

OFFICIAL RECORD

Requested By:
ALLING & JILLSON LTD

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

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0107 PG- 3494 RPTT: 0.00



NOTICE OF DEATH OF CO-TRUSTEE

COMES NOW JOAN F. HILDEBRANDT, being first duly sworn, deposes and says:

1. She is a Grantor/Co-Trustee of The C. Kenneth & Joan F. Hildebrandt - 1997 Trust;
2. That she was a Co-Trustee with C. KENNETH HILDEBRANDT, aka CARLOS KENNETH HILDEBRANDT;
3. That as Co-Trustees they acquired title to the certain real property more particularly described on **Exhibit A**, attached hereto and incorporated herein by reference; and
4. That CARLOS KENNETH HILDEBRANDT died in Washoe County, Nevada, on or about June 25, 2000. The State of Nevada issued a Death Certificate, No. 160522, a photocopy of which is attached hereto as **Exhibit B** and incorporated herein by reference.

Pursuant to the trust instrument which states, "Upon the death, resignation or inability to act of either Grantor, the Survivor shall act as sole Trustee hereunder." Now, therefore, be it known the undersigned is acting as sole Trustee of The C. Kenneth & Joan F. Hildebrandt - 1997 Trust.

IN WITNESS WHEREOF, Grantor and Trustee have executed this document at Douglas County, Nevada, on this 10th day of January 2007.

Joan F. Hildebrandt
JOAN F. HILDEBRANDT, Grantor/Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on January 10, 2007, by JOAN F. HILDEBRANDT.

