APN: 1420-18-301-007

RECORDING REQUESTED BY AND AFTER RECORDING MAIL THIS DOCUMENT TO:

Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

MAIL TAX STATEMENTS TO:

Charles Leo Morton, Trustee CHARLES LEO MORTON AND JANET LEE MORTON FAMILY TRUST 3262 Plymouth Drive Carson City, NV 89702 DOC # 0641172 04/07/2005 03:23 PM Deputy: BC OFFICIAL RECORD Requested By: RACHELLE J NICOLLE LTD

Douglas County - NV
Werner Christen - Recorder
a. 1 Of 4 Fee: 17.00

Page: 1 Of 4 Fee: BK-0405 PG- 2750 RPTT:



0.00

NOTICE

OF DEATH OF CO-TRUSTEE FOR THE

CHARLES LEO MORTON AND JANET LEE MORTON FAMILY TRUST

DATED NOVEMBER 25, 1997

CHARLES LEO MORTON, being of legal age, being first duly sworn, deposes and says:

- 1. That on November 25, 1997 Charles Leo Morton and Janet Lee Morton executed a Declaration of Trust entitled the CHARLES LEO MORTON AND JANET LEE MORTON FAMILY TRUST. The terms of the Charles Leo Morton and Janet Lee Morton Family Trust empower me, the sole surviving Co-Trustee, to act as the sole Trustee for the Trust whenever Janet Lee Morton is no longer serving.
- 2. That I, Charles Leo Morton, am the sole surviving Co-Trustee of the CHARLES LEO MORTON AND JANET LEE MORTON FAMILY TRUST Dated November 25, 1997. I hereby affirm my intention to continue to act as the sole remaining Co-Trustee.

- 3. That the terms of this Trust empower me to act as the sole Trustee for the Trust after the death of Janet Lee Morton.
- 4. That I hereby declare and affirm that co-trustee Janet Lee Morton died October 24, 1004. I also declare and affirm that Janet Lee Morton, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Janet Lee Morton, Co-Trustee of the CHARLES LEO MORTON AND JANET LEE MORTON FAMILY TRUST Dated November 25, 1997.
- 5. Janet Lee Morton is one of the named Co-Trustee parties in that certain QuitClaim Deed dated November 25, 1997 to Charles Leo Morton and Janet Lee Morton, Co-Trustees of the CHARLES LEO MORTON AND JANET LEE MORTON FAMILY TRUST Dated November 25, 1997 and recorded on December 8, 1997, in Book 1297, Page 1535, Document No. 0427929 of the official records of Douglas County, Nevada covering the property commonly known as 3262 Plymouth Drive. Carson City, Douglas County, Nevada 89702 and described below:

A parcel of land located in the Northeast Quarter of the Southwest Quarter of Section 18, Township 14 North, Range 20 East. M D B &M and more particularly described as follows

COMMENCING at the North Quarter corner of said Section 18, proceed South 0° 02' 46" West 3505 49 feet, along the Quarter Section line and South 89° 55' 34" West, 60 00 feet to the true point of beginning, thence South 0° 02' 46" West, 139 01 feet, to the Southeast corner of the parcel, thence South 89° 55' 34" West 313 35 feet, to the southwest corner of the parcel, thence North 0° 02' 46" East, 139 01 feet to the Northwest corner of the parcel, thence North 89° 55' 34" East 313 35 feet to the true point of beginning.

APN: 1420-18-301-007, Old APN: 13-191-08

6. That pursuant to the terms of the Trust, I have power to grant Power of Attorney to handle the above-described real estate to Charles Wayne Morton.

