

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

Ronald D. Alling, Esq.
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Lake Tahoe, Nevada 89449-3390

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0708 PG- 5484 RPTT: 0.00



NOTICE OF DEATH OF CO-TRUSTEE

COMES NOW SUSANN S. CUNHA being first duly sworn deposes and says:

1. She is a Grantor/Co-Trustee of The Cunha Family Trust U/I/D June 22, 1999;
2. That she was a Co-Trustee with WILLIAM E. CUNHA;
3. That as Co-Trustees they acquired title to the certain real property more particularly described as follows:

Lot 411A, in Block B, as shown that certain Record of Survey filed for record in the Office of the County Recorder of Douglas County, Nevada on June 17, 1998, in Book 698, as Page 3978, Document No. 442226, Official Records, being a Boundary Line Adjustment of the Final Map No. 1008-8 for WINHAVEN, UNIT NO. 8, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, Nevada on September 11, 1997, in Book 997, of Official Records at Page 2125, as Document No. 421412.

APN: 1320-29-110-052

4. That WILLIAM E. CUNHA died in Clark County, Nevada, on or about June 10, 2008. The State of Nevada issued a Death Certificate, No. 2008008984, attached hereto as **Exhibit A** and incorporated herein by reference.

Pursuant to the trust instrument which states, "If, for any reason, WILLIAM E. CUNHA or SUSANN S. CUNHA shall resign or otherwise become unable to act as a Trustee, then the survivor of them shall serve as sole Trustee." Now, therefore, be it known the undersigned is acting as sole Trustee of The Cunha Family Trust.


IN WITNESS WHEREOF, Grantor and Trustee have executed this document at Douglas County, Nevada, on this 15th day of July 2008.

Susann Cunha
SUSANN S. CUNHA, Grantor/Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 15th day of July 2008, by SUSANN S. CUNHA, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Jill L. Dragseth
NOTARY PUBLIC

 JILL L. DRAGSETH
NOTARY PUBLIC
STATE OF NEVADA
DOUGLAS COUNTY
APPT. No. 08-6796-5
MY APPT. EXPIRES APRIL 21, 2012

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2008008984

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) William Edward CUNHA		2. DATE OF DEATH (Mo/Day/Year) June 10, 2008		3. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 10649 Bella Ordaz Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 88	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16+	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) SACHTLEBEN		8. DATE OF BIRTH (Mo/Day/Yr) November 23, 1921	
13. SOCIAL SECURITY NUMBER 6710		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Doctor M. D.		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 10649 Bella Ordaz Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
18. FATHER - NAME (First Middle Last Suffix) Edward Anthony CUNHA			17. MOTHER - NAME (First Middle Last Suffix) Doris Gertrude FRANCE		
18a. INFORMANT - NAME (Type or Print) Sue CUNHA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 10649 Bella Ordaz Way Las Vegas, Nevada 89141			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal from State		19b. CEMETERY OR CREMATORY - NAME Holy Cross Cemetery		19c. LOCATION City or Town State Colma California	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES LONG SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 601		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) WARREN WHEELER M.D. SIGNATURE AUTHENTICATED			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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) June 11, 2008		21c. HOUR OF DEATH 09:36		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Warren Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119				23b. LICENSE NUMBER 11795	
24a. REGISTRAR (Signature) KATHIE FRANKLIN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) End-stage cardiac disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)			
28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR



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BK- 0708
PG- 5486

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics
By: *[Signature]*
Date Issued: JUN 18 2008