REQUESTED BY
ROBERT PLISMORE
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

Mail Tax Statement and When Recorded Mail To:

Karen Graham P.O. Box 4222 Tubac, AZ 85646 2004 DEC 15 PM 4: 38

WERNER CHRISTEN RECORDER

S PAID KY DEPUTY

NOTICE OF DEATH OF TRUSTEE AND OF APPOINTMENT OF SUCCESSOR TRUSTEE

Paul and Lois Omohundro, of Minden, Nevada, executed a revocable inter vivos trust entitled The Omohundro Family Trust established November 26, 1991.

Paul H. Omohundro, Co-Trustee, died on the 1st day of December 2004. A certified copy of the Death Certificate of Paul Omohundro is attached hereto as Exhibit A.

Under the terms of the Trust, Lois Omohundro, of Minden, Nevada, is the sole successor Trustee, and assumes the appointment as successor Trustee under said Trust.

Lois Omohundro, Sole Successor

Trustee of

STATE OF NEVADA

COUNTY OF DOUGLAS)

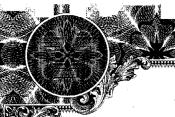
SS.

Heather Manoukien
Notary Public, State Of Nevada
Cert # 01-68719-3
My Commission Expires April 19, 2005

On this 15 day of December, in the year 2004, before me, Heather Manoukian, a Notary Public in and for said state, personally appeared Lois Omohundro, personally known to me to be the person who executed the above instrument, and acknowledged to me that she executed the same for the purposes stated therein.

NOTARY PUBLIC in and for said County and State.

0632046 BK 1204PG07428



STATE OF NEVADA

🌽 CERTIFICATION OF VITAL RECORD 🧗

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS

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

		LOCAL FILE NUMBER			•		and the second second			\		STATE FILE NUMBER	
TYPE R PRINT		DECEASED-NA	ME First		Middle		*	Last	DATE OF DEATH	(Month, Day, Year)	C	COUNTY OF DEATH	
IN RMANENT		1.	Pau1				ОМОНИ	NDRO :	2. Decemb	er 1, 200	4 3	a Douglas	
CKINK		CITY, TOWN OR	LOCATION OF	DEATH	HOSPITAL	OR OTHER IN	STITUTION Name	e (If not either, give s		If Hosp. or Inst. indic. Rm. Inpatient (Specif	ate DOA, OP/Er		
NE DENT		3b. Mir	ıden				oria Way			3e.	"	4. Male	
CEDENT		RACE-(e.g., Wh	ite, Black, Ameri tc.) (Specify)	can W	as Decedent of H	lispanic Origin?	Specify 🗋 yes 🙀 r	no If yes, AGE-La Birthday (st UNDER 1 (Years) MOS 1	YEAR UNDER 1 I		OF BIRTH (Mo., Day, Yr.)	
the second		5. White		6.	,			7a. 89		7c.		nuary 18,1915	
SIF DEATH		STATE OF BIRTI			CITIZEN OF W	HAT COUN-	Decedent's Educa grade completed.	tion. Specify highest	WIDOWED, DIV	R MARRIED, ORCED	SURVIVING S	POUSE (If wife, give maiden name)	
CCURRED IN ISTITUTION		9a. Texa	s		9b. U.S		10. 12	Years	(Specify) Mar	ried	12. Lo 1	s Arnold	
E HANDBOOK EGARDING		SOCIAL SECURI	TY NUMBER		USUAL OCCUP Working Life, E		Kind of Work Done I	During Most of	KIND OF BUSI	NESS OR INDUSTRY	-		
MPLETION OF DENCE ITEMS		13.	-3269		14a.	0	wner		14b. Aer	o Space Co	ompany		
		RESIDENCE—ST	ATE	COUNTY			CITY, TOWN, OR L	OCATION	STREE	T AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
 -	\	15a. Neva		15b.	Doug1a	s	15c. Mind			591 Gloria	a Way	15e. Yes	
RENTS		FATHER—NAME	First		Middle		Last	MOTHER MAIL	DEN NAME F	irst	Middle	Last	
H-NIO	\	16.	Pau1	4.1		Omoh	undro	17.		mie		Carter	
\$		INFORMANTN	ME (Type or Pr	int)			MAILING AD	DRESS	(Street or R	.F.D. No., City or Town	, State, Zip)		
***		18a Thomas Omohundro - Son 18b 850 Longleaf Place, Minden, Nevada 89423											
\$		BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION City or Town State											
OSITION			rial			^{19b.} Ea:	stside Me	emorial P	ark	19c. Minde	en, Ne	vada	
E STRON	FUNERAL DIRECTOR—SIGNATURE (Or Payson Acting as such) FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY FITZHENRY'S Carson Valley Funeral												
£ (200. 217 20c Home, 1380 Hwy 395, Gardnerville, NV												
Š (212. To the	20b. 217 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410 21d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 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) and manner stated.										
kodebb													
and the second	DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH										ATH		
ETIFIER		SZ 21b.	12-7-		21	. 1.1	0815	e comp			22c.		
200		SE NAME	OF ATTENDIN	G PHYSICI	AN IF OTHER T	HAN CERTIFIE	R (Type or Print)	్డికి	PRONOUNCED DE	AD (Mo., Day, Yr.)	PRONOUNCE	D DEAD (Hour)	
ataba					4			\	22d. ON	V.	22e. AT		
2000				- 1				1 A	R CORONER). (Type	***		ENSE NUMBER	
t t	\	23a Delroy McFarlane M.D., 925 Ironwood Dr. Minden, NV 89423 23b 9617											
DITIONS ANY SH GAVE SE TO	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE											LE DISEASE	
SH GAVE SE TO		24a. (Signature) Daime Evins 24b. December 7, 2004 24c. YES NOW Interval between onset and death											
AUSE	1	25. IMMEDIATE (Y ONE CAUSE I	'EH LINE FOH C∕~_	(a), (b), AND (c).) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	11/1			• Interva	between onset and death	
ING THE FILYING E LAST	r.	PART (a)	UE TO, OR AS		7%	The same of	V 14 12 21		· · · · · · · · · · · · · · · · · · ·	······································	:		
F 1		1		A CONSEC	796	7	ARL	77/1	31500	Le	Interva	i between onset and death	
L		(b)	UE TO, OR AS		- 4			X				(
		('	JE TO, OR AS A	4 CONSEC	UENCE OF:	The Real Property lies, the Persons Lies, the Pe					interva	al between onset and death	
JSE OF	- ((c) PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify WAS CASE REFERRED TO											
EATH	١	Yes or No) CORONER (Specify Yes or No)											
£		ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED OR PENDING INVEST.											
		OR PENDING IN	/EST.		moorer (wo., Da)	1 7			NOOTT COCOTALED				
: \		(Specify) 28a. INJURY AT WOR	K	28b.	DE IN ILIEY	28c.	eet, factory, office	28d. LOCATION.	STREET OR R	ED No.	ITY OR TOWN	STATE	
* \	ί.	(Specify Yes or N	0)		buildi	ng, etc. (Specif	(y)		S.I.LLI OH II		011 101111	MIRIC .	
`	1	28e.		28f.	-/-			28g.			.		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify Yes or No) 28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28g. STATE REGISTRAR											lo. 2	276524	
STATE REGISTRAR													
<u> </u>		The state of the s			and the same of th			÷					



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CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

DEC - 7 2004

This copy is not valid unless prepared on engraved border displaying date, seal and sightur of Rigistrap 6 0.7 4.2 9



