

After Recording, Mail to:

Paul C. Roehner, Trustee  
The Roehner Trust  
1300 Patricia Dr.  
Gardnerville, NV 89460

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0212 PG- 6249 RPTT: 0.00



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

KNOW ALL MEN BY THESE PRESENTS, that PAUL C. ROEHNER and GLADYS M. ROEHNER, of the County of Douglas, State of Nevada, established THE ROEHNER TRUST, by Declaration dated November 4, 1996.

GLADYS M. ROEHNER, also known as Gladys Marion Roehner, died on August 25, 2010. A certified copy of her death certificate is attached hereto as Exhibit "A".

PAUL C. ROEHNER, KENNETH C. ROEHNER and RICHARD M. ROEHNER become the Surviving Co-Trustees under the terms of THE ROEHNER TRUST, dated November 4, 1996.

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

The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

Lot 78, as shown on the map of Gardnerville Ranchos Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974 as Document No. 72456.

APN 1220-21-710-001.



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

**2010012836**  
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

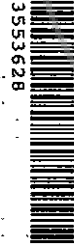
REGISTRAR

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>Gladys Marion ROEHNER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 25, 2010</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>Evergreen Mountain View Health &amp; Rehab Ctr</b>		3e If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Nursing Home</b>	
5 RACE White (Specify)		6 Hispanic Origin? Specify: No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>77</b>	
7b. UNDER 1 YEAR MOS      DAYS		7c. UNDER 1 DAY HOURS    MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 30, 1932</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Wyoming</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Paul ROEHNER</b>			
13 SOCIAL SECURITY NUMBER <b>3951</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>1300 Patricia Drive</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16 FATHER - NAME (First Middle Last Suffix) <b>William H TOLHURST</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Merle LIN</b>		
18a INFORMANT-NAME (Type or Print) <b>Paul ROEHNER</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1300 Patricia Drive Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Facilities &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</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>LAURENCE GEORGE GAY M.D.</b> <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) <b>August 26, 2010</b>		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871</b>				23b. LICENSE NUMBER <b>5152</b>	
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 30, 2010</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>Aspiration Pneumonia</b>				Days	
(b) <b>Dysphagia</b>				Interval between onset and death: Months	
(c) <b>Cerebrovascular Disease</b>				Interval between onset and death: Years	
(d)				Interval between onset and death:	
PART II <b>Alzheimers Disease, Emphysema</b>				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					
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- 0212  
PG- 6251  
02/29/2012

VRS-Rev-20090602

### 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: **08/30/2010**

*Rod Whet*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

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