0641172 Page: 2 Of 4

PG- 2751 04/07/2005 7. I make this affirmation under penalty of perjury in the County of Souglas, Nevada, on dated March 30, 2005. about has his Charles Leo Morton, Trustee CHARLES LEO MORTON AND JANET LEE MORTON FAMILY TRUST Dated November 25, 1997 CERTIFICATE OF NOTARY PUBLIC State of Nevada County of $\underline{\lambda}$ 30 , 2005 by Charles Leo Morton. Signed and sworn to before me on March NOTARY PUBLIC STATE OF NEVADA NOTARY PUBLIC County of Douglas PATRICIA ALLIN My Appointment Expires April 1, 2008

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

DECEASED—NAME First		l ant	DATE OF BEATH Gloods Don Mand	Contract of the second
	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Janet	Lee	MORTON	2:October 24, 2004	-0-
CITY, TOWN OR LOCATION OF DEAT	TH HOSPITAL OR OT	HER INSTITUTION - Name (If not either	r, give street and number) If Hosp. or Inst. India Rm. Inpatient (Speci	cate DOA, OP/Emer. SEX
36 Carson City	3c 3262 ₱	lymouth Dr.	3e.	4. Fema.
ACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic	Origin? Specify Dyes Xno if yes, A	GE-Last UNDER 1 YEAR UNDER 1	DAY DATE OF BIRTH (Mo., Day, Y
(ndlan, etc.) (Specify) 5. White	specify Mexican, Cuban, P	Origin? Specify yest Xno if yes, Al Bull of Filcan, etc.	irthday (Yeare) MOS DAYS HOURS	October 4, 19
TATE OF BIRTH	<u> </u>	N.M. Decedent's Education. Specify		
If not U.S.A., name country)	TRY	arade combleted.	TWO DIVORCED	SURVIVING SPOUSE (If wife, give maid
^{ga} California	9b. II S A	10. 12	(Specify) Married	12 Charles Morton
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	(Give Kirld of Work Done During Most o	KIND OF BUSINESS OR INDUSTRY	
13. 5973	14a Telep	hone Operator	Communication	8
RESIDENCE-STATE CO	UNTY	CETY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS
15aNevada 15t	Douglas	s Carson City	жа 3262 Plymo	(Specify Yes or No)
FATHER—NAME First	Middle	8/7 A 1. 5 4 THE CONT. CO. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Middle Last
16. Grant		Bair 17.	Wilhamina	Leitzman 🔪
INFORMANT—NAME (Type or Pant)	# 194	MAILING ADDRIESS	(Street of FLF.O. No., City of Town	n, State, Zip)
18a Charles Morton	in the state of th	185 3262 Plun	outh Dr., Carson City	. Nevada 89705
BURIAL, CREMATION, REMOVAL, OT	HER (Specify) CENE	TERY OR CREMATORY-NAME	LOCATION	City or Town State
19a. Cremation	104 1	Walton's Sierra C	rematory wareon	City, Nevada
FUNERADDIRECTOR—SIGNATIONE				
(Or Person Acting as Such)	// UCEN	SE NUMBER	ssor FACILITY Walton's Dougl	
20a. > ammy Do	MM 120 1200	09 1206 1478 4	th St., Minden, Nevad	a 89423
Z 21a. To the best of my knowledg	200 e, destiff occurred by the signer	date and place and	22a. On the binds of examination and/or in at the time, date and place and due to	vestigation, in my opinion death occurre
673	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
າກ (Signature and Title)				and decorately find interest decorate
(Signature and Title) DATE SIGNED (Mo., Day,		DEATH	Signature and Title:	HOUR OF DEATH
DATE SIGNED (Mo., Day,	HOLIR OF	DEATH	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
(Signature and Title) DATE SIGNED (Mo., Day, 10 2 1b. 10 2 4	6) HOUR OF 21c 1.24	DEATH 47	Securities and this Description Date Signature and this Description (Mb., Description Security)	HOUR OF DEATH
