

DOC # 748592  
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OFFICIAL RECORD

Requested By:  
STEWART TITLE - DOUGLAS  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: 17.00  
BK-809 PG-1871 RPTT: 0.00

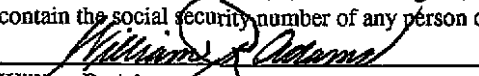


RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:

APN 1319-03-101-001

Ronald D. Alling, Esq.  
c/o ALLING & JILLSON, LTD.  
276 Kingsbury Grade, Suite 2000  
Post Office Box 3390  
Lake Tahoe, Nevada 89449-3390

1017625  
Pursuant to NRS 239B.030, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

  
William R. Adams

**NOTICE OF DEATH OF CO-TRUSTEE**

COMES NOW WILLIAM R. ADAMS, being first duly sworn deposes and says:

1. That The Adams Ranch Trust was executed on December 20, 1989, and amended thereafter from time to time.

2. That RUFUS W. ADAMS and ELSIE F. ADAMS were the Grantors of The Adams Ranch Trust and that RUFUS W. ADAMS died on August 29, 1997.

3. That under the terms of the trust with the death of the First Trustor, the Trust estate was divided into two (2) separate trusts, being the "Survivor's Trust", which remained revocable by ELSIE F. ADAMS, the Surviving Trustor, until her death, and the "Marital Trust" which became irrevocable due to the death of RUFUS W. ADAMS, being the first Trustor to die.

4. That pursuant to the trust instrument which states, "The Trustees of this Trust shall be RUFUS W. ADAMS and ELSIE F. ADAMS, who are the Trustors. If both original Trustees, to wit: RUFUS W. ADAMS and ELSIE F. ADAMS, are unwilling or unable to serve or have died, WALLACE E. ADAMS and JOHN Q. ADAMS shall serve as Trustees of the Residual Trust, the Exempt Marital Trust, and the Non-Exempt Marital Trust, or as the sole Trustee, as the case may be. ELSIE F. ADAMS and WILLIAM R. ADAMS shall act as Co-Trustees of the Survivor's Trust, and if ELSIE F. ADAMS is unwilling or unable to serve or has died, then WILLIAM R. ADAMS shall serve as sole Trustee of the Survivor's Trust."



5. That Elsie F. Adams died in Douglas County, on or about February 25, 2008. The State of Nevada issued a Death Certificate, No. 2008003182, a copy of which is attached hereto as **Exhibit A** and incorporated herein by reference.

6. That the undersigned is acting as sole Trustee of The Adams Ranch Survivor's Trust;

7. That The Adams Ranch Survivor's Trust owns an undivided one-half interest in the real property more particularly described on **Exhibit B** attached hereto and incorporated herein by reference.

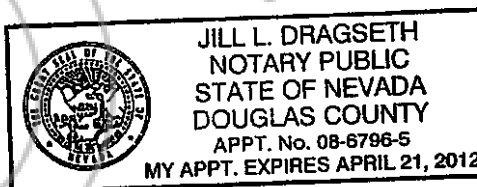
IN WITNESS WHEREOF, Grantor and Trustee has executed this document at Douglas County, Nevada, on this 1st day of July, 2009.

  
**WILLIAM R. ADAMS**

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

Subscribed and sworn to before me on this 1st day of July, 2009, by WILLIAM R. ADAMS, personally known to me (proved to me on the basis of satisfactory evidence) to be the person who appeared before me.

  
\_\_\_\_\_  
NOTARY PUBLIC





BK-809  
PG-1873

EXHIBIT A

STATE OF NEVADA  
CERTIFICATION OF VITAL RECORD

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

2008003182

STATE FILE NUMBER

TYPE OR  
PRINT IN  
REMARKS  
CHECK BOX

PRECEDENT

IF DEATH  
OCCURRED IN  
HOSPITAL  
RECORDS  
REFLECTION OF  
CERTIFICATE  
CHECK

PARENTS

REPOSITION

RADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS  
IF ANY OTHER  
CAUSE  
EXPLAINING THE  
UNUSUAL  
CAUSE  
GAINING LAMP

1. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Elmo F ADAMS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 25, 2008</b>		3. COUNTY OF DEATH <b>Douglas</b>	
3a. CITY, TOWN, OR LOCATION OF DEATH <b>Genoa</b>		3b. HOSPITAL OR OTHER INSTITUTION (Name, if not within, give street and number) <b>2575 Jacka Valley Road</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? (Specify) <b>No - Non-Hispanic</b>		7. AGE-Last birthday (Years) <b>85</b>	
8. STATE OF BIRTH (If not U.S.A., give country) <b>California</b>		9. COUNTRY OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. SOCIAL SECURITY NUMBER <b>530302228</b>		14. USUAL OCCUPATION (Give kind of Work Done During Most of Working Yrs. Even if Retired) <b>Homemaker</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
12. RESIDENCE - STATE <b>Nevada</b>		13. COUNTY <b>Douglas</b>		14. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15. FATHER - NAME (First Middle Last Suffix) <b>Arnold JUCHTZER</b>		16. MOTHER - NAME (First Middle Last Suffix) <b>Charlotte SYLL</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Ever in US Armed Forces? No</b>	
17. INFORMANT - NAME (Type or Print) <b>Wally ADAMS</b>		18. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P. O. Box 315 Genoa, Nevada 89411</b>		13. BIRTH (Mo/Day/Year) <b>April 22, 1918</b>	
19. BURIAL CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		20. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		14. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
21. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>JAMES SIOLENSKI</b>		23. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		15. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Carson Valley Funeral Home 1580 Highway 305 N. Gardnerville NV 89410</b>	
24. TRADE CALL - NAME AND ADDRESS		25. NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print) <b>RICHARD SEHER MD 343 Elm Street, #400 Reno, NV 89512</b>		26. LICENSE NUMBER <b>12227</b>	
27. DATE SIGNED (Mo/Day/Year) <b>March 03, 2008</b>		28. HOUR OF DEATH <b>23:55</b>		29. DATE SIGNED (Mo/Day/Year) <b>March 04, 2008</b>	
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, (Type or Print)		31. PRONOUNCED DEAD (Mo/Day/Year)		32. PRONOUNCED DEAD AT (Hour)	
33. REGISTRAR (Signature) <b>SARAH KORNBERG</b>		34. DATE RECEIVED BY REGISTRAR (Mo/Day/Year)		35. DEATH DUE TO COMMUNICABLE DISEASE? <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
36. IMMEDIATE CAUSE <b>CONGESTIVE HEART FAILURE</b>		37. INTERVAL BETWEEN ONSET AND DEATH		38. AUTOPSY (Specify Yes or No) <b>NO</b>	
39. DUE TO, OR AS A CONSEQUENCE OF <b>HYPERTENSION, HEART DISEASE</b>		39. INTERVAL BETWEEN ONSET AND DEATH		39. INTERVAL BETWEEN ONSET AND DEATH	
40. DUE TO, OR AS A CONSEQUENCE OF		39. INTERVAL BETWEEN ONSET AND DEATH		39. INTERVAL BETWEEN ONSET AND DEATH	
41. DUE TO, OR AS A CONSEQUENCE OF		39. INTERVAL BETWEEN ONSET AND DEATH		39. INTERVAL BETWEEN ONSET AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		36. ACC. SUICIDE, HOMICIDE, UNDER OR OVER EXPOSURE (Specify)		37. DATE OF INJURY (Mo/Day/Year)	
37. INJURY AT WORK (Specify Yes or No)		38. HOUR OF INJURY		38. DESCRIBE HOW INJURY OCCURRED	
38. PLACE OF INJURY-Archway, Room, street, factory, office (Include, etc. (Specify))		39. LOCATION		STREET OR R.F.D. NO. CITY OR TOWN STATE	

STATE REGISTRAR

51130

197170

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: **MAR 05 2008**

*R. J. White*  
STATE REGISTRAR

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





**EXHIBIT B**

All that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

Parcel C as set forth on that certain Record of Survey of the ADAMS RANCH to Support a Boundary Line Adjustment recorded March 9, 1993, Book 393 at Page 1821, as Document No. 301550.

APN 1319-03-101-001

