

APN: 005-520-15

**RECORDING REQUESTED BY AND RETURN TO:**

McConnell Law Office  
950 Idaho Street  
Elko, Nevada 89801

EUREKA COUNTY, NV	<b>2021-247673</b>
Rec:\$37.00	
\$37.00 Pgs=17	12/22/2021 01:34 PM
MCCONNELL LAW OFFICE	
LISA HOEHNE, CLERK RECORDER	

**AFFIDAVIT OF DEATH  
& APPOINTMENT OF  
SUCCESSOR CUSTODIAN**

---

*(Title of Document)*

APN(s): 005-520-15

**When recorded return to:**

McConnell Law Office  
950 Idaho Street  
Elko, Nevada 89801

**Mail Tax Statements to:**

Benjamin L. Owen  
872 Toro Street  
San Luis Obispo, California 93401

*The undersigned hereby affirms that this document submitted for recording does not contain the personal information of any person or persons per N.R.S. 239B.030.*

**AFFIDAVIT OF DEATH**  
**& APPOINTMENT OF SUCCESSOR CUSTODIAN**  
**(N.R.S. 167.080)**

**WENDY DISCH** ("Affiant"), being first duly sworn, according to law, deposes and says:

1. That Affiant is the wife of **FRANK OWEN**, deceased, who passed away on June 12, 2021, in the County of San Luis Obispo, State of California, hereinafter referred to as "Decedent." That a certified copy of the death certificate of said Decedent is attached hereto as Exhibit "B" and made a part hereof.

2. That said Decedent was deemed the custodian, to hold that certain real property located in the County of Eureka, State of Nevada, as further described on Exhibit "A" attached hereto and incorporated herein by this reference (the "Property") as custodial property for the benefit of **BENJAMIN L. OWEN (aka BENJAMIN LIGNON OWEN)**, until **BENJAMIN L. OWEN** reached the age of majority, by that certain Order, recorded as Document No. 0213801, on September 16, 2009, in the Office of the County Recorder of Eureka County, State of Nevada, which is attached hereto as Exhibit "C".

3. That upon Decedent's death, Affiant was the surviving spouse of Decedent and surviving parent of **BENJAMIN L. OWEN**.

4. That on the 3rd day of December, 2015, **BENJAMIN L. OWEN** attained the age of majority.



# ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of San Luis Obispo )

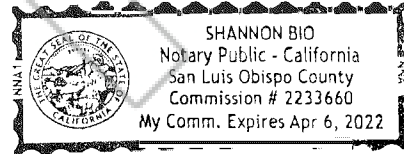
On August 5, 2021 before me, Shannon Bio, Notary Public  
(insert name and title of the officer)

personally appeared Wendy Disch  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



**CONSENT TO**  
**APPOINTMENT OF SUCCESSOR CUSTODIAN**

**BENJAMIN L. OWEN** (aka **BENJAMIN LIGNON OWEN**) ("Affiant"),  
being first duly sworn, according to law, deposes and says: says:

1. That Affiant is the son of **FRANK OWEN** ("Decedent"), and **WENDY DISCH**.
2. That said Decedent was deemed the custodian, to hold that certain real property located in the County of Eureka, State of Nevada, as further described on Exhibit "A" attached hereto and incorporated herein by this reference (the "Property") as custodial property for the benefit of **BENJAMIN L. OWEN**, until **BENJAMIN L. OWEN** attained the age of majority, by that certain Order, recorded as Document No. 0213801, on September 16, 2009, in the Office of the County Recorder of Eureka County, State of Nevada, which is attached hereto as Exhibit "C".
3. That upon Decedent's death, **WENDY DISCH** was the surviving spouse of Decedent and surviving parent of Affiant.
4. That on the 3rd day of December, 2015, Affiant attained the age of majority.
5. That Affiant consents to the appointment of **WENDY DISCH** as successor custodian to Decedent, to hold the Property as custodial property for the benefit of Affiant.
5. That Affiant makes this affidavit for recording and for the purpose of terminating all custodial right, title, and interest of Decedent relating to the Property, and to consent to the appointment of **WENDY DISCH** as the current and acting custodian of the Property for the benefit of Affiant, for the sole purpose of conveying the Property to Affiant.

DATED this 18 day of <sup>Oct</sup>~~August~~, 2021.

