STEPHEN R. HODGSON

TO: DEED

STEPHEN R. HODGSON, TRUSTEE of the HODGSON FAMILY 2005 TRUST, Dated November 2, 2005

THIS DEED, Made this 11th day of October, 2016, by and between Stephen R. Hodgson, grantor, party of the first part, and Stephen R. Hodgson, Trustee of the Hodgson Family 2005 Trust, Dated November 2, 2005, grantee, party of the second part,

7

WITNESSETH: That for and in consideration of the sum of Ten Dollars ($10.00), cash in hand paid, receipt whereof being hereby acknowledged, and other good and valuable consideration deemed valid at law, the said party of the first part does, by these presents, grant and convey unto the said party of the second part, with Covenants of General Warranty of Title, all those certain tracts or parcels of real estate situate in Springfield District, Hampshire County, West Virginia, described as follows:

FIRST PARCEL: All that certain tract or parcel of real estate containing **9.269 acres**, more or less, according to the Hampshire County Land Books, in which said tract is described as Tax Map 21, Parcel 31, situate on the South Branch Drains in Springfield District, Hampshire County, West Virginia, which said parcel is more particularly described by metes and bounds as set forth in that certain Deed from John F. Fields, et ux, unto Dr. H.M. Hodgson, dated the 27th day of September, 1948, and of record in the Office of the Clerk of the County Commission of Hampshire County, West Virginia, in Deed Book No. 115, at page 61, and which said deed is, by reference, made a part hereof for all pertinent and proper reasons.

SECOND AND THIRD PARCELS: All those two certain tracts or parcels of real estate situate in Springfield District, Hampshire County, West Virginia, containing, in the aggregate, **4.3 acres, more or less**, being designated as "Second Parcel, Tax Map 21, parcel 7," and "Third Parcel, Tax Map 21, parcel 9", as shown on that certain plat entitled "Plat of Inclusive Boundary Survey for Stephen R. Hodgson", as prepared by Richard L. Moreland, Professional Surveyor, dated September 28, 2016. Said Plat is of record in the Office of the Clerk of the County Commission of Hampshire County, West Virginia, in Map Book No. 12, at page 216, and reference is now made to same for all pertinent and proper reasons, including a more particular description of the parcels of real estate herein conveyed.

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ATTORNEYS AT LAW
56 E. MAIN STREET
ROMNEY, WV 26757

And being the same real estate which was conveyed unto William C. Hodgson, Jr., Stephen R. Hodgson and Jean S. Hodgson, as joint tenants with rights of survivorship, by deed of William C. Hodgson, Jr., Stephen R. Hodgson and Jean S. Hodgson, dated March 14, 2016, of record in Deed Book No. 534, at page 147. Full, fee simple title did vest in Stephen R. Hodgson upon the death of Jean S. Hodgson on May 9, 2016, and William C. Hodgson, Jr., on June 24, 2016, pursuant to the survivorship clause contained in said deed.

The real estate conveyed herein is subject to an existing right of way for the benefit of the real estate now owned by Steven E. Haugen and Lori A. Maze, which said right of way is shown on the above described plat as "Gravel Driveway".

TO HAVE AND TO HOLD the aforesaid real estate unto the said grantee, together with all rights, ways, buildings, houses, improvements, timbers, waters, minerals and mineral rights, and all other appurtenances thereunto belonging, in fee simple forever.

I hereby certify, under penalties as prescribed by law that the actual consideration paid for the real estate, conveyed by the foregoing and attached deed is $0.00, as this deed is executed in order to convey said real estate to a trust which is wholly owned by the grantor. The grantor further affirms that he is exempt from the withholding tax on West Virginia source income of nonresidents pursuant to West Virginia Code, as the property is transferred pursuant to a deed or other instrument that indicates consideration payable for the transfer is zero.

WITNESS the following signature and seal:

Stephen R. Hodgson (SEAL)
Stephen R. Hodgson

STATE OF WEST VIRGINIA,
COUNTY OF HAMPSHIRE, TO WIT:

I, Nilah Jane Heishman, a Notary Public, in and for the county and state aforesaid, do hereby certify that **Stephen R. Hodgson**, whose name is signed and affixed to the foregoing and attached deed dated the 11th day of October, 2016, has this day acknowledged the same before me in my said county and state.

Given under my hand and Notarial Seal this 12th day of October, 2016.

OFFICIAL SEAL
Notary Public, State of West Virginia
NILAH JANE HEISHMAN
Keaton Frazer & Milleson PLLC
56 East Main Street
Romney, WV 26757
My commission expires December 29, 2023

Nilah Jane Heishman
Notary Public

This instrument was prepared by William C. Keaton without the benefit of a title examination or title report.

