

16-

DOC # 0790893
10/12/2011 12:15 PM Deputy: GB

OFFICIAL RECORD
Requested By:

ALLING & JILLSON LTD

APN: 1219-12-002-007

**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-1011 PG- 1851 RPTT: 0.00



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

COMES NOW MARY M. ISRAEL, being first duly sworn deposes and says:

1. LON FREDRICK ISRAEL and MARY M. ISRAEL were the Settlers and initial Trustees of The ISRAEL FAMILY TRUST, Amended and Restated;
2. That The ISRAEL FAMILY TRUST, Amended and Restated, acquired title to the certain real property more particularly described as follows:

Lot 1, as shown on the FINAL MAP OF SHERIDAN MEADOWS SUBDIVISION, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on May 21, 1973, in Book 573, Page 762, as Document No. 66359.

APN: 1219-12-002-007

3. That The ISRAEL FAMILY TRUST, Amended and Restated, acquired certain water rights by that Water Rights Deed recorded in Book 1298, Page 7064, as Document #457683 in the Official Records of Douglas County, NV. Said rights are described as follows:

Claim No. 635-000-A-1, as set forth in the action entitled United States v. Alpine Lane & Reservoir Co., D-183 BRT (D. Nev 1980), being appurtenant to 9.90 acres, together with a pro rata rate of diversion , together with all easements and appurtenances thereto.

4. That LON FREDRICK ISRAEL died in Contra Costa County, California on or about May 19, 2011. The State of California issued a Death Certificate, No. 3201107002967, a redacted copy of which is attached hereto as Exhibit A and incorporated herein by reference; and

5. That pursuant to the trust instrument which states, in pertinent part: "Should either LON or MARY become unwilling or unable to serve as Trustee, for whatever reason, including incapacity, whichever of them is willing and able shall act as sole Trustee". MARY M. ISRAEL is the sole Successor Trustee.

6. MARY M. ISRAEL is now acting as Successor Trustee of The ISRAEL FAMILY TRUST, originally dated October 15, 1991, as amended and restated on September 2, 1999.

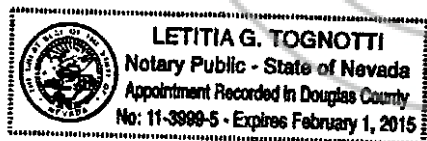
IN WITNESS WHEREOF, this document was executed at Douglas County, on October 3, 2011.

Mary M. Israel
MARY M. ISRAEL, Successor Trustee

State of NEVADA)
:ss.
County of Douglas)

This instrument was acknowledged before me on October 3, 2011, by MARY M. ISRAEL.