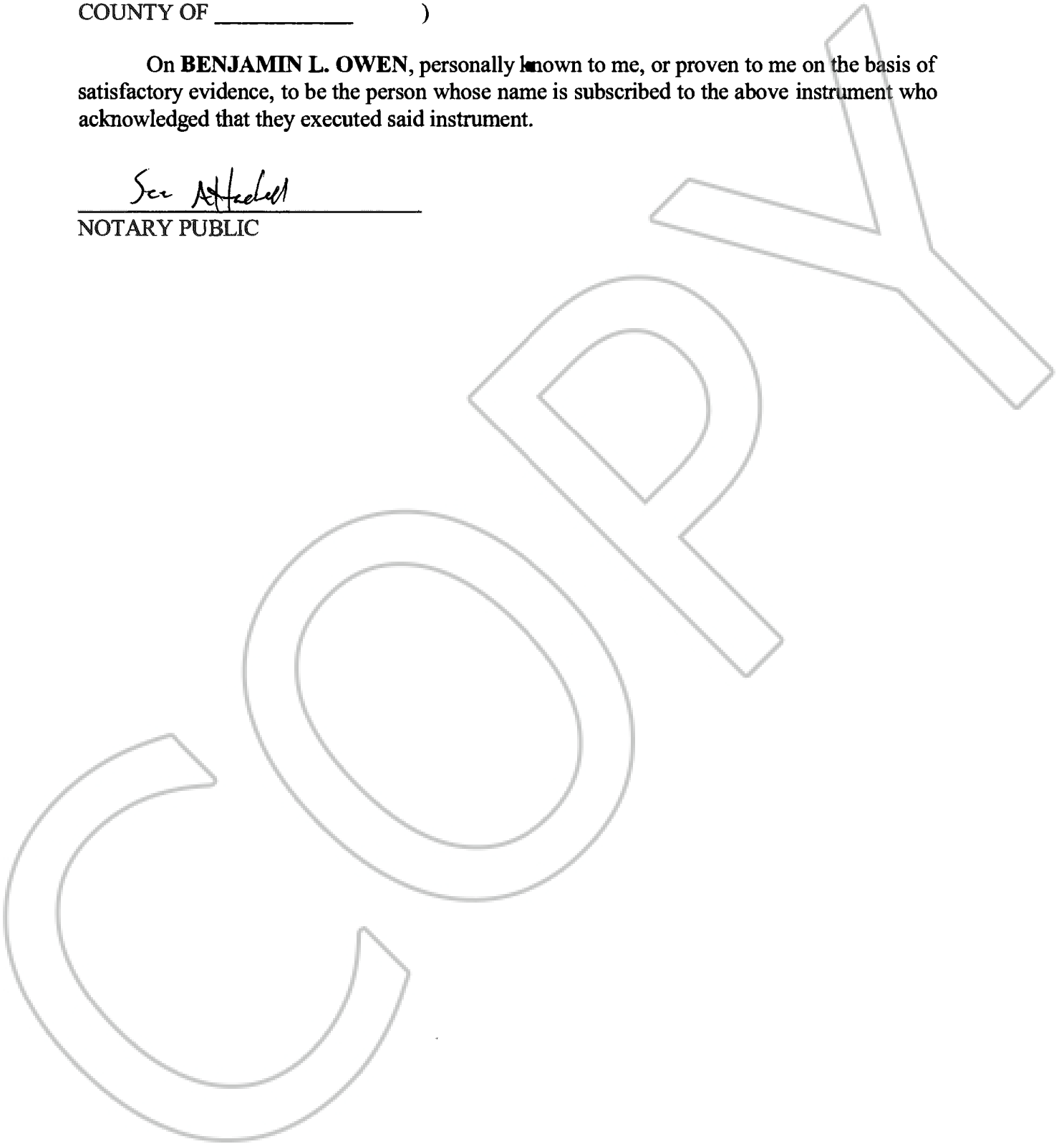
**AFFIANT:**

  
\_\_\_\_\_  
**BENJAMIN L. OWEN**

STATE OF \_\_\_\_\_ )  
 )SS  
COUNTY OF \_\_\_\_\_ )

On **BENJAMIN L. OWEN**, personally known to me, or proven to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the above instrument who acknowledged that they executed said instrument.

