

After Recording Mail to:

David Rasmussen & Lynda L. Robinett-Salles  
2815 Cushman Rd.  
Fallon, NV 89406

Mail Tax Statements  
Same

EUREKA COUNTY, NV  
LAND-SUT  
Rec:\$37.00  
Total:\$37.00

2024-251687  
02/16/2024 02:29 PM  
Pgs=14

DAVID RASMUSSEN & LYNDA  
SALLES



KATHERINE J. BOWLING, CLERK RECORDER

The undersigned affirms that this document does contain the social security number of a person or persons, as required by NRS 440.380. (NRS 239B.030).

### **DECLARATION OF SUCCESSOR TRUSTEES AND CERTIFICATE OF THE RASMUSSEN TRUST DATED AUGUST 25, 1989**

David E. Rasmussen of Fallon, Nevada, and Lynda L. Robinett-Salles of Yuma, Arizona, declare, under penalty of perjury under the laws of the State of Nevada that the following statements are true:

(1) By instrument dated August 25, 1989, Earl A. Rasmussen and Lavernia C. Rasmussen executed the Declaration of the Rasmussen Trust ("Trust"). The Trust was amended on February 1, 1991, fully amended and restated on April 4, 1996, and amended again on September 13, 2002.

(2) The Trust is in full force and effect and has not been revoked, modified, or amended in any manner which would cause the representations contained in this Certification to be incorrect.

(3) Earl A. Rasmussen died on November 17, 2004. A true and correct certified copy of his death certificate is attached hereto as Exhibit "A". Lavernia C. Rasmussen died on June 23, 2018. A true and correct certified copy of her death certificate is attached hereto as Exhibit "B". The undersigned are all the current Trustees of the Trust. The Trust is irrevocable.

(4) Title to any Trust property shall be taken as follows: The Rasmussen Trust dated 8/25/1989, David E. Rasmussen and Lynda L. Robinett-Salles, Co-Trustees.

(5) Pursuant to the terms of the Trust, David E. Rasmussen and Lynda L. Robinett-Salles have assumed all the duties of Successor Trustees. To the best of the knowledge of the undersigned Co-Trustees there are no claims, challenges of any kind, or cause of action alleged, contesting or questioning the validity of the Trust or the Co-Trustees' authority to act for the Trust.

(7) David E. Rasmussen and Lynda L. Robinett-Salles are authorized under the terms of the Trust and applicable provisions of Chapters 163, 164 and 165 of Title 13 of the Nevada Revised Statutes to act as the Successor Co-Trustees with respect to the Trust's interest in any property. The following real properties are currently titled in the name of the Trust:

All that certain real property located in Eureka County, Nevada, described as follows:

(a) Lot 3 as shown on that certain Parcel Map of Lot 2 of Parcel 1 for Jerry and

Edward Anderson filed in the Office of the County Recorder of Eureka County, Nevada, as File No. 96027, located in a portion of Lot 16 Section 29, Township 20 North, Range 53 East, MDB&M.

APN: 007-380-28 (578 1<sup>st</sup> Street)

This legal description was previously recorder at Document No. 161773 Book 294 Page 333 on April 9, 1996.

- (b) Lot 4 as shown on that certain parcel map for Devil's Gate Corp., filed in the Office of the County Recorder of Eureka County, Nevada, filed June 16, 1982, as file No. 84388, located in a portion of Parcel H of the Large Division Map of the E1/2 of Section 17, Township 20 North, Range 53 East, M.D.B.&M.

Said land is further described as Parcels A, B, C & D as shown on that certain Parcel Map for Kenneth and Louise Washburn, filed in the Office of the County Recorder of Eureka County, State of Nevada, on November 7, 1988, as File No. 124583, being a portion of E1/2 of Section 17, Township 20 North, Range 53 East. M.D.B.&M.

EXCEPTING THEREFROM all of the oil and gas, in and under said land, reserved by the United States of America, in Patent recorded April 15, 1966, in Book 10, Page 331, Official Records, Eureka County, Nevada.