NjhDeeds/HodgsonTrust fr Hodgson.2016

KEATON, FRAZER, & MILLESON, PLLC
ATTORNEYS AT LAW
56 E. MAIN STREET
ROMNEY, WV 26757

Reg. Dist. No. 31 | Ohio Department of Health | State File No. 2016043300

Primary Reg. Dist. No. 3100

Registrar's No. 3100-2016001880

VITAL STATISTICS

CERTIFICATE OF DEATH

Type or print in permanent blue or black ink.

DECEDENT

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)	2. Sex	3. Date of Death (Mo/Day/Year)
JEAN S HODGSON	FEMALE	MAY 09, 2016

4. Social Security Number	5a. Age (Years)	5b. Under 1 Year: Months / Days	5c. Under 1 day: Hours / Minutes	6. Date of Birth (Mo/Day/Year)	7. Birthplace (City and State or Foreign Country)
578-62-7572	66			JULY 28, 1949	WASHINGTON, DISTRICT OF COLUMBIA

8a. Residence State	8b. County	8c. City or Town	8d. Street and Number	8e. Apt. No.	8f. Zipcode	8g. Inside City Limits?
OHIO	HAMILTON	WHITEWATER TOWNSHIP	8839 BLUEJAY VIEW DR.		45002	NO

9. Ever in US Armed Forces?	10. Marital Status at Time of Death	11. Surviving Spouse's Name (If wife, give name prior to first marriage)
NO	NEVER MARRIED	

12. Decedent's Education	13. Decedent of Hispanic Origin	14. Decedent's Race
BACHELORS DEGREE (E.G., BA, AB, BS)	NO	WHITE

15. Father's Name	16. Mother's Name (prior to first marriage)
WILLIAM C HODGSON	ADA M SCHELL

17a. Informant's Name	17b. Relationship to Decedent	17c. Mailing Address (Street and Number, City, State, Zip Code)
STEPHEN R HODGSON	BROTHER	300 JOAQUIN RD. ARCADIA, CALIFORNIA 91007

18a. Place of Death	18b. Facility Name (If not institution, give street & number)	18c. City or Town, State and Zip Code	18d. County of Death
DECEDENT'S HOME	8839 BLUEJAY VIEW DR.	WHITEWATER TOWNSHIP, OH 45002	HAMILTON

DISPOSITION

19. Signature of Funeral Service Licensee or Other Agent	20. License Number (If licensed)	21. Name and Complete Address of Funeral Facility
Dennis A. George	006704	DENNIS GEORGE FUNERAL HOME, 44 S MIAMI AVE, CLEVES, OH 45002

22a. Method of Disposition	22b. Date of Disposition (Mo/Day/Year)	22c. Place of Disposition (Name of Cemetery, Crematory, or other place)	22d. Location (City/Town and State)
CREMATION	5/10/2016	GREATER CINCINNATI CREMATORY	CINCINNATI, OH

REGISTRAR

23. Registrar's Signature	24. Date Filed (Mo/Day/Year)
Timothy Ingram	5-10-16

25a. Name of Person Issuing Disposition Permit	25b. District No.	25c. Date Disposition Permit Issued (Mo/Day/Year)
INGRAM, TIMOTHY I	3100	5-10-16

CERTIFIER

26a. Certifier (Check only one)

- [X] Certifying Physician — To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.
- [ ] Coroner or Medical Examiner — 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) and manner stated.

26b. Time of Death	26c. Date Pronounced Dead (Mo/Day/Year)	26d. Was the Medical Examiner or Coroner Contacted?
155 AM	May 9, 2016	YES

26e. Signature and Title of Certifier	26f. License number	26g. Date Signed (Mo/Day/Year)
MD	35.029482	May 09 2016

27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death
SALLY L. TAYLOR, 800 COMPTON RD, CINCINNATI, OH 45231

CAUSE OF DEATH

28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.

		Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. Multisystem failure	35 hours
Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of) cardiopulmonary and renal shutdown	~~10 days~~
Enter Underlying Cause (Disease or injury that initiated events resulting in death)	c. Due to (or as Consequence of) Metastatic adenocarcinoma of Lung, Vertebral Column and Right hip	diagnosed 3/4/16
	d. Due to (or as Consequence of)	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Multiple Sclerosis, progressive

29a. Was An Autopsy Performed?	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?
[ ] Yes [X] No	[ ] YES [ ] NO [ ] Not Applicable

30. Did Tobacco Use Contribute to Death?	31. If Female, Pregnancy Status	32. Manner of Death
[ ] Yes [ ] Unknown [X] No [ ] Probably	[X] Not pregnant within past year; [ ] Pregnant at time of death; [ ] Not pregnant, but pregnant within 42 days of death; [ ] Not pregnant, but pregnant 43 days to 1 year before death; [ ] Unknown if pregnant within the past year	[ ] Natural [ ] Homicide [X] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined

