value up to the full amount of the maximum tax shelter credit or exemption and that surviving Trustor and Trustee shall serve as sole Trustee thereof. MARSHA MILLARD DAVIS, as the sole surviving Trustor and sole Trustee of the Survivor's Trust to the BARSTOW & DAVIS REVOCABLE FAMILY TRUST dated June 16, 2017dated 12/6/1991, and having accepted the office of Trustee, is now qualified and acting as Trustee of the Survivor's Trust to the BARSTOW & DAVIS REVOCABLE FAMILY TRUST dated June 16, 2017;
- 4. That all Trust assets owned by the original Trustees of the BARSTOW & DAVIS REVOCABLE FAMILY TRUST dated June 16, 2017, shall be governed by the successor Trust thereto, the Survivor's Trust to the BARSTOW & DAVIS REVOCABLE FAMILY TRUST dated June 16, 2017, title to all Trust assets may remain in the BARSTOW & DAVIS REVOCABLE FAMILY

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.

<u>PLEASE TAKE NOTICE</u> 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:

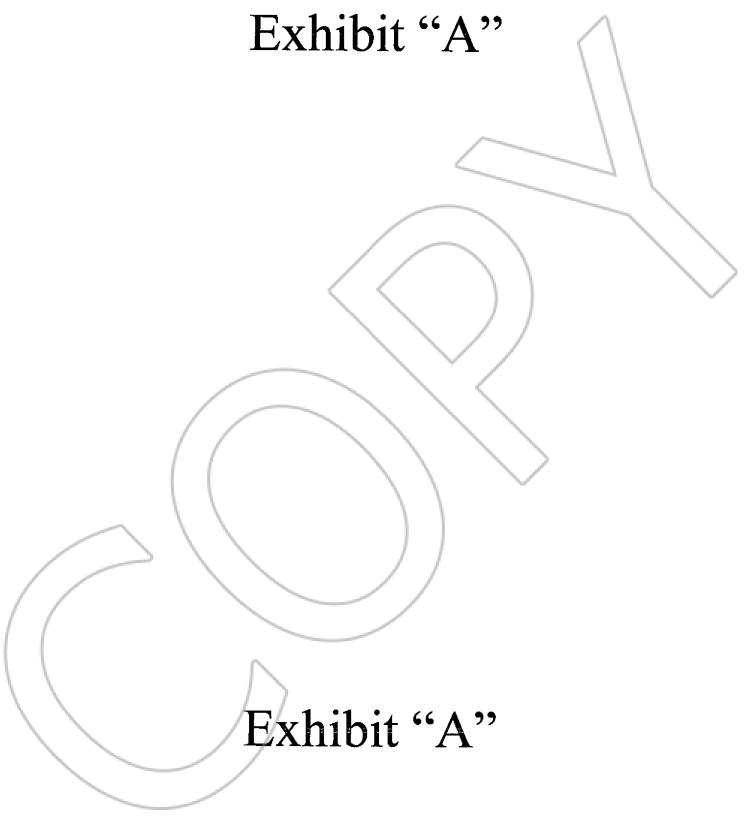
MARSHA MILLARD DAVIS, Trustee

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







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

VITAL STATISTICS CERTIFICATE OF DEATH

2019002031

TYPE OR	1a DECEASED-NAME (FIRST, MIDOL				TATE FILE NUMBER
PRINT IN PERMANENT	10 Table 1	Manager Committee Committe	BOTTON COLL COMPA ANTIN CONTRA ANTIN DA SON. DA SON DA	2 DATE OF DEATH (Mo/Day/Year)	3a COUNTY OF DEATH
BLACK INK	Lynn Mycha	aelii 💥	BARSTOW	February 01, 2019	Elko
	36 CITY, TOWN, OR LOCATION OF D	EATH SC HOSPITAL OR OTH	R INSTITUTION -Name(If not either		
	Elko		ighland Manor of Elko	r give street arfae if Blosp or Inst indicate Apatient(Specify) Nursing thdetTp_LNDER 1 YEAR I72 UNDER 1	. Usma
DECEDENT	5 RACE (Specify)	6, Hispanic On		thday 70 UNDER 1 YEAR 70 UNDER 1 D	Home Male
V	White	No - Non-His	spanic (Years)	MOS DAYS HOURS MI	
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OCCURRED IN	Sa STATE OF BIRTH (If no! US/CA, mains counity) Ohio				NAME (Last name prior to first mainlage)
OCCURRED IN INSTITUTION SEE HANDBOOK	name country) Ohio	United States		201 1 W-990 F	ha MILLARD
COMPLETION OF	hea hear than both both both both both both both both				
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wi William	Nevada I	Elko	Lamoille 76	2 Lamoille Highway	or No) Yes
PARENTS	16 FATHER/PARENT - NAME (First Middle: Last Suffix) 17 MOTHER/PARENT - NAME (First Middle: Last Suffix)				
	Willis Sylvester BARSTOW Deicia Isabel JOHNSTONE				
e.	188 INFORMANT- NAME (Type or Prin		8b MAILING ADDRESS (Street of	or R F D. No, City or Town, State, Zip) 👙	
Na S	Marsha DA		POI	BOX 281620 Lamoille, Nevada i	89828
MARAAMIAN	19 BURIAL, CREMATION, REMOVAL	., OTHER: (Specify) 19b. CEMET	ERY OR CREMATORY - NAME	(19c LÖCATIO	