APN: 007-391-04 (386 El Centro)

This legal description was previously recorder at Document No. 184813 Book 373 Page 217-219 on January 13, 2004.

- (c) Lot 2 of Parcel G of the Large Division Map of E1/2 S. 17, T.20N. R53N. M.D.B.&M. F# 96029 Official Records of Eureka County.

EXCEPTING THEREFROM all the oil and gas lying in and under said land reserved by THE UNITED STATES OF AMERICA in Patent recorded April 15, 1996, in Bk 10, Page 331, Official Records, Eureka County, Nevada.

APN: 007-392-06 (380 El Centro)

This legal description was previously recorded January 12, 2024 at Document No. 180349 Book 356 Page 176 on December 16, 2002.

- (d) Lot 4 as shown on that certain Parcel Map for Devils Gate Corp. filed in the office of the County Recorder of Eureka County, State of Nevada, on October 8, 1981, as File No. 82268, being a portion of Parcel "F" of Large Division Map of E ½ Section 17, Township 20 North, Range 53 East, MDB&M.

APN 007-393-01 (374 Frontier St.)

This legal description was previously recorder at Document No. 170589 in Book 321, Page 070 on September 10, 1998.

- (e) Parcel C as shown on that certain Parcel Map for E.A. and L.C. Rasmussen filed in the office of the County Recorder of Eureka County, State of Nevada,

on April 26, 1988, as File No. 117990, being a portion of Lot 1 of Parcel "F" of Large Division Map of East ½ of Section 17, Township 20 North, Range 53 East, M.D.B.&M.

APN 007-393-07 (582 El Toro)

This legal description was previously recorded in Book 297 at page 485 et seq. as Document No. 163390 on July 11, 1996

- (f) Parcel D of Lot 1 of Parcel F, a portion of the Large Division Map of E ½ Section 17, Township 20 North, Range 53 East, MDB&M, as shown on that certain Parcel Map for E.A. AND L.C. Rasmussen, filed in the Official Records of Eureka County Nevada, 26 April, 1988 as Document #117990; a portion of the Large Division Map of the East ½ of Section 17, Township 20 North, Range 53 East, M.D.B.&M.

Excepting therefrom all the oil and gas in and under said land, reserved by the United States of America in Patent, recorded April 15, 1966 in Book 10, Page 331, official records of Eureka County, Nevada and all minerals by William and Lynda Salles..

APN: 007-393-08 (590 El Toro)

This legal description was previously recorder at Document No. 129151 in Book 201, Page 268-270 on August 25, 1989.

- (g) Parcel F as shown on that certain Parcel Map for E.A. and L.C. RASMUSSEN filed in the office of the County Recorder of Eureka County, State of Nevada, on February 15, 1989, as File No. 126446, being a portion of Parcel "D" of Parcel Map, Document No. 114556, E ½ Section 17, Township 20 North, Range 53 East, MDB&M.

APN 007-393-14 (589 El Cajon)

This legal description was previously recorder at Document No. 170589 Book 321 Page 070 on September 10, 1998.

- (h) Parcel G as shown on that certain Parcel Map for E.A. and L.C. RASMUSSEN filed in the office of the County Recorder of Eureka County, State of Nevada, on February 15, 1989, as File No. 126446, being a portion of Parcel "D" of Parcel Map, Document No. 114556, E ½ Section 17, Township 20 North, Range 53 East, MDB&M.

APN 007-393-15 (593 El Cajon)

This legal description was previously recorder at Document No. 170589 Book 321 Page 070 on September 10, 1998.

- (i) Parcel D of Lot 3 of Parcel F as shown on that certain Parcel Map for E.A. and L.C. Rasmussen Recorded in the Official Records of Eureka County, Nevada on 6 January 1988 as Document Number 115499, a portion of the Large Division Map of the E ½, S. 17, T. 20N., R. 53E, MDB&M.

EXCEPTING THEREFROM all the oil and gas in and under said land, reserved by the United States of America in Patent, recorded April 15, 1966, in Book 10, Page 331, Official Records, Eureka County, Nevada; and all minerals by the Grantor hereof.