See Attached  
NOTARY PUBLIC



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of San Luis Obispo )

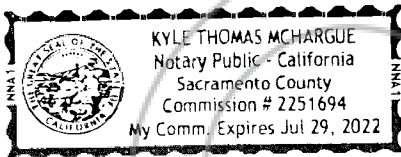
On 10/18/2021 before me, Kyle Thomas McHargue, Notary Public  
*Date Here Insert Name and Title of the Officer*

personally appeared Benjamin L. Owen  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]  
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_  
Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_  
Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

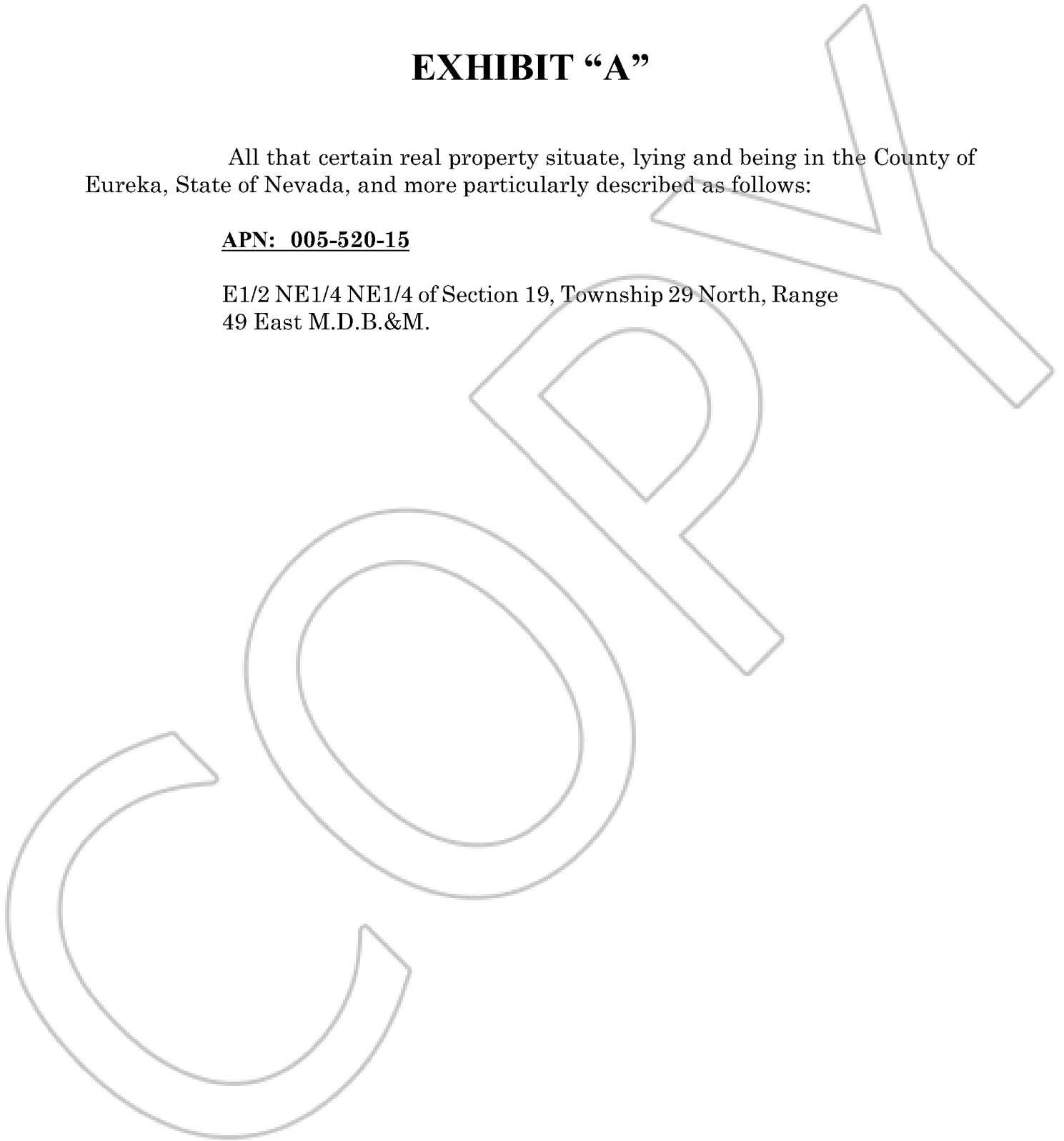
Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

