



A NON-EXCLUSIVE EASEMENT FOR USE, ENJOYMENT, INGRESS AND EGRESS OVER THE COMMON AREA AS SET FORTH IN DECLARATION OF COVENANTS CONDITIONS AND RESTRICTIONS RECORDED SEPTEMBER 28, 1990, IN BOOK 990, PAGE 4348, AS DOCUMENT NO. 235644, OFFICIAL RECORDS.

- 4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: November 19, 2012

DECLARANT:

Marjorie G. Kingston
 Marjorie G. Kingston, Successor Trustee

State of Nevada)
)ss
 County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 20th day of NOV, 2012 by MARJORIE G. KINGSTON, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

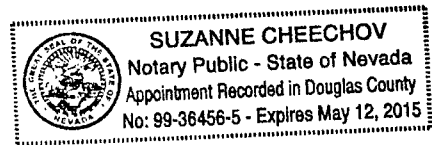
WITNESS my hand and official seal.

This area for official notarial seal

Signature Suzanne Cheechov

My Commission Expires: 5/12/2015

Notary Name: Suzanne Cheechov Notary Phone: 775-552-9305
 Notary Registration Number: 99-36456-5 County of Principal Place of Business: Douglas



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012015368
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Frederic Norwood VANDUZEE		2. DATE OF DEATH (Mo/Day/Year) September 19, 2012		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1039 Pinion Pine Dr		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 90	
	7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 03, 1922	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A. name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER 8092		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Construction Contractor		14b. KIND OF BUSINESS OR INDUSTRY Construction	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1039 Pinion Pine Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Frederic Pierce VANDUZEE	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Grace HAAR		18a. INFORMANT - NAME (Type or Print) Marjorie KINGSTON			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1039 Pinion Pine Dr.Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Lone Mountain Cemetery		19c. LOCATION City or Town State Carson City Nevada 89706			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES FRIZZELL		20b. FUNERAL DIRECTOR LICENSE 785		20c. NAME AND ADDRESS OF FACILITY Simple Cremation Reno 1547 South Virginia St, Ste 2 Reno NV 89503	
	20d. SIGNATURE AUTHENTICATED					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN HAROLD BLOOMFIELD M.D.					
	21b. DATE SIGNED (Mo/Day/Yr) September 26, 2012		21c. HOUR OF DEATH 21:00		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)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		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) Stephen Harold Bloomfield M.D. 1575 Delucchi Lane St 214 Reno, NV 89502			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 3741		24a. REGISTRAR (Signature) NICOLE SHORE			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
	PART I		(a) Metastatic Prostate Cancer			
STATE REGISTRAR	(b) Hypertension		Interval between onset and death			
	(c) Pin		Interval between onset and death			
	(d) Pin		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) 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



BK 1112
 PG-5845

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VRS-Rev-20120523a

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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:

10/03/2012

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

Richard White
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