33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	33d. Injury at Work?
			[ ] Yes [ ] No

33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)

33f. Describe How Injury Occurred:

33g. If Transportation Injury, Specify: [ ] Driver/Operator [ ] Pedestrian [ ] Passenger [ ] Other:

HSA-3724 Rev. 6/2015

MAY 10 2016

Timothy Ingram

HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

REV. 7/2015

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016096732

DATE ISSUED: July 11, 2016

STATE FILE DATE: June 27, 2016

DECEDENT INFORMATION

NAME: **WILLIAM C HODGSON JR**

DATE OF DEATH: **June 24, 2016** SEX: **MALE** AGE: **074 YEARS**

DATE OF BIRTH: **March 7, 1942** SSN: **578-56-5949**

BIRTHPLACE: **CUMBERLAND, MARYLAND, UNITED STATES**

PLACE WHERE DEATH OCCURRED: **DECEDENT'S HOME**

FACILITY NAME OR STREET ADDRESS: **121 TAMPA AVENUE**

LOCATION OF DEATH: **INDIALANTIC, BREVARD COUNTY, 32903**

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: **WIDOWED**

SPOUSE (IF FEMALE, MAIDEN NAME): **NONE**

RESIDENCE: **121 TAMPA AVENUE, INDIALANTIC, FLORIDA 32903, UNITED STATES**

COUNTY: **BREVARD**

OCCUPATION, INDUSTRY: **AIRLINE PILOT, AVIATION**

RACE: _X_White ___Black or African American ___Asian Indian ___Chinese ___Filipino ___Native Hawaiian

___American Indian or Alaskan Native--Tribe: ___Japanese ___Korean ___Vietnamese

___Guamian or Chamorro ___Samoan ___Other Pacific Isl:

___Other Asian: ___Other: ___Unknown

HISPANIC OR HAITIAN ORIGIN? **NO, NOT OF HISPANIC/HAITIAN ORIGIN**

EDUCATION: **BACHELORS DEGREE** EVER IN U.S. ARMED FORCES? **YES**

PARENTS AND INFORMANT INFORMATION

FATHER: **WILLIAM HODGSON**

MOTHER: **ADA MAE SCHELL**

INFORMANT: **CATERINA HUDSON**

RELATIONSHIP TO DECEDENT: **SISTER IN LAW**

INFORMANT'S ADDRESS: **1510 COLONIAL DRIVE, TALLAHASSEE, FLORIDA 32303, UNITED STATES**

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: **FLORIDA MEMORIAL GARDENS**
ROCKLEDGE, FLORIDA

METHOD OF DISPOSITION: **BURIAL**

FUNERAL DIRECTOR/LICENSE NUMBER: **WILLIAM D. PICKENS, F042824**

FUNERAL FACILITY: **BECKMAN-WILLIAMSON FUNERAL HOME - ROCKLEDGE F041517**
5400 VILLAGE DR, ROCKLEDGE, FLORIDA 32955

CERTIFIER INFORMATION

TYPE OF CERTIFIER: **CERTIFYING PHYSICIAN** MEDICAL EXAMINER CASE NUMBER: **NOT APPLICABLE**

TIME OF DEATH (24 hr): **1225**

CERTIFIER'S NAME: **JOHN MICHAEL BRODNAN**

CERTIFIER'S LICENSE NUMBER: **ME39994**

NAME OF ATTENDING PHYSICIAN (If other than Certifier): **NOT ENTERED**

Ken Jones

, State Registrar REQ: **2017192213**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

* 3 3 4 2 8 8 2 0 *

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

Florida HEALTH

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012075834 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 3/06)

3201219017142 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
MARY	AUGUSTA	HODGSON

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST):

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
04/12/1950	62					F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
IL	333-44-1694	[ ] YES [X] NO [ ] UNK	MARRIED	04/13/2012	2015

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
BACHELOR	[ ] YES [X] NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
REGISTERED NURSE	MEDICAL	20

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 300 JOAQUIN RD.

