

OFFICIAL RECORD

Requested By:

KAREN L WINTERS

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00  
BK-0611 PG- 0561 RPTT: 0.00



After Recording, Mail to:

Lawrence L. Lettier, Trustee  
Lettier Family Trust  
1651 Lombardi Way  
Gardnerville, NV 89410

The undersigned affirms that this document, and all exhibits which may be attached hereto, DOES contain the social security number of any person, pursuant to NRS 443.380.

## NOTICE OF DEATH OF CO-TRUSTEE AND OF APPOINTMENT OF SOLE TRUSTEE

KNOW ALL MEN BY THESE PRESENTS, that LAWRENCE L. LETTIER and CECILIA G. LETTIER, of the County of Douglas, State of Nevada, established THE LETTIER FAMILY TRUST AGREEMENT, dated the 28<sup>th</sup> day of March, 2003.

CECILIA G. LETTIER died on April 19, 2011. A certified copy of her death certificate is attached hereto as Exhibit "A".

LAWRENCE L. LETTIER becomes the Surviving Trustee under the terms of THE LETTIER FAMILY TRUST AGREEMENT, dated the 28<sup>th</sup> day of March, 2003.

The legal description of the property affected is described as follows:

- (1) A residence located at 1651 Lombardy Lane, in the city of Gardnerville, County of Douglas, State of Nevada, more particularly described as follows:

All that real property situate in the County of Douglas, State of Nevada, located within a portion of the West ½ of Section 26, Township 13 North, Range 20 East, M.D.B.&M., described as follows:

Parcel 3 of Parcel Map No. 684296, Parcel Map LDA #05-056 for Lettier Family

Trust recorded September 12, 2006, Official Records, Douglas County, Nevada in Book 906, Page 3493 as Document No. 684296.

(APN 1320-26-002-061)

(2) Vacant lot located next to the residence located at 1651 Lombardy Lane, in the city of Gardnerville, County of Douglas, State of Nevada, more particularly described as follows:

That portion of the West 1/2 of Section 26, Township 13 North, Range 20 East, M.D.B. & M., in the County of Douglas, State of Nevada, being more particularly described as follows:

BEGINNING at the Southeast corner of Parcel 13-D, as said Parcel is shown on the JOHN SHAHIN Parcel Map, as said map was recorded in Book 1189, at Page 2369, as Document No. 214891;  
thence North 89°01'53" West, 1,775.00 feet to the TRUE POINT OF BEGINNING;  
thence North 89°01'53" West, 888.72 feet;  
thence North 1°03'20" East, 981.75 feet;  
thence South 89°02'28" East, 885.55 feet;  
thence South 0°52'15" West, 981.90 feet to the TRUE POINT OF BEGINNING.

Said land being described as Parcel 14B on that certain Record of Survey Boundary Line Adjustment Plat recorded September 18, 1990, in Book 990 of Official Records, at Page 2409, Douglas County, Nevada, as Document No. 234827.

(APN 1320-26-002-060)

That I, LAWRENCE L. LETTIER, am named within the aforementioned trust as the surviving trustee;

That I hereby consent to act as the successor trustee of the aforementioned trust and do hereby assume the powers and duties as the successor trustee of the trust;

DATED This 31<sup>st</sup> day of May, 2011

*Lawrence L. Lettier*

LAWRENCE L. LETTIER becomes the Surviving Trustee of THE LETTIER FAMILY TRUST AGREEMENT, dated the 28<sup>th</sup> day of March, 2003.

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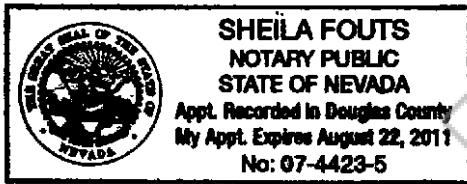
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STATE OF NEVADA )  
 )  
 ) : ss.  
 )  
COUNTY OF DOUGLAS )

