

CERTIFICATE OF INCUMBENCY

EUREKA COUNTY, NV **2021-246516**
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\$37.00 Pgs=3 11/04/2021 12:47 PM
BRYAN A LOWE & ASSOCIATES
LISA HOEHNE, CLERK RECORDER

APN: 001-136-12

THIS CERTIFICATE OF INCUMBENCY is made and entered into as of this 3 day of November, 2021, by RITA FREDERICKSON;

RECITALS

1. WHEREAS, JAMES FREDERICKSON and RITA FREDERICKSON, the Settlers, created the JAMES AND RITA FREDERICKSON 1991 LIVING TRUST AGREEMENT u/t/d June 3, 1991 (with JAMES FREDERICKSON and RITA FREDERICKSON as the initial Trustees); and

2. WHEREAS, JAMES FREDERICKSON and RITA FREDERICKSON, the Settlers-Trustees, amended said Trust Agreement by First Amendment dated August 24, 2010, and by Second Amendment dated June 24, 2013; and

3. WHEREAS, JAMES FREDERICKSON, a Settlor-Trustee died on September 3, 2021 (a copy of the death certificate is attached hereto and incorporated herein); and

4. WHEREAS, ARTICLE FOURTEENTH, Paragraph a., of the Trust provides as follows:

a. In the event of the incompetency, inability or unwillingness of either settlor to act as trustee during the joint lifetimes of the settlor, then the remaining settlor shall act as the sole trustee of this trust; and

5. WHEREAS, RITA FREDERICKSON is the named sole Trustee; and

6. WHEREAS, RITA FREDERICKSON has agreed to serve as sole Trustee as provided in the JAMES AND RITA FREDERICKSON 1991 LIVING TRUST AGREEMENT.

NOW THEREFORE, pursuant to the terms of the JAMES AND RITA FREDERICKSON 1991 LIVING TRUST AGREEMENT, I, RITA FREDERICKSON, being of eighteen (18) years of age or older and of competent mind, hereby consent to serve as the sole Trustee of the JAMES AND RITA FREDERICKSON 1991 LIVING TRUST AGREEMENT u/t/d June 3, 1991, as amended by First Amendment dated August 24, 2010, and by Second Amendment dated June 24, 2013, and to perform those functions specifically delegated to the Trustee therein.


IN WITNESS WHEREOF, RITA FREDERICKSON hereby executes this Certificate of Incumbency as of the day and year first written above.


RITA FREDERICKSON

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

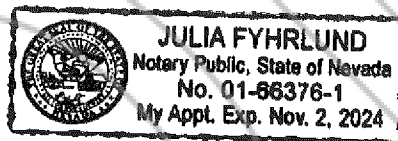
On this 3rd day of November, 2021, before me, the undersigned, a Notary Public in and for said County and State, personally appeared RITA FREDERICKSON, known to me (or proved to be on the basis of satisfactory evidence) to be the person described in and who executed the foregoing Certificate of Incumbency, and duly acknowledged to me that she executed the same freely and voluntarily for the uses and purposes therein mentioned.

WITNESS my hand and official seal.


NOTARY PUBLIC

When recorded, mail to, and
Mail Tax Statements to:

RITA FREDERICKSON, Tee
317 Sabra Court
Las Vegas, NV 89107



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. 4234302

2021021491
STATE FILE NUMBER

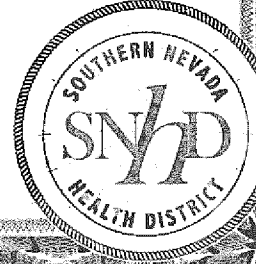
TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) James Dale FREDERICKSON		2. DATE OF DEATH (Mo/Day/Year) September 03, 2021		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 317 Sabra Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████-4117		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	Deputy Assessor		GOVERNMENT		Ever in US Armed Forces? No	
PARENTS	15a. RESIDENCE -STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
	15d. STREET AND NUMBER 317 Sabra Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
CREMATION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Bernard James FREDERICKSON		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irma Louise LANGER			
	18a. INFORMANT- NAME (Type or Print) Rita Ann FREDERICKSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 317 Sabra Court Las Vegas, Nevada 89107			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Memory Gardens Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89129	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RUSSELL E DONALDSON		20b. FUNERAL DIRECTOR LICENSE NUMBER FD963		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROSE A KUTILEK APRN					
	21b. DATE SIGNED (Mo/Day/Yr) September 07, 2021		21c. HOUR OF DEATH 11:57			
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
					22c. HOUR OF DEATH	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Rose A Kutilek APRN 4141 University Center Dr Las Vegas, NV 89119		23b. LICENSE NUMBER ARN001361		24a. REGISTRAR (Signature) NANCY BARRY	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 07, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Chronic Kidney Disease					Interval between onset and death
	(a) DUE TO, OR AS A CONSEQUENCE OF: Diabetes Mellitus					Interval between onset and death
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
	(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Hypertension					26. AUTOPSY (Specify Yes or No) No	
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

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

DATE ISSUED: 9/14/2021

By: *[Signature]*
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



RECORDING REQUESTED BY

Bryan A Lowe & Associates, PLC
4011 Meadows Lane, Suite 102
Las Vegas, Nevada 89107

AND WHEN RECORDED MAIL TO

Bryan A Lowe & Associates, PLC
4011 Meadows Lane, Suite 102
Las Vegas, Nevada 89107

CERTIFICATION OF TRUST
for the
JAMES AND RITA FREDERICKSON 1991
LIVING TRUST AGREEMENT
dated June 3, 1991

Pursuant to Nevada Revised Statutes 164.400 thru 164.440, this Certification of Trust is signed by the currently acting Trustee of the JAMES AND RITA FREDERICKSON 1991 LIVING TRUST AGREEMENT dated June 3, 1991, as amended by First Amendment dated August 24, 2010, and by Second Amendment dated June 24, 2013, who declares as follows:

1. The Settlers of the trust are JAMES FREDERICKSON and RITA FREDERICKSON. The trust is revocable.
2. JAMES FREDERICKSON, is deceased.
3. The sole Trustee of the trust is RITA FREDERICKSON.
4. The tax identification number of the trust is the Social Security number of RITA FREDERICKSON.
5. Title to assets held in the trust shall be titled as:

RITA FREDERICKSON, Trustee of the JAMES AND RITA FREDERICKSON 1991 LIVING TRUST AGREEMENT dated June 3, 1991, and any amendments thereto.
6. Any alternative description shall be effective to title assets in the name of the trust or to designate the trust as a beneficiary if the description includes the name of at least one initial or successor

trustee, any reference indicating that property is being held in a fiduciary capacity, and the date of the trust.

7. Excerpts from the trust agreement that establish the trust, designate the Trustee and set forth the powers of the Trustee will be provided upon request. The powers of the Trustee include the power to acquire, sell, assign, convey, pledge, encumber, lease, borrow, manage and deal with real and personal property interests.
8. The terms of the trust agreement provide that a third party may rely upon this Certificate of Trust as evidence of the existence of the trust and is specifically relieved of any obligation to inquire into the terms of this agreement or the authority of my Trustee, or to see to the application that my Trustee makes of funds or other property received by my Trustee.
9. The trust has not been revoked, modified or amended in any way that would cause the representations in this Certification of Trust to be incorrect.

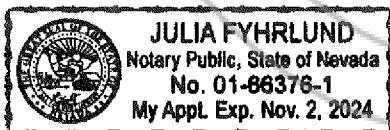
Dated: November 3, 2021.



RITA FREDERICKSON

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On the 3rd day of November, 2021, before me, a Notary Public, personally appeared RITA FREDERICKSON, personally known to me (or proved to be on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that, by her signature on this instrument, the person(s) or entity(ties) upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.




NOTARY PUBLIC