Assessors Parcel Number 007-393-20 (364 Frontier St)

This legal description was previously recorder at Document No. 163200 Book 297 Page 131 on May 28, 1996.

- (j) Parcel B of Lot 4, as shown on that certain Parcel Map for William and Lynda Salles, filed in the Official Records of Eureka County, NV as Document #17612, a portion of Parcel D of the Large Division Map of the E ½ S., 17, T. 20 N, R. 53E, M. B. D.

(Including one Devils Gate Wer users Association membership # \_\_\_\_\_, and one RDRL Tiler CCH, YR Model 1960, Class ak, VID #S4024EETFKNS.)

EXCEPTING THEREFROM all the oil and gas in and under said land, reserved by the United States of America in Patent, recorded April 15, 1966 in Book 10, Page 331, Official Record Eureka County, Nevada and all minerals by William and Lya Salles.

APN: 007-394-06 (579 El Toro)

This legal description was previously recorder at Document No. 177019, in Book 344, Page 181 on October 15, 2001.

- (k) Parcel E of Parcel D as shown on that certain Parcel Map for William and Lynda Salles, recorded in the Official Records of Eureka County on May 19, 1989 as document #127230, a portion of the Large Division Map of the E ½ Section 17, Township 20 North, Range 53 East, M. D. B. &M.

(including 1 Nashua mobile home Model UTT3FK, Serial # 34170, 10 ft, wide by 60 ft. in length and other improvements.)

Excepting therefrom all the oil and gas in and under said land, reserved by the United States of America in Patent, recorded April 15, 1966 in Book 10, Page 331, official records of Eureka County, Nevada and all minerals by the prior Grantors William G. Salles and Lynda Salles.

APN: 007-394-11, previously identified as 07-394-08 (585 El Toro)

This legal description was previously recorder at Document No. 185400 in Book 375, Pages 117-118 on February 18, 2004.

- (l) Parcel E as shown on that certain Parcel Map for E.A and L.C. RASMUSSEN filed in the office of the County Recorder of Eureka County, State of Nevada. On February 15, 1989, as File No. 126447, being a portion of Parcel "D" of Parcel Map, Document No. 115500, E ½ section 17, MDB&M.

APN 007-395-23 (587 El Gato)

This legal description was previously recorder at Document No. 170589 in Book 321 Page 070 on September 10, 1998.

- (m) Lot 4 of Parcel C as shown on that certain Parcel Map and Record of Survey for Devil's Gate Corporation, filed in the Official Records of Eureka County, October 8, 1981, as Document No.82270; a portion of Large Division Map of the East ½ of Section 17, Township 20 North, Range 53 East, M.D.B.&M.

APN 007-397-01 (346 El Centro)

This legal description was previously recorded August 25, 1989 in Book 201 at Pages 270 et seq. as Document No. 129151.

- (n) Parcel C as shown on that certain Parcel Map for A.L. GRIDLEY and A.L. FALEN filed in the office of the County Recorder of Eureka County, State of Nevada, on May 25, 1988, as File No. 118656, being a portion of Lot 3 of Parcel "C" of Large Division Map, E ½ Section 17, Township 20 North, Range 53 East, MDB&M.

APN 007-397-06 (558 El Camino)

This legal description was previously recorder at Document No. 170589 in Book 321, Page 070 on September 10, 1998.

- (o) Lot 2 as shown on that certain Parcel Map for EARL RASMUSSEN filed in the office of the County Recorder of Eureka County, State of Nevada, on October 8, 1981, as File No. 82266, being a portion of Parcel "E" of the Large Division Map of E ½ Section 17, Township 20 North, Range 53 East, MDB&M.

APN 007-398-03 (356 El Centro)

This legal description was previously recorder at Document No. 170589 in Book 321, Page 070 on September 10, 1998.

- (p) Lot 1 of Parcel E as shown on that certain Parcel Map and Record of Survey for Earl Rasmussen, filed in the Official Records of Eureka County on October 8, 1981 as Document No. 82266; a portion of the Large Division Map of the East ½ of Section 17, Township 20 North, Range 53 East, M.D.B.&M.