Letitia G. Tognotti
NOTARY PUBLIC



STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
 MARTINEZ, CALIFORNIA

3052011093700

CERTIFICATE OF DEATH

3201107002967

STATE FILE NUMBER 3052011093700		LOCAL REGISTRATION NUMBER 3201107002967	
1. NAME OF DECEASED - FIRST (Given) LON		2. MIDDLE FREDRICK	
3. LAST (Family) ISRAEL		4. DATE OF BIRTH (month/day/year) 10/05/1923	
5. AGE Yrs. 87		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY NJ		8. SOCIAL SECURITY NUMBER [REDACTED]	
9. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		10. MARRIAGE STATUS (MARRIED, SINGLE, SEPARATED, DIVORCED, WIDOWED) MARRIED	
11. DATE OF DEATH (month/day/year) 05/19/2011		12. HOUR (24-hour) 0310	
13. EDUCATION - Highest Level Degree (Last and first on back) BACHELOR		14. DECEASED'S RACE - Up to 3 races may be listed (see instructions on back) CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. MECHANICAL ENGINEER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) MANUFACTURING DESIGN	
17. DECEASED'S RESIDENCE (Street and number, or location) 622 CENTERVILLE LANE		18. YEARS IN OCCUPATION 35	
19. CITY GARDNERVILLE		20. COUNTY/PROVINCE DOUGLAS	
21. ZIP CODE 89460		22. YEARS IN COUNTY 12	
23. STATE/FOREIGN COUNTRY NV		24. YEARS IN COUNTY 12	
25. INFORMANT'S NAME AND RELATIONSHIP MARY ISRAEL, WIFE		26. INFORMANT'S ADDRESS (Street and number, or rural route number, city or town, state and ZIP) 622 CENTERVILLE LANE, GARDNERVILLE, NV 89460	
27. NAME OF SURVIVING SPOUSE/GROUP - FIRST MARY		28. MIDDLE FLORENCE	
29. LAST (BIRTH NAME) MACAULAY		30. LAST (BIRTH NAME) MACAULAY	
31. NAME OF FATHER/PARENT - FIRST LON		32. MIDDLE FREDRICK	
33. LAST ISRAEL		34. BIRTH STATE AL	
35. NAME OF MOTHER/PARENT - FIRST ELIZABETH		36. MIDDLE MCTIGUE	
37. LAST (BIRTH NAME) MCTIGUE		38. BIRTH STATE MO	
39. DISPOSITION DATE (month/day/year) 05/23/2011		40. PLACE OF FINAL DISPOSITION (Street and number, or rural route number, city or town, state and ZIP) RES MARY ISRAEL 622 CENTERVILLE LANE, GARDNERVILLE, NV 89460	
41. TYPE OF DISPOSITION CR/VR/RES		42. SIGNATURE OF EXAMINER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT HULL'S WALNUT CREEK CHAPEL	
45. LICENSE NUMBER FD250		46. SIGNATURE OF LOCAL REGISTRAR WENDEL BRUNNER, MD	
47. DATE (month/day/year) 05/23/2011		48. LICENSE NUMBER C36613	
49. DATE (month/day/year) 05/23/2011		50. DATE (month/day/year) 05/20/2011	
51. PLACE OF DEATH ORINDA CONVALESCENT		52. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> P <input type="checkbox"/> ENOP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/UTC <input type="checkbox"/> Discharge Home <input type="checkbox"/> Other	
53. COUNTY CONTRA COSTA		54. CITY ORINDA	
55. FACILITY ADDRESS OR LOCATION WHERE YOU DIED (Street and number, or location) 11 ALTARINDA		56. CITY ORINDA	
57. CAUSE OF DEATH INTRACRANIAL HEMORRHAGE		58. CENTRIFUGED (COG) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
59. IMMEDIATE CAUSE (Final disease or condition resulting in death) CEREBROVASCULAR DISEASE		60. MOS MOS	
61. UNDERLYING CAUSE (Underlying cause of injury that instigated the events resulting in death) HYPERTENSION		62. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
63. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC KIDNEY DISEASE; PROSTATE CANCER		64. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
65. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		66. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
67. SIGNATURE AND TITLE OF CERTIFIER JEFFREY ARTHUR MANDEL M.D.		68. LICENSE NUMBER C36613	
69. DATE 04/11/2011		70. DATE 05/18/2011	
71. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JEFFREY ARTHUR MANDEL M.D.		72. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE P.O. BOX 766, HAYWARD, CA 94543	
73. MANNER OF DEATH (e.g., Natural, Accident, Homicide, Suicide, Hanging, Investigation, Could not be determined) Natural		74. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.	
75. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		76. INJURY DATE (month/day/year) 05/18/2011	
77. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		78. HOUR (24-hour) [REDACTED]	
79. LOCATION OF INJURY (Street and number, or location, and city, and zip)		79. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]	
80. DATE (month/day/year) 05/18/2011		81. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]	
82. STATE REGISTRATION A B C D E		83. FAX AUTHORITY 010001001787784	

BK- 1011
 PG- 1853
 10/12/2011
 Page: 3 of 3
 0790893

EXHIBIT A

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF CONTRA COSTA } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY RECORDER.

ATTEST *M. Banayan*

Stephen J. Weaver
 CONTRA COSTA COUNTY RECORDER

DATE ISSUED: OCT 10 2011

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

* 000712270 *