(Signature and Title) DATE SIGNED (Mo., Day, 100 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HOLIR OF	DEATH 47	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
(Signature and Title) DATE SIGNED (Mo., Day, 10, 10, 24) NAME OF ATTENDING PH	HOUR OF 21c 124 YSICIAN IF OTHER THAN CE	DEASH 47 RINFIER (Tipe of Print)	S (Storobus and Bits) C DATE SIGNED (Mo., Day, Yr.) S 2 22b. PRONOUNCED DEAD (Mo., Day, Yr.)	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour)
(Signature and Title) DATE SIGNED (Mo., Day, 100 2 21b. 100 2 3 10 100 2 3 10 100 2 3 10 100 100 100 100 100 100 100 100 10	THOUR OF 2 to 12 t	DEATH 47 RTHFIER (Tipe of Phin) ENDING PHYSICIAN, MEDICAL EXAM	Signature and This Day, Yr.) PHONOUNCED DEAD (Mo., Day, Yr.) 22d ON NER, CR COHONER). (Type or Print) 8.9.7.06	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22c. AT LICENSE NUMBER
(Signature and Title) DATE SIGNED (Mo., Day, 10, 10, 24) NAME OF ATTENDING PH 21d. NAME AND ADDRESS OF 23e. Jeffrey B	THOUR OF 2 to 12 t	DEASH 47 RIWHER TYPE OF PHIND ENDING PHYSICIAN MEDICAL EXAM 874 N. Carson St.	S (Signature and Title) S DATE SIGNED (Mo., Day, Yr.) S 22b. 28 PRONOUNGED DEAD (Mo., Day, Yr.) 22d ON MER, OR COHONER). (Type or Paint). 89706 #200, Carson City, N	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22s. AT LICENSE NUMBER V 23b. 8079
(Signature and Title) DATE SIGNED (Mo., Day, 100 2 21b. 100 2 3 10 100 2 3 10 100 2 3 10 100 100 100 100 100 100 100 100 10	THOUR OF 2 to 12 t	DEASH 47 RIWHER TYPE OF PHIND ENDING PHYSICIAN MEDICAL EXAM 874 N. Carson St.	Signature and This Day, Yr.) PHONOUNCED DEAD (Mo., Day, Yr.) 22d ON NER, CR COHONER). (Type or Print) 8.9.7.06	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22s. AT LICENSE NUMBER V 23b. 8079
(Signature and Title) DATE SIGNED (Mo., Day, 10, 10, 24) NAME OF ATTENDING PH 21d. NAME AND ADDRESS OF 23e. Jeffrey B	THOUR OF 21c. 1.2 YSICIAN IF OTHER THAN CE CERTIFIER PHYSICIAN, ATT as a, M.D., 26	DEATH 47 RITHTER (Tipe of Print) ENDING PHYSICIAL MEDICAL EXAMI 874 N. Carson St. Date received	S (Signature and Bits) S (Sig	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22s. AT LICENSE NUMBER V 23b. 8079
(Signature and Title) DATE SIGNED (Mo., Day, 10, 10, 24, 10, 10, 24, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	HOUR OF 210. 1.20 YSICIAN FOTHER PHYSICIAN, ATTO BASA, M.D., 26	DEATH 47 FINHER (Tipe of Print) ENDING PHYSICIAN MEDICAL EXAM 874 N. CRITSON St. DATE RECEIVED 249	S (Signature and Bits) S (Sig	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22e. AT LICENSE NUMBER V 28b. 8079 COMMUNICABLE DISEASE NO KIK
(Signature and Title) DATE SIGNED (Mo., Day, 10, 21b. 21b. NAME OF ATTENDING PHOESE U 21d. NAME AND ADDRESS OF 23e. Jeffrey B REGISTRAR 24e. (Signature) (ENTER	THOUR OF 21c. 1.2 YES CHAIN IF OTHER THAN CE CERTIFIER PHYSICIAN, ATT AS A M.D., 26	DEATH 47 FINHER (Tipe of Print) ENDING PHYSICIAN MEDICAL EXAM 874 N. CRITSON St. DATE RECEIVED 249	S (Signature and Bits) S (Sig	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22e. AT LICENSE NUMBER V 28b. 8079 COMMUNICABLE DISEASE NO KIK