APN 07-398-04 (350 El Centro)

This legal description was previously recorded August 25, 1989 in Book 201 at Pages 270 et seq. as Document No. 129151.

All that certain real property located in Lander County, Nevada, described as follows:

- (q) Lots 9, 10, & 11, Block G of KINGSTON CANYON STREAMSITES SUBDIVISION, as shown on the map thereof, filed in this office of the County Recorder of Lander County, State of Nevada, on July 7, 1969 as Document Number 57553 of Official Records.

APN: 003-061-08 (113 Ophir Road, Lot 9)

APN: 003-061-09 (1 Claghorn Court, Lot 10)  
APN: 003-061-10 (2 Claghorn Court, Lot 11)

This legal description was previously recorder at Document No. 162379  
Book 338 Page 515 on October 26, 1989.

(8) David E. Rasmussen and Lynda L. Robinett-Salles are authorized to act on behalf of the Trust, and are vested with certain powers concerning the management of the Trust property, including but not limited to the following:

(a) To invest the trust estate in any common or preferred stocks, mutual funds, investment trusts, bonds, deeds of trust, notes, real estate, or other property the Trustee in the Trustee's discretion select. The Trustee shall have the full power to invest the Trust funds without being restricted to forms of investments that the Trustee may otherwise be permitted to make by law.

(b) To manage, control, grant options on, purchase, sell (for cash or deferred payments), convey, exchange, partition, divide, improve and repair real and personal Trust property.

(c) To operate any business that the Trustee receives or acquires under the Trust for as long as the Trustee considers advisable.

(d) To retain, purchase, or otherwise acquire unproductive real or personal property.

(e) To hold securities or other property in the Trustee's own name or in a nominee's name, or to hold securities unregistered in such condition that ownership will pass by delivery.

(f) To lease Trust property for terms within or beyond the term of the Trust for any purpose.

(g) To lend money to any person, including the probate estate of either Trustor.

(h) To purchase property at its fair market value, as determined by the Trustee in the Trustee's discretion, from the probate estate of either Trustor.

(i) To carry insurance of the kinds and in the amounts the Trustee considers advisable, at the expense of the Trust, to protect the trust estate and the Trustee personally against any hazard.

(9) No other person has a right to the interest of the Trust in the described property.

(10) For the purpose of inducing all persons, organizations, corporations and entities including but not limited to any bank, broker, custodian, insurer, lender, title company, transfer agent, taxing authority, governmental agency, or party to act in reliance upon this Certificate of Trust, David E. Rasmussen and Lynda L. Robinett-Salles hereby represent, warrant and agree that:

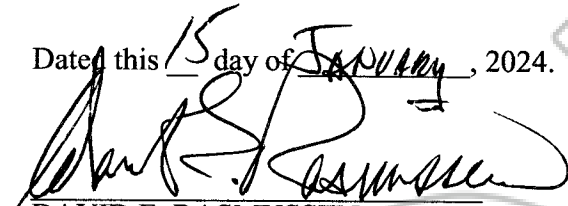
(a) If the Trust is revoked or amended under any circumstances, David E. Rasmussen and Lynda L. Robinett-Salles, their estates, heirs, successors and assigns will hold any person, organization, corporation or entity (hereinafter referred to collectively as "Person") harmless from any loss suffered, or liability incurred by such Person in acting in accordance with the instructions of the Trustees acting under the Trust Agreement or this Certificate of Trust prior to the receipt by such Person of actual notice of any such revocation or amendment.

(b) The powers conferred on the Co-Trustees by the Trust Agreement as set out in this Certificate of Trust may be exercised by the Co-Trustees and the Trustees' signature or act under the authority granted in the Trust Agreement may be accepted by Persons as fully authorized by the undersigned Co-Trustees and with the same force and effect as if they were personally present, competent and acting on their own behalf. Both Co-Trustees are required to sign jointly when acting on behalf of the Trust.