# EXHIBIT “A”

All that certain real property situate, lying and being in the County of Eureka, State of Nevada, and more particularly described as follows:

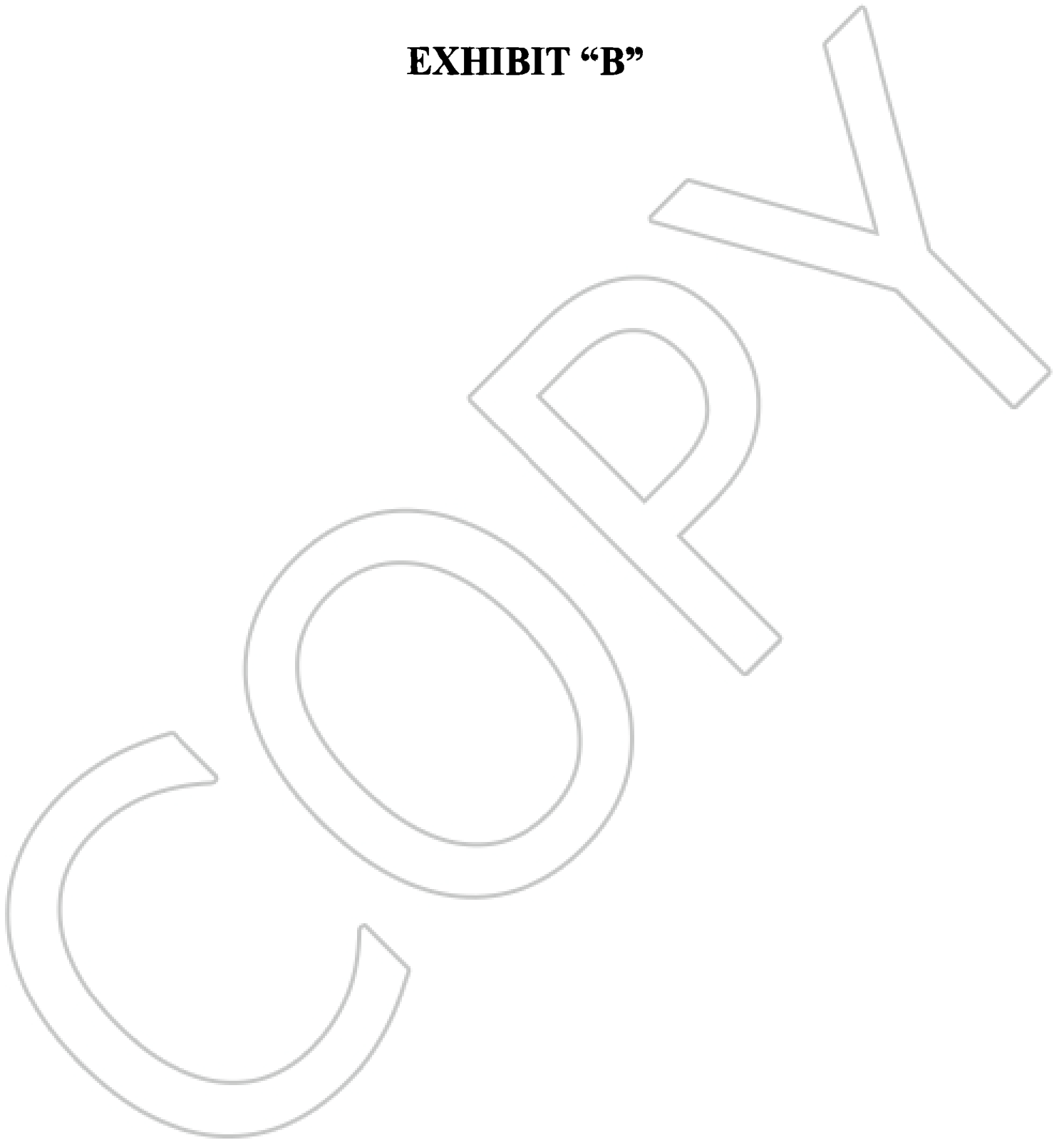
**APN: 005-520-15**

E1/2 NE1/4 NE1/4 of Section 19, Township 29 North, Range 49 East M.D.B.&M.





