

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  
APN: 1318-15-311-01

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-1110 PG-0533 RPTT: 0.00



**NOTICE OF DEATH OF TRUSTEE  
AND APPOINTMENT OF SUCCESSOR TRUSTEE**

**COMES NOW URSULA LEWIS**, being first duly sworn deposes and says:

1. EDWIN D. LEWIS was the Grantor and initial Trustee of The Edwin D. Lewis - 1999 Trust Amended and Restated;

2. That The Edwin D. Lewis - 1999 Trust, Amended and Restated acquired title to the certain real property more particularly described as follows:

Lot 14, in Block A, as shown on the map entitled Round Hill Village Unit No. 3, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 24, 1965, as Document No. 30185.

3. That EDWIN D. LEWIS died in Carson City, Nevada, on or about October 11, 2010. The State of Nevada issued a Death Certificate, No. 2010015375, a redacted copy of which is attached hereto as **Exhibit A** and incorporated herein by reference; and

4. That pursuant to the trust instrument which states, in pertinent part: “Death or Resignation of Original Trustees: In the event of the death of EDWIN D. LEWIS, or if for any reason whatsoever he ceases to serve as Trustee hereunder, the Grantor nominates and appoints URSULA LEWIS to serve as Trustee hereunder without the approval of any court.

**NOW, THEREFORE**, be it known the undersigned, URSULA LEWIS is acting as Successor Trustee of The EDWIN D. LEWIS - 1999 TRUST, originally dated October 26, 1999, as amended and restated on June 18, 2010.

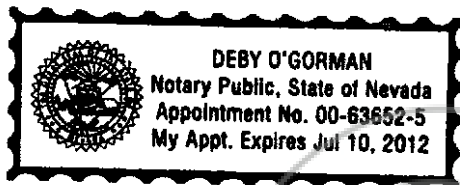
IN WITNESS WHEREOF, this document was executed at Douglas County, on this 1<sup>st</sup> day of November, 2010.

*Ursula Lewis*  
\_\_\_\_\_  
URSULA LEWIS, Successor  
Trustee

State of NEVADA    )  
                                  :SS.  
County of Douglas    )

This instrument was acknowledged before me on the 1<sup>st</sup> day of November, 2010, by URSULA LEWIS.

*Deby O'Gorman*  
\_\_\_\_\_  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2010015375  
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>Edwin Don LEWIS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 11, 2010</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>67</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 29, 1943</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</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>Hanna Ursula CELBA</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Certified Public Accountant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Accounting</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>3 Kent Court</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>Raymond LEWIS</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Jewel BAKER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Hanna Ursula POIDL-LEWIS</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 11850 Zephyr Cove, Nevada 89448</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION - City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED:		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>1614 N Curry Street Carson City NV 89703</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>VIJAY MAIYA</b> 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) <b>October 14, 2010</b>		21c. HOUR OF DEATH <b>08:56</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>Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11909</b>	
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 14, 2010</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) )					
PART I					
(a) <b>Acute Myocardial Infarction</b>				Interval between onset and death	
(b) <b>DUE TO, OR AS A CONSEQUENCE OF, Atherosclerotic Disease</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF</b>				Interval between onset and death	
(d) <b>DUE TO, OR AS A CONSEQUENCE OF</b>				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>Yes</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



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PG- 535

VRS-Rev-20100216

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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: 10/18/2010

*R. English*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