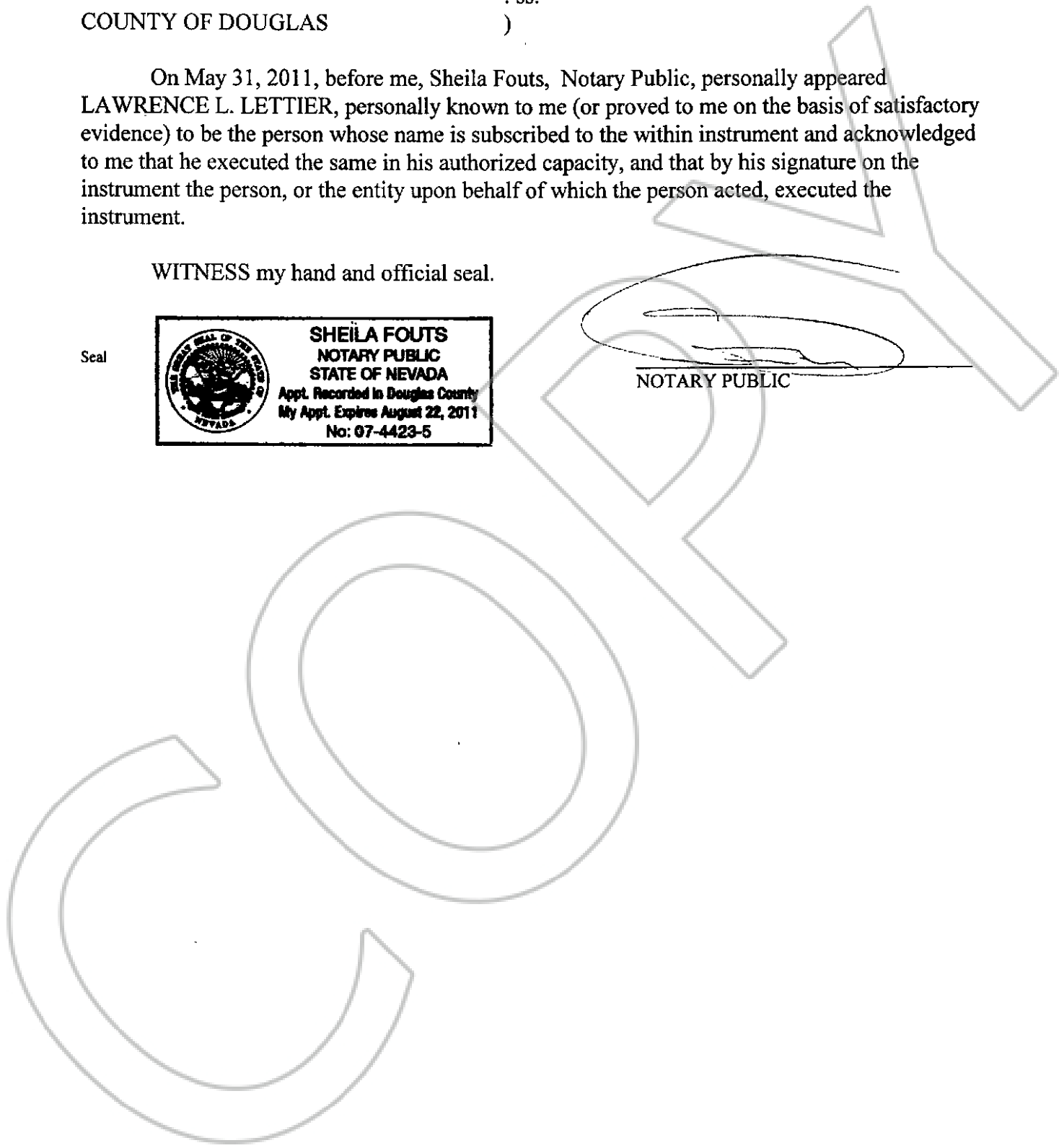
On May 31, 2011, before me, Sheila Fouts, Notary Public, personally appeared LAWRENCE L. LETTIER, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Seal



*[Handwritten Signature]*  
\_\_\_\_\_  
NOTARY PUBLIC



COPY

EXHIBIT "A"

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH VITAL STATISTICS

#### CERTIFICATE OF DEATH

**2011006206**  
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>Cecilia Grace LETTIER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 19, 2011</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>Continuicare Hospital of Carson Tahoe, Inc.</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) <b>68</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 07, 1942</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>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Lawrence LETTIER</b>	
13. SOCIAL SECURITY NUMBER <b>4105</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1651 Lombardy Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Mildred WILLIAMS</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT - NAME (Type or Print) <b>Lawrence LETTIER</b>			
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1651 Lombardy Rd Gardnerville, Nevada 89410</b>		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>			
19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION: City or Town State <b>Minden Nevada 89423</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>Walton's Funerals and Cremations</b> 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED <b>JOSE ALFREDO AGUIRRE MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>April 22, 2011</b>		21c. HOUR OF DEATH <b>21:07</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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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>Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11479</b>	
24a. REGISTRAR (Signature) <b>RHONDA PENA</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 25, 2011</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>Septic Shock</b> Interval between onset and death (b) <b>Ischemic Bowel</b> Interval between onset and death (c) Interval between onset and death (d) Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Deep Venous Thrombosis</b>				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**

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BK- 0611  
PG- 565

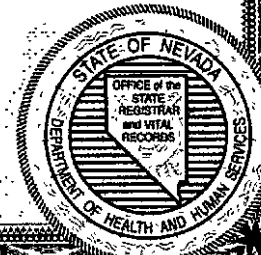
383466 CERTIFIED COPY OF VITAL RECORDS

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: 04/26/2011

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

*Rhonda Pena*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



VRS Rev. 20110104