

DOC # 711306  
10/17/2007 03:14PM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
FIRST AMERICAN TITLE REN  
Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 5 Fee: 18.00  
BK-1007 PG-4725 RPTT: 0.00



APN# 1219-01-000-020

**Recording Requested by:**

Name: First American Title Insurance  
Company  
Address: 6121 Lakeside Drive, Suite 150  
City/State/Zip: Reno, NV 89511  
Order Number: 156-2331869

Notice Confirming Appointment of  
Successor Trustee  
(Title of Document)

(for Recorder's use only)

**Recorder Affirmation Statement**

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

440.380  
(State specific law)

*Linda Doern, Esq*  
Signature Title

LINDA DOERN  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

WHEN RECORDED MAIL TO:

Don L. Ross, Esq.  
Woodburn and Wedge  
P.O. Box 2311  
Reno, Nevada 89505

**NOTICE CONFIRMING APPOINTMENT OF SUCCESSOR TRUSTEE**

WHEREAS, JOSEPH RAPIC created a Trust pursuant to that certain Agreement dated May 10, 2002, known as the JOSEPH RAPIC TRUST (the "Trust") of which JOSEPH RAPIC was Trustee.

WHEREAS, Section 9.1 of the Trust Agreement provides as follows:

**9.1 Designation of Successor Trustee.** In the event of the death of Settlor or the incompetency, inability or unwillingness of Settlor to act as Trustee, then ROBERT KANE and DENNIS DAWSON shall act as successor Co-Trustees of this trust. In the event of the death, incompetency, inability or unwillingness of either ROBERT KANE or DENNIS DAWSON to act as a successor Co-Trustee, then the other of them shall act as sole successor Trustee.

WHEREAS, JOSEPH RAPIC the Settlor and Trustee of the Trust, died on November 13, 2006, and the objects of the Trust have not been fully accomplished and it is necessary to the proper administration of the Trust that the Successor Co-Trustees designated in Section 9.1 of the Trust Agreement assume responsibility for the Trust as Successor Co-Trustees;

WHEREAS, ROBERT KANE and DENNIS DAWSON are competent and desire to serve as Successor Co-Trustees of the Trust pursuant to the provisions of Section 9.1 of the Trust Agreement;



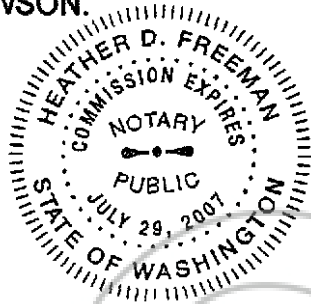


This appointment is hereby accepted  
this 17<sup>th</sup> day of November 2006.

*Dennis Dawson*  
DENNIS DAWSON

STATE OF WASHINGTON )  
 )ss.  
COUNTY OF Mason )

This instrument was acknowledged before me on 11/17, 2006, by  
DENNIS DAWSON.



*Heather D. Freeman*  
NOTARY PUBLIC  
(My commission expires: 7/29/07)



**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY  
HEALTH DEPARTMENT  
PLACERVILLE, CALIFORNIA**

**CERTIFICATE OF DEATH**

3200609000892

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Joseph				Rapic	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
10/11/1925		81		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)		9. MINUTE	
11/12/2006		1737			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		Widowed	
13. EDUCATION - Highest Level (see worksheet on back)		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, list whether on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS Graduate		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		White	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, local construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
Inspector		Gas Company		37	
20. DECEDENT'S RESIDENCE (Street and number or location)					
610 Mottsville Ln.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Gardnerville		Douglas		89460	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
15		NV			
26. INFORMANT'S NAME, RELATIONSHIP					
Mary Reed - Neice					
27. INFORMANT'S MAILING ADDRESS (Street and number or route number, city or town, state, ZIP)					
1431 Mariposa Dr., Corona, CA 92879					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST ( Maiden Name)	
				Rapic	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
George				Rapic	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST			
Yugoslavia		Gurzina			
36. BIRTH STATE		37. LAST ( Maiden)			
Austria		Gurzina			
38. DISPOSITION DATE mm/dd/yyyy					
11/17/2006					
39. PLACE OF FINAL DISPOSITION (If RES: Mary Reed - Neice, 1431 Mariposa Dr., Corona, CA 92879)					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		Not Embalmed			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
McFarlane Mortuary		FD1180		11/14/2006 DH	
101. PLACE OF DEATH					
Barton Memorial Hospital					
102. COUNTY		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		104. CITY	
El Dorado		2170 South Ave.		South Lake Tahoe	
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT over-terse events such as cardiac arrest, respiratory arrest, or vascularization without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. DEATH REPORTED TO CORONER?		109. BIRTH REPORTED TO CORONER?	
Cardiopulmonary Arrest		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. BIRTH REPORTED TO CORONER?		110. BIRTH REPORTED TO CORONER?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BIRTH REPORTED TO CORONER?		111. USED IN DETERMINING CAUSE?		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Sepsis	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Advised Since		Jean P. Makris, MD		A77127	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
11/12/2006		Jean Makris, MD, 960 Tahoe Keys Blvd, South Lake Tahoe, CA 96150		11/14/2006	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
120. MANNER OF DEATH		121. INJURED AT WORK?		122. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AREA # 9420 CENSUS TRACT	

**CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF EL DORADO**

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

DATE ISSUED **NOV 28 2006**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signat

\* 000100412 \*

J. P. Makris, MD

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BK-1007  
PG-4729

