

OFFICIAL RECORD

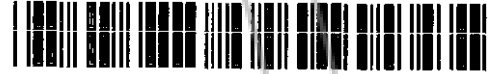
Requested By:  
ALLING & JILLSON

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  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-1108 PG- 538 RPTT: 0.00



NOTICE OF DEATH OF CO-TRUSTEE

COMES NOW JOANNA C. STOCKMAN, being first duly sworn deposes and says:

1. She is a Co-Grantor with JOHN R. STOCKMAN of The Stockman Family Trust;
2. The initial Co-Trustees were JOHN R. STOCKMAN and JOANNA C. STOCKMAN;
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 JOHN R. STOCKMAN died in Douglas County, Nevada, on or about September 13, 2008. The State of Nevada issued a Death Certificate, No. 2008014398, attached hereto as **Exhibit B** and incorporated herein by reference.

Pursuant to the trust instrument which states, "In the event of the death of either JOHN R. STOCKMAN or JOANNA C. STOCKMAN, the other shall serve as sole Trustee hereunder." Now, therefore, be it known the undersigned is acting as sole Trustee of The Stockman Family Trust.

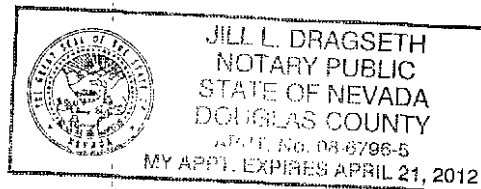
IN WITNESS WHEREOF, Grantor and Trustee have executed this document at Douglas County, Nevada, on this 29th day of October 2008.

  
JOANNA C. STOCKMAN, Trustee

STATE OF NEVADA     )  
  ) ss.  
COUNTY OF DOUGLAS    )

Subscribed and sworn to before me on this 29th day of October 2008, by JOANNA C. STOCKMAN, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

  
NOTARY PUBLIC



No. 08-6796-5  
Exp. 4-21-12

**EXHIBIT A**

Parcel 1

Lot 28, as shown on the map of GLENBROOK UNIT NO. 1, filed for record in said County on June 1, 1977, as Document No. 09693.

Parcel 2

Together with an appurtenant easement for the installation and maintenance of a propane tank with incidental rights thereto as granted in Deed recorded November 16, 1994 in Book 1194 of Official Records, Douglas County, Nevada at Page 2263 as Document No. 350674, more particularly described as follows:

All that portion of Lot 27 as shown on the map of GLENBROOK UNIT NO. 1, filed for record in said County on June 1, 1977, as Document No. 09693, more particularly described as follows:

Commencing at the most Southerly Corner of said Lot 27; thence North 01° 50' 37" West 84.88 feet to the True Point of Beginning; thence North 01° 50' 37" West (North 01° 52' 00" West record) 58.41 feet; thence South 24° 47' 15" East 24.41 feet, thence South 01° 50' 37" East 13.45 feet; thence South 21° 06' 01" West 24.41 feet to the POINT OF BEGINNING.

Reference is hereby made to that certain Record of Survey for Robert K. Schwartz filed for record in the office of the Douglas County Recorder, State of Nevada on November 16, 1994 in Book 1194 Page 2463 as Document No. 350739, Official Records.

Per N.R.S.111.312, this legal description was previously recorded on March 2, 2000 in Book 0300, Page 288 as Document No. 487232, Official Records, Douglas County, State of Nevada.

APN: 1418-11-410-002



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PG- 539  
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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2008014398  
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) <b>John Rittenhouse STOCKMAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 13, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Glenbrook</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>231Shakespeare Glade</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>61</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>New Jersey</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Joanna Christine DIXON</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 22, 1946</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Commercial Real Estate</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Broker/leasing</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Glenbrook</b>	
15d. STREET AND NUMBER <b>231Shakespeare Glade</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>John STOCKMAN</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Jean SPIERS</b>		
18a. INFORMANT - NAME (Type or Print) <b>Joanna Christine STOCKMAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>231 Shakespeare Glade Glenbrook, Nevada 89413</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89501</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JUDITH KIMPTON</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>677</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>390 E. Moana Ln. Suite D1 Reno NV 89502</b>	
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) <b>SIGNATURE AUTHENTICATED</b> <b>TIMOTHY WAYNE HOCKENBERRY M.D.</b>			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) <b>September 23, 2008</b>		21c. HOUR OF DEATH <b>21:22</b>		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) <b>Timothy Wayne Hockenberry M.D. 801 E. Williams Ave., #2209 Fallon, NV 89406</b>				23b. LICENSE NUMBER <b>6060</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 25, 2008</b>		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).)				Interval between onset and death	
PART I (a) <b>Lung Cancer</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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



559548



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RS-Rev-2008T

234977 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:

10/02/2008

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PRNCO (Rev) 11/06

Exhibit B

*R. D. White*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

