

SUBSTITUTION OF TRUSTEE
and
DEED OF RECONVEYANCE

Application No. _____

WHEREAS, it is the desire of the present Beneficiaries to substitute Dorothy Betterton, surviving joint tenant in place and stead of Transamerica Title Insurance Company, a California corporation as Trustee, under Deed of Trust dated July 16, 1973 executed by Adella F. L. Barnett, a married woman, recorded July 23, 1973, in Book 773 of Official Records, at Page 705, in the Office of the Douglas County Recorder.

NOW, THEREFORE, Dorothy Betterton, surviving joint tenant, as Beneficiaries, do hereby appoint Dorothy Betterton, surviving joint tenant as substituted Trustee and Dorothy Betterton, surviving joint tenant now succeed to all title, estate, rights, powers and duties held by Transamerica Title Insurance Company under said Deed of Trust.

NOW, WHEREAS, the indebtedness secured to be paid by the Deed of Trust executed by Adella F. L. Barnett, a married woman, to Dorothy Betterton, surviving joint tenant, as Trustee, dated July 16, 1973, and recorded in Douglas County, NV, in Book 773 of Official Records, at Page 705 in the Office of the Douglas County, State of Nevada has been fully paid.

NOW, THEREFORE, Dorothy Betterton, surviving Joint Tenant, as substituted Trustee, do hereby Grant and Reconvey unto the parties entitled thereto, without warranty, all the estate and interest derived to the said Trustee, under said Deed of Trust, in the lands therein described, situated in the County of Douglas, State of Nevada, reference being hereby specifically made to said Deed of Trust and the record thereof for a particular description of said lands.

IN WITNESS WHEREOF, I have caused these presents to be executed this 29th day of October, 1982.

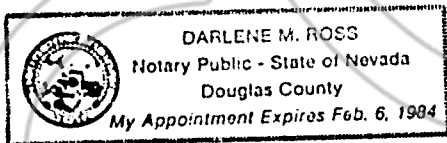
Dorothy Betterton
Dorothy Betterton

STATE OF Nevada) ss.
COUNTY OF Douglas)
On this 29th day of October 19 82, before me, Darlene M. Ross, a Notary Public in and for said County, personally appeared Dorothy Betterton

known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same.

WITNESS MY HAND AND OFFICIAL SEAL

Darlene M. Ross
Notary Public in and for said County and State.
My Commission expires _____



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

ROLL 52 IMAGE 471

LOCAL FILE NUMBER

929

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SET HANDWRITTEN SET HANDWRITTEN IN CLARENCE COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME 1. Edward Lee BETTERTON		DATE OF DEATH (Month, Day, Year) 2. June 23, 1982		COUNTY OF DEATH 3a. Washoe
CITY, TOWN, OR LOCATION OF DEATH 2b. Reno, Nevada		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. VA Medical Center		INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4a. White		ETHNIC 4b. English, Dutch	AGE—Last Birthday (Years) 5a. 70	SEX 7. Male
STATE OF BIRTH (If not U.S.A., name country) 8. Panama		CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	DATE OF BIRTH (Mo., Day, Yr.) 6. Oct 12, 1911
SOCIAL SECURITY NUMBER 13. [REDACTED] 2626		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Carpenter	SURVIVING SPOUSE (If wife, give maiden name) 11. Dorothy Peterson	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. Yes
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lyon	CITY, TOWN, OR LOCATION 15c. Wellington	STREET AND NUMBER 15d. 1195 Slate Rd
FATHER—NAME 16. Lee Betterton		MOTHER—MAIDEN NAME 17. Ruth Duey		
INFORMANT—NAME (Type or Print) 18a. VA Medical Center Records		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1000 Locust St., Reno, Nevada 89520		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Garden Cemetery		LOCATION City or Town State 19c. Gardnerville Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		NAME AND ADDRESS OF FACILITY 20b. Waltons Funeral Home P.O. Box 1056 Carson City, Nevada 89702		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. June 24, 1982		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 and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. [REDACTED]		
21c. HOUR OF DEATH 21d. 11:05 p.m.		22c. HOUR OF DEATH 22d. [REDACTED]		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. THOMAS WONG, M.D., VA Medical Center, 1000 Locust St., Reno, Nevada 89520				
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 25, 1982		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
PART I (a) Cardiorespiratory arrest		Interval between onset and death Immediate		
(b) Advanced metastatic medullary carcinoma of thyroid		Interval between onset and death 2 years		
(c) Hypothyroidism		Interval between onset and death years		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				26. No
AUTOPSY (Specify Yes or No)				27. No
28. No		27. No		
ACC. SOURCE, HOW, UNDER, OR FINDER(S) INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

73529 N° 35036

VITAL RECORDS LIBER 1182 PAGE 1221

ON JUN 30 1982
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RECORDER

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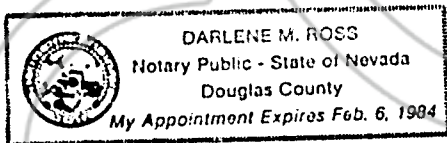
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STATE OF BIRTH (If not U.S.A., name country) 8. Panama		CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	DATE OF BIRTH (Mo., Day, Yr.) 6. Oct 12, 1911
SOCIAL SECURITY NUMBER 13. [REDACTED] 2626		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Carpenter	KIND OF BUSINESS OR INDUSTRY 14b. Home building	DATE OF BIRTH (Mo., Day, Yr.) 6. Oct 12, 1911
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lyon	CITY, TOWN, OR LOCATION 15c. Wellington	STREET AND NUMBER 15d. 1195 Slate Rd
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ACC. SOURCE, HOW, UNDER, OR (PENDING) INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE

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