

17-

Assessor's Parcel Number: \_\_\_\_\_

Recording Requested By:

✓ Name: MARK TOMPKINS

Address: 1760 MAHOGANY CIR,

City/State/Zip MINDEN, NV. 89423

Real Property Transfer Tax:

DOC # 0792895  
11/18/2011 02:01 PM Deputy: SD

OFFICIAL RECORD

Requested By:  
MARK TOMPKINS

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-1111 PG- 4289 RPIT: 0.00



\$ \_\_\_\_\_

(Title of Document)

**CERTIFICATE OF SUCCESSOR TRUSTEE**

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

CERTIFICATE OF SUCCESSOR TRUSTEE

MARK A. TOMPKINS being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

That ROBERT R. TOMPKINS, died in the town of Gardnerville, County of Douglas, State of Nevada on September 4, 2011. A certified copy of the Certificate Of Death of the decedent, ROBERT R. TOMPKINS, is attached hereto and incorporated herein by reference as EXHIBIT "A;"

That BERNICE H. TOMPKINS died in the town of Gardnerville, County of Douglas, State of Nevada on September 12, 2011. A certified copy of the Certificate Of Death of the decedent, BERNICE H. TOMPKINS , is attached hereto and incorporated herein by reference as EXHIBIT "B;"

The undersigned, MARK A. TOMPKINS , designated as a successor Trustee in The TOMPKINS FAMILY 1988 TRUST U/D/T January 18, 1988, hereby certifies that he has reviewed the terms and conditions of said Trust, as well as the duties of a successor Trustee under said Trust, and that he hereby accepts the appointment as successor Trustee and agrees to assume and perform all of the fiduciary duties and responsibilities of a successor Trustee under said Trust.

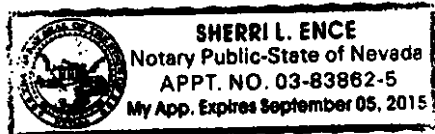
Dated this 10<sup>th</sup> day of November, 2011.

*Mark A. Tompkins*  
MARK A. TOMPKINS  
SUCCESSOR TRUSTEE

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

This instrument was acknowledged before me on the 10<sup>th</sup> day of November, 2011, by MARK A. TOMPKINS, Successor Trustee of The TOMPKINS FAMILY 1988 TRUST.

*Sherri L. Ence*  
Notary Public



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

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

2011015288  
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>Bernice TOMPKINS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 12, 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>Evergreen Gardnerville Health &amp; Rehab Center</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> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>89</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 02, 1922</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER: <b>6750</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>1189 Kimmerling Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Laurence HART</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Bernice VAN ALLEN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Mark TOMPKINS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1760 Mahogany Cir Minden, Nevada 89423</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> SIGNATURE AUTHENTICATED		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>KAREN DERMOTT MD</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>September 28, 2011</b>		21c. HOUR OF DEATH <b>17:30</b>		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) <b>Physician, KAREN DERMOTT MD, 1125 Prater Way Sparks, NV 89434</b>			
23b. LICENSE NUMBER <b>NV6450</b>		24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 03, 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>Acute Intracerebral Hemorrhage</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(b) <b>Cerebrovascular Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(c) <b>Hypertension and</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(d) <b>Dyslipidemia</b> Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Right Hemiparesis from Previous Cerebral Hemorrhage</b>					
26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) <b>No</b>			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28. INJURY AT WORK (Specify Yes or No)			
28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No		28d. CITY OR TOWN STATE	

STATE REGISTRAR



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BK- 1111  
PG- 4291

VRS-Rev-20110104

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CERTIFIED COPY OF VITAL RECORDS

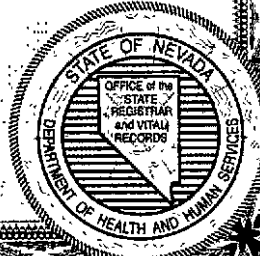
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 10/12/2011

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





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

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

2011014231

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Robert R TOMPKINS</b>			2. DATE OF DEATH (Mo/Day/Year) <b>September 04, 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>Carson Valley Residential Care Ctr. Inc.</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Residential Care Facility</b>		
DECEDENT	4. SEX <b>Male</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>88</b>	
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 03, 1923</b>			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
	12. SURVIVING SPOUSE (If wife, give maiden name) <b>Bernice V HART</b>		13. SOCIAL SECURITY NUMBER <b>4475</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Advertising Executive</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Advertising</b>	
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1189 Kimmerling Rd</b>	
	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Hiram TOMPKINS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ruth ANDERSON</b>		
DISPOSITION	18a. INFORMANT - NAME (Type or Print) <b>Mark TOMPKINS</b>		18b. MAILING ADDRESS - (Street or R.F.D. No, City or Town, State, Zip) <b>1760 Mahogany Cir Minden, Nevada 89423</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>			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		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>			
	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>ROBERT J FLIEGLER M.D.</b> SIGNATURE AUTHENTICATED							
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) <b>September 12, 2011</b>		21c. HOUR OF DEATH <b>21:55</b>					
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)					
REGISTRAR	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH					
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)					
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Robert J Fliegler M.D. 206 N Curry Street Carson City, NV. 89703</b>					23b. LICENSE NUMBER <b>9310</b>		
	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 14, 2011</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					Interval between onset and death		
	PART I (a) <b>Unknown Etiology</b>					Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF (b) <b>Dementia</b>					Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF (c) <b>Atrial Fibrillation</b>					Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF (d) <b>Macular Degeneration</b>					Interval between onset and death			
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) <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



BK- 1111  
PG- 4292

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VRS-Rev-20110104

403134

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: 09/15/2011

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