DISPOSITION	Bunal		Ely City Cemeter	у \	Ely Nevada 89301
100 mm	20a FUNERAL DIRECTOR SIGNATUR		20b FUNERAL DIRECTOF 20c	NAME AND ADDRESS OF FACILITY	
	JASON N		LICENSE NUMBER		al Home
A .		UTHENTICATED	FD298	Burns Funera PO BOX 689 Elk	NV 89803
TRADE CALL	TRADE CALL - NAME AND ADDRESS				
e e e e e e e e e e e e e e e e e e e	21s. To the best of my knowledge	a, death occurred at the time, dat		n the basis of avamination and/or investigation	, in my opinion cleafh occurred
		& Title): SIGNATURE A EN L'WRIGHT MD	UTHENTICATED 5 2 a Teti	me, date and place and due to the cause(s) at	aied (Signaiure & Trile)
CERTIFIER	O C 915 DATE SIGNED MIAMANA			OUTE SIDNIEDWAY DAVIDON	5 · · · · · · · · · · · · · · · · · · ·
ware to take	21b DATE SIGNED (Mc/DayYr) 21c HOUR OF DEATH 22c HOUR OF DEATH 22c HOUR OF DEATH 22c HOUR OF DEATH 22c HOUR OF DEATH				
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1	은병 (Type or Prant)		and de	THOMOGRACED DEACH (Middley) 1)	A FILONCONCED DEAD AT (HOUR)
70 70 70	238 NAME AND ADDRESS OF GERTIF	TER (PHYSICIAN, ATTENDING	PHYSICIAN MEDICAL EXAMINER	OR CORONER) (Over or Penn)	235 LICENSE NUMBER
r.	K	aren E Wright MD 2100	Ruby View Dr Elko, NV 89	9801	10643
REGISTRAR	24a, REGISTRAR (Signatura)	BRÉECÉ D FLORE			DUE TO COMMUNICABLE DISEASE
1,500,001,001,0	8	IGNATURE AUTHENTICAT	(14417-474		ES NO X
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	DUE TO, OR SA COL	NSEQUENCE OF			74.0 20 00 00
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ANY WHICH	DUE TO, OR AS A CO	4 1 200	11/2 1.00 p		! 3 Hours
IMMEDIATE CAUSE	Limovamia	INGEGOENCE OF		New York	Interval between onset and death
STATING THE UNDERLYING	DUE TO, OP AS A COR	NCCORPIOE OF			12 Hours
CAUSE LAST	End Stage Ch	ronic Obstructive P	ulmonary Disease		Interval between onset and death
	Trace persons	76.			10 Years
	PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to deeth but not resulting in the underlying cause given in Part 1 28 AUTOPSY (Specifiz: Was case Intertrochantence Hip Fracture And Page in Surgery. REFERRED TO CORONER.				
<i>II</i>		199		P S S OI	No) No (Specily Yes of Min) Yes
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/ /					
./ /	286 INJURY AT WORK (Specify 28) PI	LACE OF INJURY. At home	S. okrosi (majoru affice 100 100)		
	Yes or No) buildin	ng, etc (Specify)	in an earliestory office 15ag FOCA	ATION STREET ORRED No	CITY OR TOWN STATE

STATE REGISTRAR

VRS-Rev-201205238



CASE FILE NO. 4064527

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

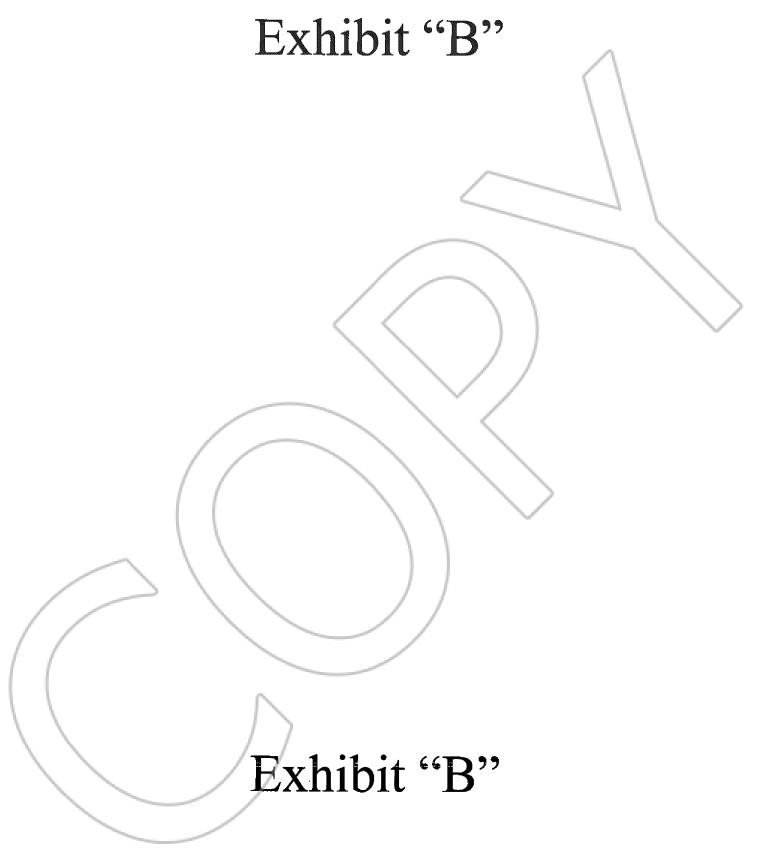
DATE ISSUED

FEB 0 5 2019

Julie Kotcheran



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



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 situates 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.