**EXHIBIT "B"**



# CERTIFICATE OF VITAL RECORD

## COUNTY OF SAN LUIS OBISPO

SAN LUIS OBISPO, CALIFORNIA

3052021155266

### CERTIFICATE OF DEATH

3202140001118

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>FRANKLIN</b>		3. LAST (Family) <b>OWEN</b>	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>02/04/1953</b>	
2. MIDDLE <b>CALEB</b>		5. AGE Yrs. Mths. Days <b>68</b>	
6. SEX <b>M</b>		7. DATE OF DEATH mm/dd/yyyy <b>06/12/2021</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>MS</b>		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/GRDP <sup>1</sup> (at Time of Death) <b>MARRIED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>PROFESSIONAL</b>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION - type of work for most of life. DO NOT USE RETIRED <b>MECHANICAL ENGINEERING PROFESSOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>EDUCATION</b>	
19. YEARS IN OCCUPATION <b>43</b>		20. DECEDENT'S RESIDENCE (Street and number, or location) <b>872 TORO ST</b>	
21. CITY <b>SAN LUIS OBISPO</b>		22. COUNTY/PROVINCE <b>SAN LUIS OBISPO</b>	
23. ZIP CODE <b>93401</b>		24. YEARS IN COUNTY <b>22</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>872 TORO ST, SAN LUIS OBISPO, CA 93401</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>WENDY OWEN DISCH, SPOUSE</b>		28. NAME OF SURVIVING SPOUSE/SPOUSE <sup>2</sup> - FIRST <b>WENDY</b>	
29. MIDDLE <b>OWEN</b>		30. LAST (BIRTH NAME) <b>DISCH</b>	
31. NAME OF FATHER/PARENT - FIRST <b>BENJAMIN</b>		32. MIDDLE <b>LIGON</b>	
33. LAST <b>OWEN</b>		34. BIRTH STATE <b>MS</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>MARY</b>		36. MIDDLE <b>JANE</b>	
37. LAST (BIRTH NAME) <b>COLLINS</b>		38. BIRTH STATE <b>MS</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>06/16/2021</b>		40. PLACE OF FINAL DISPOSITION RES: WENDY OWEN DISCH <b>872 TORO ST, SAN LUIS OBISPO, CA 93401</b>	
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>NEPTUNE SOCIETY</b>	
45. LICENSE NUMBER <b>FD1309</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>PENNY BORENSTEIN, MD</b>	
47. DATE mm/dd/yyyy <b>06/16/2021</b>		101. PLACE OF DEATH <b>RESIDENCE</b>	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>SAN LUIS OBISPO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>872 TORO ST</b>	
106. CITY <b>SAN LUIS OBISPO</b>		107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal systems such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) <b>METASTATIC CANCER OF THE PANCREAS</b></b>	
108. DEATH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Time Interval Between Onset and Death: <b>3 MOS</b>		109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. <b>NONE</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>	
113A. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Absented Since: mm/dd/yyyy <b>05/11/2021</b>	
114. DECEASED LAST SEEN ALIVE: mm/dd/yyyy <b>06/12/2021</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>KEVIN KENNETH PARZYCH M.D.</b>	
116. LICENSE NUMBER <b>C55876</b>		117. DATE mm/dd/yyyy <b>06/16/2021</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>KEVIN KENNETH PARZYCH M.D. 277 SOUTH ST STE R, SAN LUIS OBISPO, CA 93401</b>		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined	
120. INJURED AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		121. INJURY DATE mm/dd/yyyy <b>06/12/2021</b>	
122. HOUR (24 Hours) <b>0422</b>		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>Dr. Penny Borenstein Health Officer</b>		129. STATE REGISTRAR	

### CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN LUIS OBISPO

SS

JUN 22 2021  
DATE ISSUED:

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT.