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
ARCADIA	LOS ANGELES	91007	37	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number; city or town, state and zip)
STEPHEN R. HODGSON, HUSBAND	300 JOAQUIN RD., ARCADIA, CA 91007

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
STEPHEN	R.	HODGSON	
31. NAME OF FATHER/PARENT–FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
WALLACE	-	MILES	LITHUANIA
35. NAME OF MOTHER/PARENT–FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
MARIE	-	SPISS	WI

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION		
04/24/2012	RES. STEPHEN R. HODGSON 300 JOAQUIN RD., ARCADIA, CA 91007		
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**		**43. LICENSE NUMBER**
CR/RES	▶ NOT EMBALMED		-
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE mm/dd/ccyy**
DOUGLASS AND ZOOK CHAPEL OF REMEMBRANCE FUNERAL HOME	FD221	▶ JONATHAN FIELDING, MD	04/24/2012

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
RESIDENCE	[ ] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/LTC [X] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
LOS ANGELES	300 JOAQUIN RD.	ARCADIA

CAUSE OF DEATH

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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) CARDIORESPIRATORY ARREST	(AT) SECS	[ ] YES [X] NO (REFERRAL NUMBER)
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) PANCREATIC CANCER	(BT) MOS	109. BIOPSY PERFORMED? [ ] YES [X] NO
	(C)	(CT)	110. AUTOPSY PERFORMED? [ ] YES [X] NO
	(D)	(DT)	111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	113A. IF FEMALE, PREGNANT IN LAST YEAR?
NO	[ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy	▶ SHARON JULIANA YEE M.D	G45696	04/18/2012
03/06/2012	04/13/2012	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: SHARON JULIANA YEE M.D. 622 W DUARTE RD STE 202, ARCADIA, CA 91007		

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined	120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK	121. INJURY DATE mm/dd/ccyy	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/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
▶		

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						01000100204118		

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E Fielding MD
VD

DATE ISSUED MAY - 1 2012

HD 2808250

Director of Public Health and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MEMORANDUM OF TRUST OF THE

HODGSON FAMILY 2005 TRUST

Dated November 2, 2005

Comes now your hereinafter named Trustee, who deposes and says as follows, pursuant to West Virginia Code 36-1-4A:

1. The following trust is the subject of this Memorandum: The Hodgson Family 2005 Trust, dated November 2, 2005.

2. The initial Trustee currently serving is Stephen R. Hodgson. The other initial Trustee, Mary A. Hodgson, died on April 13, 2012, and regarding Trustee succession, Article 4: Paragraph 4.1, states: "If either one of the initial Trustees shall fail or cease to so act then the other shall act as sole Trustee."

3. The mailing address of said Trust's current Trustee, who is Stephen R. Hodgson, is 300 Joaquin Road, Arcadia, CA 91007.

4. As set forth in Article 4, Paragraph 4.1, of the Hodgson Family 2005 Trust, dated November 2, 2005, in the event the Original Trustees shall "fail or cease to act, then James W. Hodgson shall act as Trustee. If James also shall fail or cease to act, then Laura A. Hill shall act as Trustee."

5. Said Trust is revocable.

6. Regarding the Trustees' powers to acquire and hold real estate, the original Trust Agreement, dated November 2, 2005, which is made a part hereof by reference, sets forth in Article 9, Paragraph 9.5 of said Trust, as follows:

"Our Trustee, subject always to the discharge of our Trustee's fiduciary obligations, shall have all the rights, powers and privileges that an owner of the same property would have. To carry out the

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ATTORNEYS AT LAW
56 E. MAIN STREET
ROMNEY, WV 26757

purposes of this Declaration of Trust and subject to any limitations stated elsewhere herein, our Trustee is vested with the powers conferred by law from time to time and presently set forth in Chapter 2, Part 4, Division 9 (beginning at Section 16200), California Probate Code."

WITNESS the following signatures and seals this 12th day of August, 2016.

Stephen R. Hodgson (SEAL)
Stephen R. Hodgson, Trustee
Hodgson Family 2005 Trust, Dated 11/2/05

STATE OF West Virginia,
COUNTY OF Hampshire, TO WIT:

I, Nilah Jane Heishman, a Notary Public, in and for the county and state aforesaid, do hereby certify that Stephen R. Hodgson, in his capacity as Trustee of the Hodgson Family 2005 Trust, Dated November 2, 2005, whose name is signed and affixed to the foregoing instrument dated the 12th day of August, 2016, has this day acknowledged the same before me in my said county and state.

Given under my hand and Notarial Seal this 12th day of August, 2016.

OFFICIAL SEAL
Notary Public, State of West Virginia
NILAH JANE HEISHMAN
Keaton Frazer & Milleson PLLC
56 East Main Street
Romney, WV 26757
My commission expires December 29, 2023
Notary Seal

Nilah Jane Heishman
Notary Public

This instrument prepared by William C. Keaton, attorney at Law, Romney, West Virginia.
Z:\Janie\MEMORANDUMS\Memorandum.Trust. Hodgson Family. 2016.wpd

KEATON,
FRAZER,
& MILLESON,
PLLC
ATTORNEYS AT LAW
56 E. MAIN STREET
ROMNEY, WV 26757