(c) No Person who acts in reliance upon this Certificate of Trust or any representations these Co-Trustees may make as to the fact that the Trustees' powers are then in effect, the scope of the Trustees' authority granted under the Trust Agreement, the Trustors' competency at the time the Trust Agreement was executed, the fact that the Trust Agreement has not been revoked, or the fact that the Trustee continues to serve as Trustee, shall incur any liability to the undersigned, David E. Rasmussen and Lynda L. Robinett-Salles for permitting the Co-Trustees to exercise any such authority.

(11) The undersigned David E. Rasmussen and Lynda L. Robinett-Salles, named within the Trust as successor Co-Trustees hereby consent to act as successor Co-Trustees of the Trust and do hereby assume the powers and duties as successor Co-Trustees of the Trust.

Dated this 15 day of JANUARY, 2024.

  
\_\_\_\_\_  
DAVID E. RASMUSSEN

*signed in counterpart*  
\_\_\_\_\_  
LYNDA L. ROBINETT-SALLES

(b) The powers conferred on the Co-Trustees by the Trust Agreement as set out in this Certificate of Trust may be exercised by the Co-Trustees and the Trustees' signature or act under the authority granted in the Trust Agreement may be accepted by Persons as fully authorized by the undersigned Co-Trustees and with the same force and effect as if they were personally present, competent and acting on their own behalf. Both Co-Trustees are required to sign jointly when acting on behalf of the Trust.

(c) No Person who acts in reliance upon this Certificate of Trust or any representations these Co-Trustees may make as to the fact that the Trustees' powers are then in effect, the scope of the Trustees' authority granted under the Trust Agreement, the Trustors' competency at the time the Trust Agreement was executed, the fact that the Trust Agreement has not been revoked, or the fact that the Trustee continues to serve as Trustee, shall incur any liability to the undersigned, David E. Rasmussen and Lynda L. Robinett-Salles for permitting the Co-Trustees to exercise any such authority.

(11) The undersigned David E. Rasmussen and Lynda L. Robinett-Salles, named within the Trust as successor Co-Trustees hereby consent to act as successor Co-Trustees of the Trust and do hereby assume the powers and duties as successor Co-Trustees of the Trust.

Dated this 2 day of Feb, 2024.

signed in counterpart  
DAVID E. RASMUSSEN

Lynda L. Robinett-Salles  
LYNDA L. ROBINETT-SALLES



STATE OF NEVADA )  
 ) : ss.  
COUNTY OF DOUGLAS )

On \_\_\_\_\_, 2024, before me, Renee J. Morris, Notary Public, personally appeared David E. Rasmussen, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the States of California and Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC

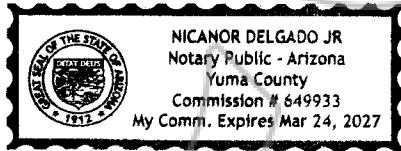
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF Arizona )  
 ) : ss.  
COUNTY OF Yuma )

On February 02, 2024, before me, Nicanor Delgado Jr, Notary Public, personally appeared Lynda L. Robinett-Salles, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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]  
NOTARY PUBLIC

STATE OF NEVADA )

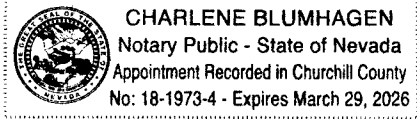
COUNTY OF ~~DOUGLAS~~ <sup>CB</sup>  
Churchill )

: ss.

On Jan 15, 2024, before me, ~~Renee J. Morris~~ <sup>CB Charlene Blumhagen</sup>, Notary Public, personally appeared David E. Rasmussen, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the States of California and Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



*Charlene Blumhagen*  
NOTARY PUBLIC

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 \_\_\_\_\_ )

: ss.

COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, 2024, before me, \_\_\_\_\_, Notary Public, personally appeared Lynda L. Robinett-Salles, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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.

