

18'

OFFICIAL RECORD

Requested By:

LAW OFFICE OF KAREN L

WINTERS

Douglas County - NV

Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00

BK-0811 PG- 2344 RPTT: 0.00



Recording Requested by:

Dorothy Jones

When Recorded, Mail this and
Tax Statements to:

Dorothy Jones
1504 Fahim Way
Gardnerville, NV 89410

--SPACE ABOVE THIS LINE FOR RECORDER'S USE--

**NOTICE OF DEATH OF CO-TRUSTOR AND ORIGINAL CO-TRUSTEE,
NOTICE OF APPOINTMENT OF SOLE TRUSTEE AND
CERTIFICATION OF TRUST**

The undersigned being of legal age, declares under penalty of perjury.

1. THE JONES FAMILY TRUST was established on February 14, 1992 by a declaration dated that same day, fully restated by declaration dated September 30, 2005, and amended on March 12, 2010 ("the Trust").
2. The Trust was established by Trustors Charles D. Jones and Dorothy D. Jones, whose latest address is 1504 Fahim Way, Gardnerville, Nevada 89410.
3. Charles D. Jones died on June 29, 2011. A certified copy of his death certificate is attached hereto as Exhibit 1.
4. The present acting Trustee is Dorothy D. Jones, the Trustee and Surviving Trustor for the benefit of the Jones family. Section 4.1 of the Trust states as follows:
 - "A. Surviving Trustee. Upon the death, resignation, disappearance, or incompetency of an original Trustee, or of for any reason either Original Trustee ceases, or is unable to serve or to continue to serve as a Trustee hereunder, the Trustors nominate and appoint the remaining original Trustee to serve as sole Trustee over all assets included in the decedent Trustor's share of the Trust Estate and of the sub-trusts created by this Trust, without the approval of any court.
 - B. Surviving Trustor is Trustee Over Trust A. So long as the Surviving Trustor has not ceased to serve as Trustee, the Surviving Trustor shall continue to serve as Trustee over all assets held, managed and distributed according to the terms of this Trust with respect to Trust A."
5. The Surviving Trustor/Trustee hereby remains as the sole Trustee over all trusts.

6. Declarant states that the Trust is funded and in full force and effect, and has not been revoked, modified or otherwise amended in any manner which would cause the representations in this Certification to be incorrect. Declarant Dorothy D. Jones is the sole person who has any power to revoke any part of the Trust.

7. Declarant states that under the terms of the Trust she, Dorothy D. Jones, has full power to act for said Trust and all sub-trusts created thereunder and is properly exercising her authority under said Trust in negotiating for, contracting for and executing any documents regarding the below described property, and that no Trustee other than the Declarant is necessary under the Trust to sign any such documents.

8. The undersigned hereto states that under the terms of the Trust, upon her removal as the sole successor Trustee, the successor Co-Trustees are designated as John K. Bartels, Kent W. Bartels, and Delores Terry.

9. The current Tax Identification Number(s) are available by contacting the Trustee.

10. Pursuant to the terms of the Trust, the Trustee now designates all assets of the Trust as set over to the Survivor's Revocable Trust A and should now be titled as follows: Dorothy D. Jones, Trustee of THE JONES SURVIVOR'S REVOCABLE TRUST A created under the Jones Family Trust dated February 14, 1992.

11. Any Trustee has the power and authority to manage and control, buy, sell and transfer the Trust property, in such manner as the Trustee may deem advisable, and shall have, enjoy and exercise all powers and rights over and concerning said property and the proceeds thereof as fully and amply as though said Trustee were the absolute and unqualified owner of same, including the power to grant, bargain, sell and convey, encumber and hypothecate, real and personal property, and the power to invest in corporate obligations of every kind, stocks, preferred or common, and to buy stocks, bonds and similar investments on margin or other leveraged accounts, except to the extent that such management would cause includability of an irrevocable Trust in the estate of a Trustee.

12. Following the death of the Surviving Trustor, the Trust continues or is distributed in whole or in part for the benefit of other named beneficiaries according to the terms of the Trust.