(Signature and Title) DATE SIGNED (Mo., Day, 100 2 1b. DATE SIGNED	THOUR OF STEEL STE	DEATH 47 FINHER (Tipe of Print) ENDING PHYSICIAN MEDICAL EXAM 874 N. CRITSON St. DATE RECEIVED 249	S (Signature and Bits) S (Sig	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22e. AT LICENSE NUMBER V 23b. 80 7 9 DOMMUNICABLE DISEASE NO KOK Interval between onset and de
(Signature and Title) DATE SIGNED (Mo., Day, 10, 21b. 21b. NAME OF ATTENDING PHOESE U 21d. NAME AND ADDRESS OF 23e. Jeffrey B REGISTRAR 24e. (Signature) (ENTER	THOUR OF STEEL STE	DEATH 47 FINHER (Tipe of Print) ENDING PHYSICIAN MEDICAL EXAM 874 N. CRITSON St. DATE RECEIVED 249	S (Signature and Bits) S (Sig	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22e. AT LICENSE NUMBER V 23b. 80 7 9 DOMMUNICABLE DISEASE NO KIX
CSUPPART (a) CONTROL (b) (CONTROL CONTROL CONT	HOUR OF PRO LINE PER	DEATH 47 FINHER (Tipe of Print) ENDING PHYSICIAN MEDICAL EXAM 874 N. CRITSON St. DATE RECEIVED 249	S (Signature and Bits) S (Sig	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22e. AT LICENSE NUMBER V 23b. 80 7 9 COMMUNICABLE DISEASE NOSIX Interval between onset and de
(Signature and Title) DATE SIGNED (Mo., Day, 100 2 1b. DATE SIGNED	HOUR OF PRO LINE PER	DEATH 47 FINHER (Tipe of Print) ENDING PHYSICIAN MEDICAL EXAM 874 N. CRITSON St. DATE RECEIVED 249	S (Signature and Bits) S (Sig	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22e. AT LICENSE NUMBER V 23b. 80 7 9 COMMUNICABLE DISEASE NOSIX Interval between onset and de
CSUPPART (a) CONTROL (b) (CONTROL CONTROL CONT	HOUR OF PRO LINE PER	DEATH 47 FINHER (Tipe of Print) ENDING PHYSICIAN MEDICAL EXAM 874 N. CRITSON St. DATE RECEIVED 249	S (Signature and Bits) S (Sig	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22e. AT LICENSE NUMBER V 28b. 80 7 9 COMMUNICABLE DISEASE NO SIX Interval between onset and de
CSUPRATURE and Title) DATE SIGNED (No., Day, 1 DATE SIGNED (No., Day, 1 21b. 10 2 4 NAME OF ATTENDING PHORE 21d. NAME AND ADDRESS OF 230. Jeffrey B REGISTRAR 240. (Signature) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) PART OTHER SIGNIFICANT CON	CERTIFIER PHYSICIAN, ATT AS A, M. D., 26 ONLY ONE CAUSE PER LIMI USEQUENCE OF:	DEATH 47 PITWHER (TIDE OF PRINT) ENDING PHYSICIAN MEDICAL EXAMI 874 N. Carson St. DATE RECEIVED 246 246 246 246 246 246 246 246 246 246	S (Sponture and Title) B DATE SIGNED (Mo., Day, Yr.) B 22b. 28 PRONOUNCED DEAD (Mo., Day, Yr.) 22d ON HER, CR COHONER). (Type or Print) 89706 \$200, Catson City, N BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO (HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22s. AT LICENSE NUMBER V 23b. 80 7 9 COMMUNICABLE DISEASE NO RDK Interval between onset and decided interval becided interval between onset and decided interval between onset a
SEC SIGNATURE AND TITLE DATE SIGNATURE OF ATTENDANG PATE SIGNATURE OF ATTENDANG PART (a) CAMPA CONTROL OF AS A CONTROL OF A CONT	CERTIFIER PHYSICIAN, ATT AS A, M. D., 26 ONLY ONE CAUSE PER LIMI USEQUENCE OF:	DEATH 47 PITWHER (TIDE OF PRINT) ENDING PHYSICIAN MEDICAL EXAMI 874 N. Carson St. DATE RECEIVED 246 246 246 246 246 246 246 246 246 246	S (Signature and Title) S (Signature and Titl	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22e. AT LICENSE NUMBER V 23b. 80 7 9 DOMMUNICABLE DISEASE NO KOK Interval between onset and deal