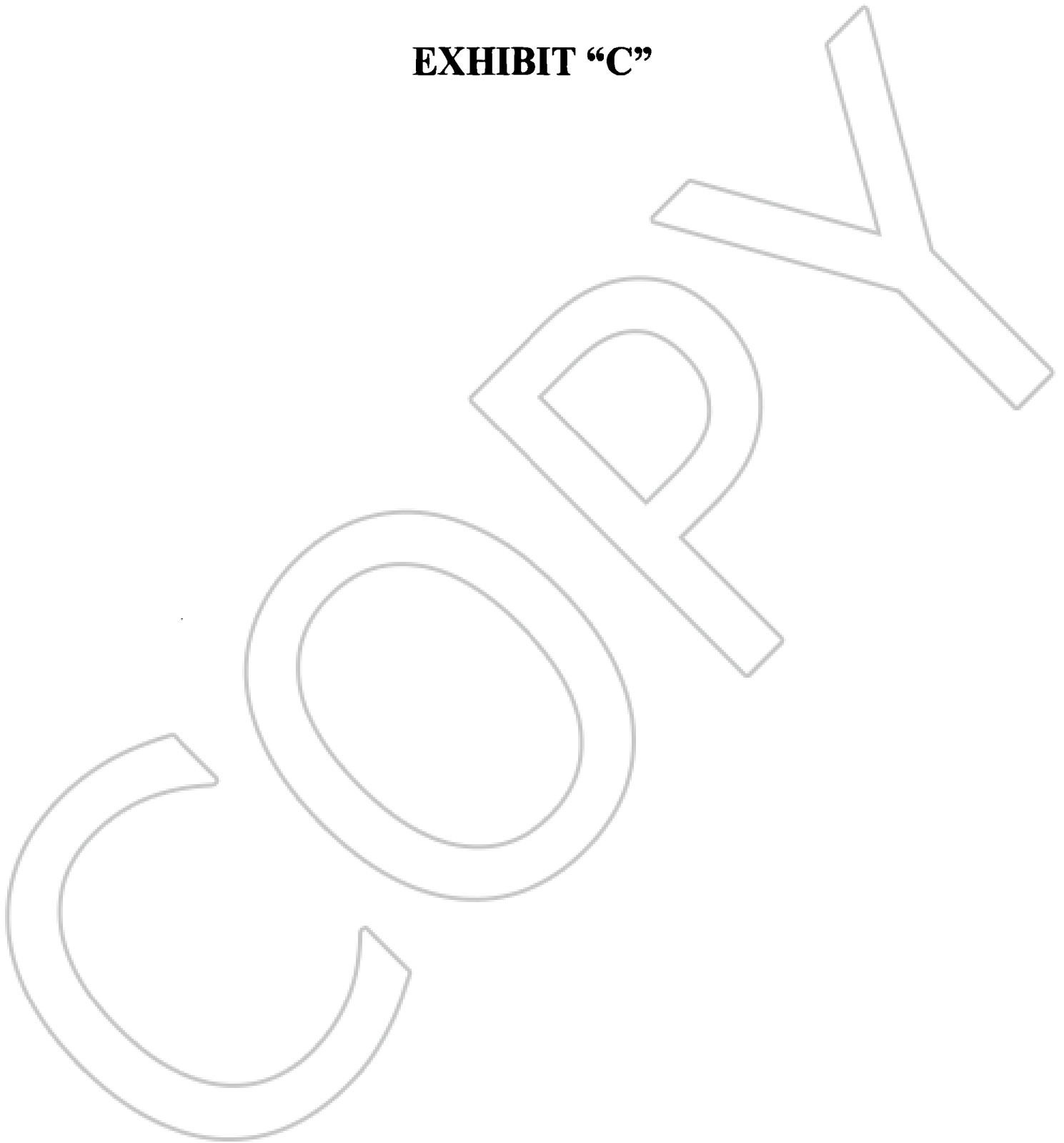
Dr. Penny Borenstein Health Officer

This copy not valid unless prepared on engraved border displaying seal and signature of County Registrar.

PRNCO (REV) 12/16



**EXHIBIT "C"**



DOC # 0213801

09/16/2009

01:51 PM

Official Record

Recording requested By  
JAMES M COPENHAVER PC

Eureka County - NV  
Mike Rebaleati - Recorder

Fee \$19.00

Page 1 of 6

RPTT:

Recorded By FES

Book- 0492 Page- 0038

APN: 005-520-15

Send tax statements to:

Frank Owen

P.O. Box 1424

San Luis Obispo, CA 93406-1424



Recording requested by and return to:

James M. Copenhaver, P.C.