13. While the Surviving Trustor is living and competent, except when there shall be a Corporate Trustee, the Trustee may add money to or withdraw money from any bank or savings and loan or checking account owned by the Trust without the approval of the Surviving Trustor.

14. All personal property transferred into Trust remains personal property and all real property transferred into Trust remains real property.

15. Unless otherwise indicated to a prospective transferee, the Trustee has full power to transfer assets held in the name of the Trust and all sub-trusts created thereunder and subsequent transferees are entitled to rely upon such transfers provided the chain of title is not otherwise deficient.

16. Declarant states that to the best of her knowledge, there are no claims, challenges of any kind or cause of action alleged, contesting or questioning the validity of the Trust or the Surviving Trustor's/Trustee's authority to act for the Trust.

17. The property in Douglas County, State of Nevada currently subject to the Trust is described as follows:

PARCEL ONE:

All that portion of W 1/2 of the SE 1/4 of the NE 1/4 of Section 31, Township 13 North, Range 21 East, M.D.B. & M., Douglas County, Nevada, more particularly described as follows:

Beginning at the East 1/4 corner of Section 31; thence along the North line of the E 1/2 of the NE 1/4 of the SE 1/4 664.94', more or less to the NE corner of the W 1/2 of the NE 1/4 of the SE 1/4 of said Section 31 and being the true point of beginning; thence from the true point of beginning North 01°32'31" West 228.86' to a 3/4" ID x 30" lg. IP. with plug stamped RLS 1802; thence continuing North 01°32'31" West 26.23' to the center line of the existing Calle Hermosa Road; thence along the center line of the existing outline of Calle Hermosa Road, North 73°56'07" West, 700.80' to the West line of the E 1/2 of the NE 1/4 of Section 31; thence along the west line of the E 1/2 South 31°55'49" East 457.57' to the NW corner of the W 1/2 of the NE 1/4 of the SE 1/4 North 89°16'35" East 664.94' more or less to the point of beginning. Said parcel contains 5.4 acres more or less and is subject to an easement for road purposes along the Northerly 25'.

Together with an easement 25' in width lying northerly of the parcel herein conveyed as delineated on RSM Book 584 Page 755, Douglas County Records filed on May 9, 1984, Document No. 100579.

SAID PARCEL BEING FURTHER SHOWN AS PARCEL 4 AS SET FORTH ON PARCEL MAP FOR GARY JOHNSON ETUX RECORDED 12/13/90 BOOK 1290 PAGE 1696 DOCUMENT NO. 240989 OFFICIAL RECORDS DOUGLAS COUNTY NEVADA. Assessor's Parcel No. 1321-31-001-005

Per NRS 111.312, this legal description was previously recorded at Document No. 283311, Book 792, Page 2046, on July 14, 1992.

PARCEL TWO:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

The East 1/2 of the Northeast 1/4 of Section 31, Township 13 North, Range 21 East, M.D.B. & M.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011010761
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) Charles D JONES		2. DATE OF DEATH (Mo/Day/Year) June 29, 2011		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) Inpatient	
4. SEX Male		7a. AGE-Last birthday (Years) 93		7b. UNDER 1 YEAR MOS DAYS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 12, 1917		9a. STATE OF BIRTH (If not U S A, name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Dorothy KING	
13. SOCIAL SECURITY NUMBER 8765		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Welder		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1504 Fahim Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Sylvester W JONES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Martha Marie HUGG		
18a. INFORMANT-NAME (Type or Print) Dorothy JONES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1504 Fahim Dr, Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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 <i>SIGNATURE AUTHENTICATED</i>			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) July 12, 2011		21c. HOUR OF DEATH 07:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Gail Krivan MD 604 W. Washington Street Carson City, NV 89703			
23b. LICENSE NUMBER 9735		24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 15, 2011		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				Interval between onset and death	
(a) Bladder Cancer					
(b) Chronic Obstructive Pulmonary Disease					
(c) Atrial Fibrillation					
(d) DUE TO, OR AS A CONSEQUENCE OF					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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



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VRS-Rev-20110104

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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: 07/15/2011

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

Rod Whittier
STATE REGISTRAR
SIGNATURE AUTHENTICATED