\_\_\_\_\_  
NOTARY PUBLIC

COPY

**EXHIBIT "A"**

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF STANISLAUS**  
 MODESTO, CALIFORNIA

**CERTIFICATE OF DEATH**

3200450003280

STATE FILE NUMBER		STATE OF CALIFORNIA USE BACK OR ONLY NO DATES, INITIALS OR ALTERATIONS YES-1 (REV. 1991)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>EARL</b>		2. MIDDLE <b>AVERY</b>		3. LAST (Family) <b>RASMUSSEN</b>	
4. AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>05/06/1924</b>		5. AGE Yrs <b>80</b>	
6. BIRTH STATE/FOREIGN COUNTRY <b>SD</b>		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) <b>Married</b>		7. DATE OF DEATH mm/dd/yyyy <b>11/17/2004</b>		8. HOUR (24 Hours) <b>0840</b>	
13. EDUCATION - Highest Level/Type (Type specified by back) <b>HS Graduate</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 2 races may be listed (see worksheet on back) <b>White</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) <b>General Contractor</b>		19. YEARS IN OCCUPATION <b>45</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>2643 MacGregor Court</b>					
21. CITY <b>Modesto</b>		22. COUNTY/PROVINCE <b>Stanislaus</b>		23. ZIP CODE <b>95350</b>	
24. YEARS IN COUNTY <b>25</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>Lavernia G. Rasmussen-Wife</b>			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route, city or town, state, ZIP) <b>2643 MacGregor Ct. Modesto, California 95350</b>		
28. NAME OF SURVIVING SPOUSE - FIRST <b>Lavernia</b>		29. MIDDLE <b>Cassandra</b>		30. LAST ( maiden Name) <b>Payne</b>	
31. NAME OF FATHER - FIRST <b>Hans</b>		32. MIDDLE <b>-</b>		33. LAST <b>Rasmussen</b>	
34. BIRTH STATE <b>NE</b>		35. NAME OF MOTHER - FIRST <b>Carrie</b>		36. MIDDLE <b>-</b>	
37. LAST (maiden) <b>Turner</b>		38. BIRTH STATE <b>NE</b>			
39. DEPOSITION DATE mm/dd/yyyy <b>11/20/2004</b>		40. PLACE OF FINAL DEPOSITION <b>Cedar Hill Cemetery Eureka, Nevada 89316</b>			
41. TYPE OF DISPOSITION(S) <b>CR/TR/BU</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>Riverbank Memorial Chapel</b>		45. LICENSE NUMBER <b>FD 1036</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE mm/dd/yyyy <b>11/19/2004</b>					
101. PLACE OF DEATH <b>Vintage Faire Rehab. Center</b>		102. FACILITY ADDRESS OR LOCATION WHERE POLICE FOUND (Street and number or location) <b>Stanislaus 3620 Dale Rd. Modesto</b>			
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly led to death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator disconnection without showing the working. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) Arteriosclerotic heart disease</b>		108. DEATH REPORTED TO CORONER? Chest and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BODIFY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BODIFY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. LINED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITION(S) CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>None</b>					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>No</b>					
115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NUMBER <b>A45102</b>		117. DATE mm/dd/yyyy <b>11/18/2004</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>Talvinder Hundal, MD 1401 Spanos Ct. Modesto, Ca. 95350</b>					
119. I CERTIFY THAT IF MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
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	
STATE REGISTRAR		FAX AUTH. # <b>60498</b>		CENSUS TRACT	



*Donna Linder*  
 DONNA LINDER, CLERK-RECORDER  
 STANISLAUS COUNTY, CALIFORNIA

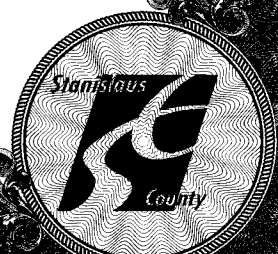
CERTIFIED COPY OF VITAL RECORDS  
 STATE OF CALIFORNIA, COUNTY OF STANISLAUS



DATE ISSUED **FEB 24 2021** BY **Kristopher Williams**  
 Deputy

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CASTANISOR

COPY

**EXHIBIT "B"**

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF STANISLAUS**  
 MODESTO, CALIFORNIA