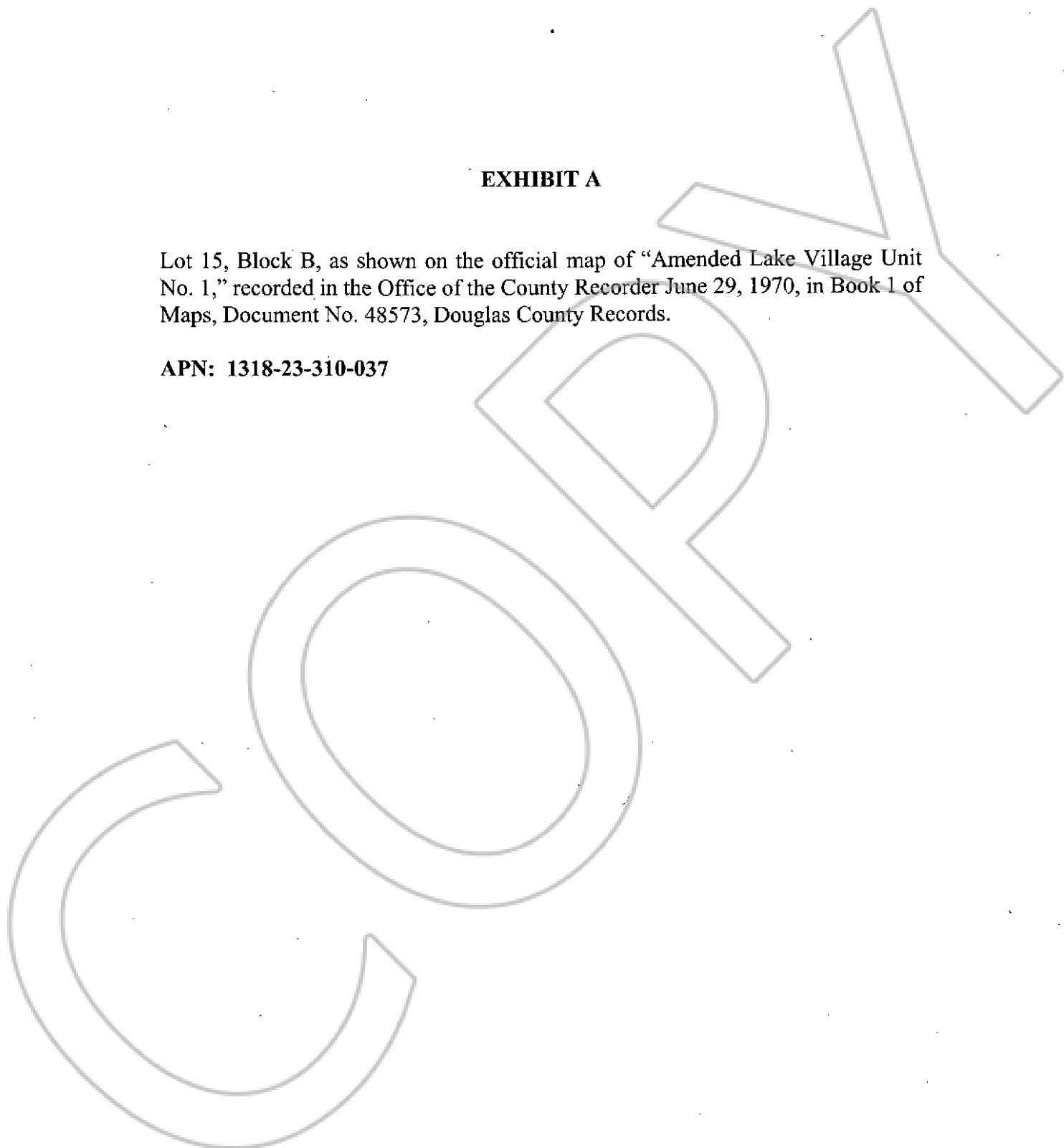
Dena Reed
NOTARY PUBLIC



EXHIBIT A

Lot 15, Block B, as shown on the official map of "Amended Lake Village Unit No. 1," recorded in the Office of the County Recorder June 29, 1970, in Book 1 of Maps, Document No. 48573, Douglas County Records.

APN: 1318-23-310-037



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

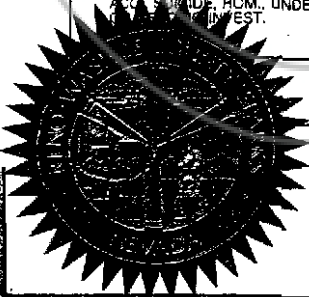
STATE OF NEVADA -- DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH -- SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 100 IMAGE 659

1475

STATE FILE NUMBER

	DECEASED—NAME First Middle Last 1. Carlos Kenneth HILDEBRANDT		DATE OF DEATH (Month, Day, Year) 2. June 25, 2000		COUNTY OF DEATH 3a. Washoe
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Sparks		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Northern Nevada Medical Center		If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) 3e. Inpatient
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		SEX 4. Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8. November 27, 1916
	SOCIAL SECURITY NUMBER 13. [REDACTED]-5731		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
PARENTS	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Zephyr Cove	STREET AND NUMBER 15d. Crystal Court 15
	FATHER—NAME First Middle Last 16. Carlos N. Hildebrandt		MOTHER—MAIDEN NAME First Middle Last 17. Enid High		INSIDE CITY LIMITS (Specify Yes or No) 15e. No
DISPOSITION	INFORMANT—NAME (Type or Print) 18a. Joan F. Hildebrandt		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 10593 - Zephyr Cove, Nevada 89448		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno - Nevada
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 09		NAME AND ADDRESS OF FACILITY 20c. John Sparks Memorial 644 Pyramid Way - Sparks, Nevada 89431
	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) Clark G. Harrison MD		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. (Signature and Title) [Signature]		DATE SIGNED (Mo., Day, Yr.) 21b. 6/27/00
CAUSE OF DEATH	21c. HOUR OF DEATH 00:55		22b. DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH 22c.
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. CN		PRONOUNCED DEAD (Hour) 22e. AT
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Clark Harrison MD 751 Ryland St Reno NV 89502				LICENSE NUMBER 23b. NV6505
	REGISTRAR 24a. [Signature] Sandi Budek Dep.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 27, 2000		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death
	PART I (a) myocardial infarction	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
	PART I (b) atrial fibrillation with anticoagulation	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
	PART II dementia	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			Interval between onset and death
	AUTOPSY (Specify Yes or No) 25. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No		
	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
	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



No.160522

This is to certify that the above is a true and legal copy of the certificate on file in this office.

STATE REGISTRAR
Deputy Registrar: *[Signature]*

Date: **NOV 30 2000**

WARNING: IT IS ILLEGAL TO ALTER OR