950 Idaho Street

Elko, NV 89801

ORDER AND DECREE SETTING ASIDE  
ESTATE WITHOUT ADMINISTRATION  
PURSUANT TO NRS 146.070

AFFIRMATION STATEMENT

The undersigned hereby affirms that the foregoing pleading,  
including any exhibits, DOES NOT contain the Social Security  
number of any person or persons.

  
KATIE HOWE MCCONNELL

SEP 11 2009

1 CASE NO. PR-PR-09-06-175

2 DEPT NO. 01

Eureka County Clerk

BY Jolanne M. Cantelmo Deputy

3  
4  
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6 IN THE SEVENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
7 IN AND FOR THE COUNTY OF EUREKA  
8

9  
10 IN THE MATTER OF THE ESTATE OF  
11 **BENJAMIN LIGON OWEN aka BEN OWEN,**

12 Deceased.

ORDER AND DECREE SETTING  
ASIDE ESTATE WITHOUT  
ADMINISTRATION PURSUANT  
13 TO NRS 146.070

14 The verified Petition to Set Aside Estate Without  
15 Administration pursuant to NRS 146.070 filed by **FRANK OWEN** on June  
16 8, 2009, having come on regularly to be heard on the 17th day of  
17 July, 2009 at the hour of 10:00 o'clock, a.m., the Court finds  
18 that:

19 1. Notice of the hearing was given for the period of  
20 time and in the manner required by law.

21 2. The allegations of the Petition are true and  
22 correct.

23 3. **BENJAMIN LIGON OWEN aka BEN OWEN** died in the City of  
24 Columbus, County of Lowndes, State of Mississippi, on the 10th day  
25 of September, 2003, and was at the time of his death over the age  
26 of majority and a resident of the City of Columbus, County of  
27 Lowndes, State of Mississippi.

28 4. The Petitioner is the surviving son of the decedent,



1 **BENJAMIN LIGON OWEN aka BEN OWEN**, over the age of majority and a  
2 resident of the State of California.

3 5. That the Decedent died testate.

4 6. The names, ages, relationships and addresses of the  
5 heirs, devisees and legatees of Decedent, **BENJAMIN LIGON OWEN aka**  
6 **BEN OWEN**, so far as known to Petitioner, are:

7 <u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>
8 FRANK OWEN	Adult Son		872 Toro Street San Louis Obispo, CA 93401
9 LYDIA BOESCH	Adult Daughter		35 McMichael Dr. Pinehurst, NC 28374
10 MARSHA OWEN	Adult Daughter		429 Duplin Road Raleigh, NC 27607
11 DAVID OWEN	Adult Son		420 3 <sup>rd</sup> Street South Columbus, MS 39701

12  
13  
14 7. The following is a specific description of all the  
15 Decedent's property located in the County of Eureka, State of  
16 Nevada, and an estimate of the value thereof:

17 APN: 005-520-15

18 E ½ NE 1/4 NE 1/4 of Section 19, Township 29  
19 North, Range 49 East M.D.B.&M.

20 TOGETHER WITH all buildings and improvements  
thereon.

21 TOGETHER WITH all and singular the tenements,  
22 hereditaments, easements, and appurtenances  
thereunto belonging or in anywise  
23 appertaining, and the reversions, remainders,  
rents, issues and profits thereof, or of any  
24 part thereof.

25 SUBJECT TO all taxes and assessments,  
26 reservations, exceptions, easements, rights of  
way, limitations, covenants, conditions,  
27 restrictions, terms, liens, charges and  
licenses affecting the property of record.

28 Being real property having a total value of  
less than \$100,000.00 according to the records



1 of the Eureka County Assessor, Elko County,  
2 Nevada.

3 8. The interest of the Decedent in the above-described  
4 property was the sole and separate property of the Decedent,  
5 **BENJAMIN LIGON OWEN aka BEN OWEN.**

6 9. There are no liens or encumbrance on the real  
7 property other than accruing taxes.

8 10. All debts, charges and expenses of the last illness  
9 and funeral expenses of the Decedent have been paid.

10 11. **JAMES M. COPENHAVER, P.C.**, Attorney at law, Elko,  
11 Nevada, has performed services for said Estate acting as and for  
12 attorney for the Petitioners, for which said attorney is entitled  
13 to a reasonable fee; said attorney and the Petitioner have agreed  
14 that a reasonable fee for said services would be in the sum of  
15 \$880.00 plus costs incurred.