Compature and Title) DATE SIGNED (Mo., Day, 100 2 1b. 100 2 1c. 1	THOUR OF THE THAN CE TO THE THAN CE CERTIFIED PHYSICIAN ATT AS A M. D. , 28 ONLY ONE CAUSE PER LINE ISEQUENCE OF:	DEATH 47 ETHER TIPE OF PINE ENDING PHYSICIAN, MEDICAL EXAM 874 N. CRISOR St. DATE RECEIVED 240 EFOLIO BY AND (c)	S Signature and This SC DATE SIGNED (Mo., Day, Yr.) 8 22b. 28 PRONOUNCED DEAD (Mo., Day, Yr.) 22tr ON MER, CR CORONERS. (Type or Print) 89706 #200, Carson City, N BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO CARSON	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22s. AT LICENSE NUMBER V 23b. 80 7 9 COMMUNICABLE DISEASE NO RDK Interval between onset and decided interval becided interval between onset and decided interval between onset a
Companies and Title) DATE SIGNED (Mo., Day, 1985) 21b. 10 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFIER PHYSICIAN, ATT AS A, M. D., 26 ONLY ONE CAUSE PER LINE USEQUENCE OF: DITTONS—Conditions contribut E OF INJURY (Ma, Day, Yr.) H	DEATH 47 FINHER (Tipe of Print) ENDING PHYSICIAN MEDICAL EXAMI 874 N. CRESOR St. DATE RECEIVED 240 EPOP (a) (b) (b) AND (c) ting to death but not resulting in the under	S (Signature and Title) S (Signature and Titl	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22e. AT LICENSE NUMBER V 23b. 80 7 9 DOMMUNICABLE DISEASE NO KOK Interval between onset and deal
(Signature and Title) DATE SIGNED (No., Day, 10, 10, 24, 10, 10, 24, 10, 10, 24, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	CERTIFIER PHYSICIAN, ATT AS A, M.D., 28 CONLY ONE CAUSE PER LINE USEQUENCE OF: DITIONS—Conditions contribut TE OF INJURY (Ma, Day, Yr.) H	DEATH 47 FINHER (Tipe of Print) ENDING PHYSICIAN MEDICAL EXAMI 874 N. CATSOIL ST. DATE RECEIVED 245 CATSOIL FALLOW Bing to death but not resulting in the under HOUR OF INJURY DESCRIBE IN 80. M. 28d.	S SIGNATURE ENG BING DORN YE.) SE 22b. S PRONOUNCED DEAD (Mo., Day, Ye.) 22tr Os. INER, CR COHONER). (Type or Phint.) 89706 # 200, Carson City, N. BY REGISTRAR (Mo., Day, Ye.) DEATH DUE TO C. 24c. YES. Priving cause given in Part 1. AUTOPSY Yes of 26. NO HOW INJURY OCCURRED	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22s. AT LICENSE NUMBER V 2sb. 80 7 9 COMMUNICABLE DISEASE NOTE Interval between onset and decident interval between onset an
(Signature and Title) DATE SIGNED (No., Day, 10, 10, 24, 10, 10, 24, 10, 10, 24, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	CERTIFIER PHYSICIAN, ATT AS A, M. D., 26 ONLY ONE CAUSE PER LINE USEQUENCE OF: DITTONS—Conditions contribut E OF INJURY (Ma, Day, Yr.) H	DEATH 47 FINHER (Tipe of Print) ENDING PHYSICIAN MEDICAL EXAMI 874 N. CATSOIL ST. DATE RECEIVED 245 CATSOIL FALLOW Bing to death but not resulting in the under HOUR OF INJURY DESCRIBE IN 80. M. 28d.	S SIGNATURE ENG BING DORN YE.) SE 22b. S PRONOUNCED DEAD (Mo., Day, Ye.) 22tr Os. INER, CR COHONER). (Type or Phint.) 89706 # 200, Carson City, N. BY REGISTRAR (Mo., Day, Ye.) DEATH DUE TO C. 24c. YES. Priving cause given in Part 1. AUTOPSY Yes of 26. NO HOW INJURY OCCURRED	HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22e. AT LICENSE NUMBER V 23b. 80 7 9 COMMUNICABLE DISEASE NO KIK Interval between onset and de CORONER (Specify Yes or No) CORONER (Specify Yes or No)

STATE REGISTRAR

274009



22995

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:

DATE ISSUED: 0CT 2 8 2004 STATE AT This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