3052018132739

**CERTIFICATE OF DEATH**

3201850002434

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>LAVERNIA</b>		3. LAST (Family) <b>RASMUSSEN</b>	
2. MIDDLE <b>CASSIE</b>		4. DATE OF BIRTH mm/dd/yyyy <b>10/26/1923</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. <b>94</b>	
6. BIRTH STATE/FOREIGN COUNTRY <b>OK</b>		7. DATE OF DEATH mm/dd/yyyy <b>06/23/2018</b>	
10. SOCIAL SECURITY NUMBER		8. HOUR (24 Hour) <b>2130</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/PROP* (In Year of Death) <b>WIDOWED</b>	
13. EDUCATION - Highest Level/Grade (See worksheet on back) <b>09</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>SALESPERSON</b>		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>REAL ESTATE</b>		19. YEARS IN OCCUPATION <b>40</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>346 EL CENTRO</b>			
21. CITY <b>EUREKA</b>		22. COUNTY/PROVINCE <b>EUREKA</b>	
23. ZIP CODE <b>89316</b>		24. YEARS IN COUNTY <b>40</b>	
25. STATE/FOREIGN COUNTRY <b>NV</b>		26. STATE/FOREIGN COUNTRY <b>NV</b>	
28. INFORMANT'S NAME, RELATIONSHIP <b>LYNDA SALLES, DAUGHTER</b>		27. INFORMANT'S USUAL ADDRESS (Street and number, or location, city or town, state, and zip) <b>5832 ENGSTROM DRIVE, RIVERBANK, CA 95367</b>	
29. NAME OF SURVIVING SPOUSE/PROP - FIRST <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT - FIRST <b>JOE</b>		32. LAST (BIRTH NAME) <b>PAYNE</b>	
33. MIDDLE <b>-</b>		34. BIRTH STATE <b>FL</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>NORA</b>		36. LAST (BIRTH NAME) <b>STEER</b>	
37. MIDDLE <b>EFFIE</b>		38. BIRTH STATE <b>OK</b>	
39. DEPOSITION DATE mm/dd/yyyy <b>06/28/2018</b>		40. PLACE OF FINAL DISPOSITION <b>RES: LYNDA SALLES 5832 ENGSTROM DRIVE, RIVERBANK, CA 95367</b>	
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. NAME OF FUNERAL ESTABLISHMENT <b>RIVERBANK MEMORIAL CHAPEL</b>		44. LICENSE NUMBER <b>FD1036</b>	
45. SIGNATURE OF LOCAL REGISTRAR <b>JULIE VAISHAMPAYAN, MD</b>		47. DATE mm/dd/yyyy <b>06/27/2018</b>	
101. PLACE OF DEATH <b>MEMORIAL MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ENR <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>STANISLAUS</b>		105. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1700 COFFEE RD</b>		106. CITY <b>MODESTO</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory shutdown without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>W CARDIOPULMONARY ARREST</b> Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. <b>ACUTE EMBOLIC RIGHT MIDDLE CEREBRAL ARTERY INFARCT</b> <b>ATRIAL FIBRILLATION</b>		108. DEATH REPORTED TO CORONER (Check and Date) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MINS <b>C18001492</b>	
109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Given in 107) <b>ATRIAL FIBRILLATION ON COUMADIN, DEEP VEIN THROMBOSIS, ARTERIAL OCCLUSION IN LOWER EXTREMITIES</b>		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date.) <b>INFERIOR VENA CAVA FILTER, UNKNOWN</b>		111. ALTOUPEY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
114. CERTIFY TIME TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/> <b>IRENE CHIN M.D.</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>IRENE CHIN M.D.</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>IRENE CHIN M.D.</b>		117. LICENSE NUMBER <b>A142162</b>	
118. 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"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. DATE mm/dd/yyyy <b>06/23/2018</b>	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hour)	
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		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

*Donna Linder*  
 DONNA LINDER, CLERK-RECORDER  
 STANISLAUS COUNTY, CALIFORNIA

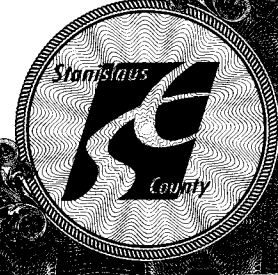
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