

DOC # 0756422
12/30/2009 04:21 PM Deputy: GB

OFFICIAL RECORD

Requested By:
CHARLES HESTWOOD

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 8 Fee: 21.00
BK-1209 PG-7123 RPTT: 0.00



Assessor's Parcel Number: 1022-13-002-002

Recording Requested By: _____

Name: Mr. Charles Hestwood

Address: 4821 Kyle Dr.

City/State/Zip Wellington, NV 89444

Real Property Transfer Tax: \$ n/a

Trust Amendent

(Title of Document)

Note: Exhibit B - Death Certificate Attached

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

**FOURTH AMENDMENT TO
THE HESTWOOD TRUST**

PURSUANT TO THE POWERS reserved to me, Charles Warren Hestwood, as surviving Trustor of that certain Trust Agreement dated the 15th day of November, 1991, entitled THE HESTWOOD TRUST, with Charles Warren Hestwood and Mary Theresa Hestwood as Trustees, I hereby amend that Trust Agreement.

The Trust Agreement has been amended on three previous occasions, first on August 23, 1994; second on December 30, 1997; and third on November 30, 1998.

SECTION ONE

EXERCISE OF POWER OF AMENDMENT

Pursuant to Paragraph A, Section III of the Trust, entitled "Revocation and Amendment", Trustors declared that during their joint lifetimes both Trustors could amend the Trust or either of them could revoke the Trust. Additionally, in the December 30, 1997 Amendment, the surviving Trustor was given authority to sell or otherwise dispose of any or all of the assets during his lifetime in any manner he determined, without regard or consideration of retaining any asset for the benefit of the beneficiaries. Trustor interprets this provision to allow him to amend the Trust following the death of his wife in whatever manner he so determines so long as it is with respect to the distribution of the assets.

Pursuant to such powers reserved by surviving Trustor, he hereby exercises his right of amendment, and amends the Declaration of Trust as noted herein.

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SECTION TWO

REAFFIRMATION OF NOVEMBER 15, 1991 TRUST

Except as amended herein, THE HESTWOOD TRUST dated November 15, 1991, as amended, remains in full force and effect and the terms and conditions of that Trust are reaffirmed in this amendment.

SECTION THREE

CANCELLATION AND SUBSTITUTION PROVISIONS

The provisions of Paragraph B, Section IV of THE HESTWOOD TRUST, entitled "Death or Resignation of Original Trustees," are hereby canceled and of no further effect. In lieu of the canceled provisions of this section, the following is substituted:

Upon the death of the Trustors, or upon the resignation or inability of the both Trustors to serve as Trustee, the surviving Trustor nominates and appoints Western National Trust Company of Reno, Nevada, to serve as Successor Trustee. Trustor specifically states his intent and desire that Mary Tallent-Stewart be appointed by Western National Trust Company as the primary trust officer to handle the affairs of this Trust.

SECTION FOUR

RENAMING OF BENEFICIARIES

In Articles 7, Section A of the original Trust, the Co-Trustors identified beneficiaries to receive the assets of the Trust upon their passing. This provision was amended in the November 30,

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1998 Trust Amendment. The surviving Trustor hereby amends those documents to the extent they conflict with the following.

Upon Trustor's death, after payment of all obligations otherwise required of the Successor Trustee under this Agreement, the remaining assets of the Trust shall be distributed to the Shriner Children's Hospital located in the city of Tampa, in the state of Florida. Should for any reason the Trustee be unable by law or circumstances to make a distribution to the Shriner's Hospital, the Trustee is vested with the authority to make the distribution to a charitable organization which is dedicated to, and actually does, provide health care to children who have serious birth defects, or who have sustained a debilitating illness or suffered from severe accidents.

SECTION FIVE

IDENTIFICATION OF ASSETS

Attached is a Schedule which accurately sets forth all of the assets which are transferred, and which are to be transferred to THE HESTWOOD TRUST dated November 15, 1991. This new Schedule replaces any previously prepared schedule listing the assets of the Trust.

SECTION SIX

RIGHT TO AMEND OR REVOKE PRIOR AMENDMENT

The right to amend or revoke the foregoing amendment in whole or in part is hereby reserved.

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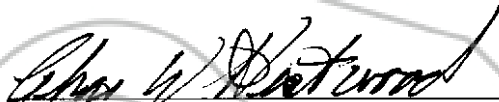
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SECTION SEVEN

RATIFICATION

In all other respects Trustor hereby ratifies and confirms the provisions of THE HESTWOOD TRUST dated the 15th day of November, 1991, and as amended as previously described herein.

IN WITNESS WHEREOF, surviving Trustor and Trustee has executed this Fourth Amendment in Minden, Nevada, this 3rd day of August, 2009.

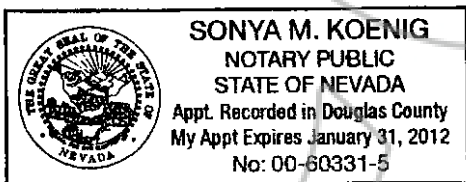


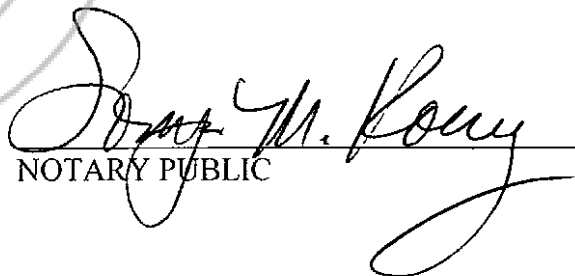
Charles Warren Hestwood

STATE OF NEVADA)
 : SS
COUNTY OF DOUGLAS)

On this 3rd day of August, 2009, before me, a Notary Public in and for said County and State, personally appeared Charles Warren Hestwood who subscribed to the within instrument in my presence and who acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.





