

OFFICIAL RECORD

Requested By:

ALLING & JILLSON LTD

APN: 1320-30-713-016; 1319-03-710-037 and  
1219-01-000-018

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-1111 PG- 947 RPTT: 0.00



**NOTICE OF DEATH OF CO-TRUSTEE**

**COMES NOW DOUGLAS C. WILSON**, being first duly sworn deposes and says:

1. He is a Grantor/Co-Trustee of The Wilson 2009 Trust;
2. That he was a Co-Trustee with SHAREL A. WILSON;
3. That as Co-Trustees they acquired title to parcels of real property, APN 1320-30-713-016; 1319-03-710-037 and 1219-01-000-018, more particularly described as follows:

**APN: 1320-30-713-016 - 1660 Minden Village, Minden, NV:**

Lot 16, as set forth on the final subdivision map pd #03-007-1 for Minden Village, a Planned Unit Development, filed for record in the Office of the Douglas County Recorder, state of Nevada, on August 23, 2004, in Book 0804, at Page 9492, as Document #622268, of Official Records.

**APN: 1319-03-710-037 - 2488 Genoa Aspen Drive, Genoa, NV:**

Lot 13, in Block C, as set forth on the final map entitled Genoa Lakes Phase I, a Planned Unit Development, recorded March 16, 1993, in Block 393 of Official Records, at Page 3260, Douglas County, Nevada as Document #302137.

**APN 129-01-000-018 - 1355 Delores Street, Gardnerville, NV 89450:**

A parcel of land, located in the Northwest ¼ of Section 1, Township 12 North, Range 19 East, M.D.B.&M., Douglas County, more particularly described as follows:

**Parcel 1:**

Commencing at the Northwest corner of said Section 1, proceed East 450.000 feet along the Section line, and South 0°11' East, 968.00 feet, to the true point of beginning, which is the Northwest corner of the parcel; proceed thence East, 440.00 feet, to the Northeast corner of the parcel, which lies in the center of the streambed



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

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

**2011014793**  
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>Sharel Ann WILSON</b>			2. DATE OF DEATH (Mo/Day/Year) <b>September 19, 2011</b>		3a. COUNTY OF DEATH <b>Douglas</b>			
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1355 Delores Way</b>		3a If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>			
6. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>56</b>		7b. UNDER 1 YEAR <b>MOS</b>		
7c. UNDER 1 DAY <b>HOURS</b>		7d. UNDER 1 MIN. <b>MIN.</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 17, 1954</b>			4. SEX <b>Female</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>13</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		
12. SURVIVING SPOUSE (if wife, give maiden name) <b>Doug WILSON</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>Self Employed</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</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>1355 Delores Way</b>		
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Mickey MENDITTO</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eileen TURNER</b>				
18a. INFORMANT- NAME (Type or Print) <b>Doug WILSON</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1355 Delores Way Gardnerville, Nevada 89410</b>					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town - State <b>Carson City Nevada 89701</b>			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <b>SIGNATURE AUTHENTICATED</b>			20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</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>GARY FRANK WILLEN M.D.</b> <b>SIGNATURE AUTHENTICATED</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)				
21b. DATE SIGNED (Mo/Day/Yr) <b>September 21, 2011</b>		21c. HOUR OF DEATH <b>03:30</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Willen, Gary Frank</b>				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>Gary Frank Willen M.D. 973 Mica Dr. Ste. 200 Carson City, NV 89705</b>						23b. LICENSE NUMBER <b>5094</b>		
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <b>SIGNATURE AUTHENTICATED</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 26, 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).)						Interval between onset and death		
PART I (a) <b>Renal Failure</b>						<b>3 Days</b>		
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(b) <b>Primary Peritoneal Carcinoma</b>						<b>4.5 Years</b>		
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(c) _____						Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:						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.						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		
29a. 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

0792065 Page: 3 of 3 11/04/2011

VRS-Rev-20110104

404528

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:

09/26/2011

*R. [Signature]*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