16 12. The property interest of the Decedent, **BENJAMIN**  
17 **LIGON OWEN aka BEN OWEN**, in the above reference real property  
18 should be set aside to **FRANK OWEN**, custodian of **BENJAMIN LIGON**  
19 **OWEN**, a minor, as his sole and separate property pursuant to  
20 Uniform Act on Transfers to Minors.

21 13. The interest of Decedent, **BENJAMIN LIGON OWEN aka**  
22 **BEN OWEN**, in and to any and all other property, real or personal,  
23 of any name, nature, kind, character or description not herein  
24 above described, or which may be incorrectly described herein,  
25 which is within the jurisdiction of the Court, and does not cause  
26 the gross value of the estate less encumbrances to exceed  
27 \$100,000.00, should be assigned and set aside to **FRANK OWEN**,  
28 custodian of **BENJAMIN LIGON OWEN**, a minor, as his sole and separate

1 property pursuant to Uniform Act on Transfers to Minors.

2 NOW, THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED THAT:

3 1. Due and legal notice of the hearing of said Petition  
4 to Set Aside Estate Without Administration pursuant to NRS 146.070  
5 has been given to or waived by all persons interested in said  
6 Estate or who are entitled to notice thereof for the time and in  
7 the manner required by law.

8 2. The gross value of the estate after deducting any  
9 encumbrances does not exceed the sum of \$100,000.00, and all right,  
10 title and interest of the Deceased, **BENJAMIN LIGON OWEN aka BEN**  
11 **OWEN**, in and to the following real property was his sole and  
12 separate property.

13 3. In accordance with NRS 146.070, all right, title and  
14 interest of **BENJAMIN LIGON OWEN aka BEN OWEN**, Decedent, in the  
15 following property is set aside to **FRANK OWEN**, as custodian for  
16 **BENJAMIN LIGON OWEN**, a minor, as his sole and separate property  
17 pursuant to Uniform Act on Transfers to Minors as codified in NRS  
18 Chapter 167.

19 APN: 005-520-15

20 E ½ NE 1/4 NE 1/4 of Section 19, Township 29  
21 North, Range 49 East M.D.B.&M.

22 TOGETHER WITH all buildings and improvements  
23 thereon.

24 TOGETHER WITH all and singular the tenements,  
25 hereditaments, easements, and appurtenances  
26 thereunto belonging or in anywise  
27 appertaining, and the reversions, remainders,  
28 rents, issues and profits thereof, or of any  
part thereof.

SUBJECT TO all taxes and assessments,  
reservations, exceptions, easements, rights of  
way, limitations, covenants, conditions,  
restrictions, terms, liens, charges and



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licenses affecting the property of record.

4. In accordance with NRS. 146.070, the interests of **BENJAMIN LIGON OWEN aka BEN OWEN**, Decedent, in and to any and all other property, real or personal, of any name, nature, kind, character or description not herein above described, or which may be incorrectly described herein, which is within the jurisdiction of the Court, and does not cause the gross value of the estate less encumbrances to exceed \$100,000.00, is assigned and set aside to **FRANK OWEN**, as custodian for **BENJAMIN LIGON OWEN**, a minor, as his sole and separate property pursuant to Uniform Act on Transfers to Minors as codified in NRS Chapter 167.

5. The attorney's fees in the sum of \$880.00 to **JAMES M. COPENHAVER, P.C.** and costs advanced are hereby approved and ordered paid.

6. A certified copy of this Order shall be recorded in the office of the County Recorder of Eureka County, Nevada.

DATED this 4<sup>th</sup> day of ~~August~~ <sup>September</sup>, 2009.

Steve L Dobrescu  
DISTRICT JUDGE

SEVENTH JUDICIAL DISTRICT COURT,  
IN AND FOR COUNTY OF EUREKA,  
STATE OF NEVADA } SS

I, the Undersigned COUNTY CLERK and Ex-Officio CLERK of the SEVENTH JUDICIAL DISTRICT COURT do hereby certify that the foregoing is a full, true and correct copy of the original on my files and that I have carefully compared the same with the original.

DISTRICT COURT, this 12 day of September, 2009.

County Clerk and Ex-Officio Court Clerk  
Sharon Cantrell County Clerk