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APN: 1318-16-710-019

**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-0210 PG-05557 RPTT: 0.00



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.

Shirley Q. Henderson  
Shirley Q. Henderson, Grantee

**NOTICE OF DEATH OF CO-TRUSTEE**

**COMES NOW SHIRLEY QUEEN HENDERSON** being first duly sworn deposes and says:

1. She is a Grantor/Co-Trustee of The John N. and Shirley Queen Henderson Trust;
2. That she was a Co-Trustee with JOHN N. HENDERSON;
3. That as Co-Trustees they acquired title to the certain real property more particularly described as:

Lot 108, Elks Subdivision, as shown on the Map recorded in the Office of the County Recorder May 5, 1927, in Book 1 of Maps, Douglas County Records and Amended Map recorded January 5, 1928, in Book 1 of Maps, Douglas County Records and Second Amended Map recorded June 5, 1952, in Book 1 of Maps, Document No. 8537, Douglas County Records.

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4. That JOHN N. HENDERSON died in Alameda County, California, on or about January 25, 2010. The State of California issued a Death Certificate, No.3201001000593, a copy of which, with the Social Security Number redacted, is attached hereto as **Exhibit A** and incorporated herein by reference.

Pursuant to the trust instrument which states, "Upon the death, resignation or inability to act of the first Grantor, the Survivor shall act as sole Trustee hereunder." Now, therefore, be it known the undersigned is acting as sole Trustee of The John N. and Shirley Queen Henderson Trust.

IN WITNESS WHEREOF, Grantor and Trustee have executed this document at Douglas County, Nevada, on this 24th day of February 2010.

*Shirley Q. Henderson*  
SHIRLEY Q. HENDERSON,  
Grantor/Trustee

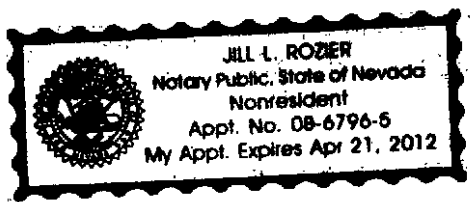
STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

On February 24, 2010, before me, Jill L. Rozier, Notary Public, personally appeared SHIRLEY Q. HENDERSON, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

*Jill L. Rozier*  
NOTARY PUBLIC



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY**  
**PUBLIC HEALTH DEPARTMENT**

**CERTIFICATE OF DEATH**

3201001000593

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>JOHN</b>		2. MIDDLE <b>NELSON</b>		3. LAST (Family) <b>HENDERSON</b>	
A.K.A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy <b>09/30/1921</b>		5. AGE Yrs. <b>88</b>	6. SEX <b>M</b>	7. DATE OF DEATH mm/dd/yyyy <b>01/25/2010</b>	8. HOUR (24 Hour) <b>0152</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP (at Time of Death) <b>MARRIED</b>	13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ENGINEER</b>	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OIL REFINERY</b>		19. YEARS IN OCCUPATION <b>41</b>			
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>465 LAKEVIEW AVENUE</b>					
21. CITY <b>ZEPHYR COVE</b>		22. COUNTY/PROVINCE <b>DOUGLAS</b>	23. ZIP CODE <b>89448</b>	24. YEARS IN COUNTY <b>25</b>	25. STATE/FOREIGN COUNTRY <b>NEVADA</b>
26. INFORMANT'S NAME, RELATIONSHIP <b>SHIRLEY HENDERSON, WIFE.</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>P.O. BOX 1216, ZEPHYR COVE, NV 89448</b>		
28. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>SHIRLEY</b>		29. MIDDLE <b>B.</b>	30. LAST (BIRTH NAME) <b>QUEEN</b>		
31. NAME OF FATHER/PARENT - FIRST <b>JOHN</b>		32. MIDDLE <b>ALEXANDER</b>	33. LAST <b>HENDERSON</b>	34. BIRTH STATE <b>CA</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>MABEL</b>		36. MIDDLE <b>CATHERINE</b>	37. LAST (BIRTH NAME) <b>GORDY</b>	38. BIRTH STATE <b>IL</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>01/29/2010</b>		40. PLACE OF FINAL DISPOSITION RESIDENCE <b>SHIRLEY HENDERSON</b> <b>465 LAKEVIEW AVENUE, ZEPHYR COVE, NV 89448</b>			
41. TYPE OF DISPOSITIONS <b>CR/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>NEPTUNE SOCIETY OF NORTHERN CAL</b>		45. LICENSE NUMBER <b>FD1325</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>MUNTU DAVIS, M.D.</b>	47. DATE mm/dd/yyyy <b>01/29/2010</b>	
101. PLACE OF DEATH <b>KAISER FOUNDATION HOSPITAL - OAKLAND CAMPUS</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	103. IF OTHER THAN HOSPITAL, SPECIFY ONE		
104. COUNTY <b>ALAMEDA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>280 WEST MACARTHUR</b>		106. CITY <b>OAKLAND</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) CARDIAC ARREST</b> Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(B) HYPERTENSIVE HEART DISEASE</b>		Time Interval Between Onset and Death (AT) <b>MINS</b> (BT) <b>YRS</b> (CT) <b></b> (DT) <b></b>	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATION NUMBER	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NONE</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy <b>01/24/2010</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>SHING NAM CHAN M.D.</b>	116. LICENSE NUMBER <b>A102583</b>	117. DATE mm/dd/yyyy <b>01/27/2010</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SHING NAM CHAN M.D.</b> <b>280 WEST MACARTHUR BLVD, OAKLAND, CA 94611</b>		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	122. HOUR (24 Hours)		
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		F	G	H	I

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 02/01/2010

*[Signature]*  
**M.D.**  
HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

**EXHIBIT A**

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

