

**RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:**

✓ Ronald D. Alling, Esq.  
c/o ALLING & JILLSON, LTD.  
276 Kingsbury Grade, Suite 2000  
Post Office Box 3390  
Lake Tahoe, Nevada 89449-3390

REQUESTED BY  
*Ronald D Alling Esq*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 JUL 20 AM 10:36

WERNER CHRISTEN  
RECORDER

*8/16<sup>00</sup>* PAID *k2* DEPUTY

**NOTICE OF APPOINTMENT OF SUCCESSOR CO-TRUSTEE(S)  
AND AFFIDAVIT OF DEATH OF CO-TRUSTOR AND TRUSTEE**

**WHEREAS** ARTHUR RAY JOHNSON, aka ARTHUR R. JOHNSON, and MARY JANE JOHNSON, husband and wife, executed the Johnson Family Trust, dated December 16, 1987; and

**WHEREAS** the said ARTHUR R. JOHNSON and MARY JANE JOHNSON did, by Grant Deed dated December 16, 1987, transfer all right, title and interest in and to that certain real property commonly known as 695 Lakeview Boulevard, Zephyr Cove, Nevada, unto ARTHUR R. JOHNSON and MARY JANE JOHNSON, Co-Trustees of the Johnson Family Trust, dated December 16, 1987, said Deed being recorded on January 13, 1988, in Book 0188, Page 1525, as Document No. 170727 in the Official Records of Douglas County, Nevada; and

**WHEREAS** the said MARY JANE JOHNSON did file an Affidavit - Death of Trustor and Trustee, dated January 8, 2002, giving notice of the death of ARTHUR R. JOHNSON on May 29, 1990, and notice of MARY JANE JOHNSON becoming sole Trustee, the same being recorded in the Official Records of Douglas County as Document No. 0532017, Book 0102, Page 2582; and

**WHEREAS** the said MARY JANE JOHNSON died on July 7, 2002, being, at the time of her death, a resident of Banning, Riverside County, California, that a true and correct copy of her Death Certificate is attached hereto as **Exhibit A**; and

**WHEREAS** pursuant to Article VI, paragraph A, RICHARD ARTHUR JOHNSON and ROBERT LLOYD JOHNSON have become successor Co-Trustees of the Johnson Family Trust u/i/d December 16, 1987.

IN WITNESS WHEREOF, Grantor and Trustee have executed this Agreement at Douglas County, Nevada on this ~~2~~ day of ~~May~~ 2004.

*JUNE*

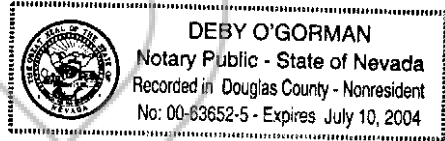
*Richard Arthur Johnson*  
RICHARD ARTHUR JOHNSON,  
Successor Co-Trustee

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

This instrument was acknowledged before me on ~~May~~ *June* 2, 2004, by RICHARD ARTHUR JOHNSON.

DATED this ~~2nd~~ *June* day ~~May~~ 2004.

*Deby O'Gorman*  
NOTARY PUBLIC



IN WITNESS WHEREOF, Successor Co-Trustee has executed this Agreement at Lewis County, Washington on this ~~24th~~ day of May 2004.

*Robert Lloyd Johnson*  
ROBERT LLOYD JOHNSON,  
Successor Co-Trustee

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF LEWIS )

This instrument was acknowledged before me on May 24, 2004, by ROBERT LLOYD JOHNSON.

DATED this 24 day May 2004.

*Janet Morris*  
NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) <b>MARY JANE</b>		2. MIDDLE -		3. LAST (FAMILY) <b>JOHNSON</b>			
4. DATE OF BIRTH M/M/D/D/C CYY <b>04/14/1918</b>		5. AGE YRS. <b>84</b>		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES	
9. STATE OF BIRTH <b>NY</b>		10. SOCIAL SECURITY NO. <b>-0831</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS <b>WIDOWED</b>	
14. RACE <b>WHITE</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>SELF EMPLOYED</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>	
17. OCCUPATION <b>HOMEMAKER</b>		18. KIND OF BUSINESS <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>50</b>			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>5564 WEST PINEHURST DRIVE</b>							
21. CITY <b>BANNING</b>		22. COUNTY <b>RIVERSIDE</b>		23. ZIP CODE <b>92220</b>		24. YRS IN COUNTY <b>44</b>	25. STATE OR FOREIGN COUNTRY <b>CA</b>
26. NAME, RELATIONSHIP <b>ROBERT L. JOHNSON/SON</b>				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>110 TILTON DRIVE/MORTON, WA 98356</b>			
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -			
31. NAME OF FATHER—FIRST <b>LLOYD</b>		32. MIDDLE <b>EGBERT</b>		33. LAST <b>JOHNSON</b>		34. BIRTH STATE <b>NY</b>	
35. NAME OF MOTHER—FIRST <b>SARAH</b>		36. MIDDLE <b>M.</b>		37. LAST (MAIDEN) <b>TURNLEY</b>		38. BIRTH STATE <b>TN</b>	
39. DATE M/M/D/D/C CYY <b>07/10/2002</b>		40. PLACE OF FINAL DISPOSITION <b>RES: ROBERT L. JOHNSON, 110 TILTON DRIVE/MORTON, WA 98356</b>					
41. TYPE OF DISPOSITION <b>CR/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR <b>NEPTUNE SOCIETY/RIVERSIDE</b>		45. LICENSE NO. <b>FD-1307</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Gary Feldman M.D.</i>		47. DATE M/M/D/D/C CYY <b>07/09/2002</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		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>RIVERSIDE</b>	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>5564 WEST PINEHURST DRIVE</b>		106. CITY <b>BANNING</b>				108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>2002-4160</b>	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) MYELOPROLIFERATIVE DISEASE</b>		TIME INTERVAL BETWEEN ONSET AND DEATH <b>YEARS</b>		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IMMEDIATE CAUSE <b>(A) MYELOPROLIFERATIVE DISEASE</b>		DUE TO (B)		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)		DUE TO (D)		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>HYPERTENSION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE M/M/D/D/C CYY M/M/D/D/C CYY <b>10/16/2001 06/28/2002</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>G. Joretteg M.D.</i>		116. LICENSE NO. <b>A54456</b>		117. DATE M/M/D/D/C CYY <b>07/08/2002</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>CHRISTER JORETEG, M.D. 6109 WEST RAMSEY/BANNING, CA 92220</b>		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C CYY		122. HOUR	
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE M/M/D/D/C CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
1184465		D		E		F	
		G		H		FAX AUTH. # <b>695002</b>	
						CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

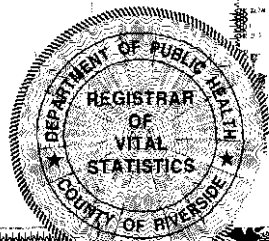
STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

DATE ISSUED 07/10/2002

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

*Gary Feldman M.D.*  
Gary Feldman M.D.  
Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA



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BK0704 PG07949