NOTARY PUBLIC

CERTIFICATE

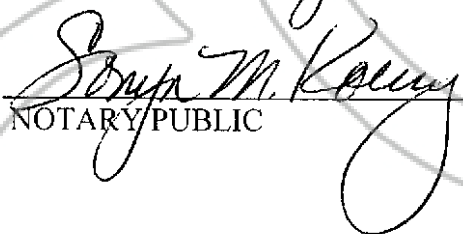
I certify that I have read this Fourth Amendment to Trust agreement and such agreement, as amended, correctly states the terms and conditions under which the Trust estate is to be held, managed and dispensed of by the Trustee. I approve this Trust agreement in all particulars and, as the Trustee named in this Trust agreement, accept the Trusts as provided for in the Trust agreement, as amended. I, Charles Warren Hestwood, do hereby swear (or affirm) under penalty of perjury in accordance with the laws of the State of Nevada that the assertions of this certificate are true.



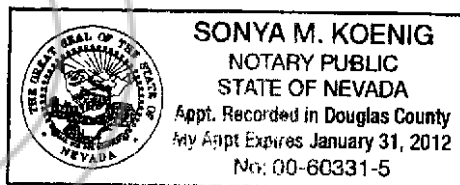
Charles Warren Hestwood

SUBSCRIBED AND SWORN to before me

this 3rd day of August, 2009.



NOTARY PUBLIC





07915539KJH

EXHIBIT "A"

All that certain piece or parcel of land situate in the County of Douglas, State of Nevada, being all that portion of Section 13, Township 10 North, Range 22 East, M.D.B. & M., described as follows:

PARCEL 1:

Commencing at North quarter corner of said Section 14; thence South 89°31' East along the North line of said Section 14 a distance of 792.53 feet to a point; thence South 13°00' East 465.12 feet to a point; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 22°30' for an arc distance of 196.35 feet; thence South 35°30' East a distance of 2287.85 feet; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 29°15' for an arc distance of 255.25 feet; thence South 64°45' East 1279.53 feet to the True Point of Beginning; thence continuing along said Line South 64°45' East 279.56 feet; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 49°29'15" for an arc distance of 431.86 feet; thence North 65°45'45" East a distance of 24.56 feet; thence North 06°32'23" West 974.48 feet; thence South 84°19'15" West 189.20 feet; thence South 25°15' West a distance of 924.92 feet to the True Point of Beginning.

Reference is made to Record of Survey filed in the office of the County Recorder of Douglas County, Nevada on October 10, 1969 under File No. 45991 and the above described parcel shown as Parcel 14.

RESERVING HOWEVER unto the grantor and to its successors and assigns a non-exclusive easement for roadway and utility purposes and to provide access to State Route No. 3, and right to convey said easements to others, said easement being the Southeasterly 30 feet measured at right angles to and parallel with the Southeasterly line of the hereinabove conveyed parcel.

Recording Requested by:)

LAW OFFICES OF JOHN M. PRESTON)

Mail Tax Statements to:)

✓ Mr. and Mrs. Charles W. Hestwood)
14847 Del Oro Drive)
Magalia, California 95954)

When Recorded Mail to:)

Same as above.)

REQUESTED BY

John Preston
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

92 JAN 13 12:50

SUZANNE LEAH EAU
CLERK

268797

\$6⁰⁰ PAID *K2* DEPUTY

BOOK 192 PAGE 1250

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2006017114

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 Mary			1b. MIDDLE Theresa			1c. LAST HESTWOOD			2. DATE OF DEATH (Mo/Day/Year) September 28, 2006			3a. COUNTY OF DEATH Carson City		
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City				3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Evergreen at CC Health and Rehab Ctr				3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			4. SEX Female			
5. RACE-(e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR -MOS. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 26, 1926				
9a. STATE OF BIRTH (If not U.S.A., name country) Iowa			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) Charles HESTWOOD			
13. SOCIAL SECURITY NUMBER [REDACTED] 7911				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) School-Teacher				14b. KIND OF BUSINESS OR INDUSTRY Education						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Wellington			15d. STREET AND NUMBER 4281 Kyle Dr.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER - NAME (First Middle Last Suffix) Harold SPAIGHT							17. MOTHER - NAME (First Middle Last Suffix) Ida AMMERMAN							
18a. INFORMANT- NAME (Type or Print) Charles HESTWOOD					18b. MAILING ADDRESS/ (Street or R.F.D. No, City or Town, State, Zip) 4281 Kyle Dr., Wellington, Nevada 89444									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Walton's Carson Gardens				19c. LOCATION City or Town State Carson City Nevada 89701						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMMY DERMODY SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 09		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Rood Carson City NV 89706								
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) GAIL KRIVAN MD. 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) October 05, 2006			21c. HOUR OF DEATH 18:05			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
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) Gail Krivan MD, 1001 N. Mountain Carson City, NV 89703										23b. LICENSE NUMBER 9735				
24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED					24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 05, 2006			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 (a) Acute cardiopulmonary arrest														
DUE TO, OR AS A CONSEQUENCE OF														
(b) Failure to thrive														
DUE TO, OR AS A CONSEQUENCE OF														
(c) Advanced dementia														
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
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


 BK- 1209
 PG- 7130
 0756422 Page: 8 Of 8 12/30/2009

VRS-Rev E2u

307366 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:

DEC 30 2009

STATE REGISTRAR

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

PRNCO (Rev) 1/06

