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Doc Number: **0817254**

01/30/2013 09:47 AM

OFFICIAL RECORDS

Requested By:

KAREN L. WINTERS

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0113 Pg: 8635



Deputy sd

After Recording, Mail to:

✓ Margaret Kostner, Trustee  
Kostner Family Trust  
780 Rubio Way  
Gardnerville, NV 89410

The undersigned affirms that this document, and all exhibits which may be attached hereto, DOES contain the social security number of a person, pursuant to NRS 443.380.

## **NOTICE OF DEATH OF CO-TRUSTEE AND OF APPOINTMENT OF SOLE TRUSTEE**

KNOW ALL MEN BY THESE PRESENTS, that RICHARD C. KOSTNER and MARGARET KOSTNER, established THE KOSTNER FAMILY TRUST, dated the 23<sup>rd</sup> day of September, 1988, in Orange County, California and amended it on April 30, 1997 to name the situs of Trust as the State of Nevada and make it subject to interpretation under the laws of the State of Nevada.

RICHARD C. KOSTNER died on August 24, 2012. A certified copy of his death certificate is attached hereto as Exhibit "A".

MARGARET KOSTNER becomes the Subsequent Trustee under the terms of THE KOSTNER FAMILY TRUST, dated the 23<sup>rd</sup> day of September, 1988, as amended.

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

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 20, Block E, as shown on the map of MARRON ESTATES, filed for record in the office of the County Recorder of Douglas County, State of

Nevada, on September 9, 1980, in Book 980, Page 682, as Document No. 48330 of Official Records. A.P.N. 27-705-05

That I, MARGARET KOSTNER, am named within the aforementioned trust as the Subsequent Trustee;

That I hereby consent to act as the Subsequent Trustee of the aforementioned trust and do hereby assume the powers and duties as the Subsequent Trustee of the trust.

DATED This 29th day of January, 2013.

*Margaret Kostner*

MARGARET KOSTNER becomes the Subsequent Trustee of THE KOSTNER FAMILY TRUST, dated the 23<sup>rd</sup> day of September, 1988, as amended.

STATE OF NEVADA )  
: ss.  
COUNTY OF DOUGLAS )

On January 29, 2013, before me, Karen L. Winters, Notary Public, personally appeared MARGARET KOSTNER, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Seal

KAREN L. WINTERS  
Notary Public  
STATE OF NEVADA  
No.90-1742-5 Exp.1/30/14

*Karen L. Winters*  
NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2012013965

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) Richard Charles KOSTNER		2 DATE OF DEATH (Mo/Day/Year) August 24, 2012		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Renown Regional Medical Center		3e. If Hosp or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4 SEX Male		7a. AGE-Last birthday (Years) 78		8. DATE OF BIRTH (Mo/Day/Yr) January 03, 1934	
5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
9a. STATE OF BIRTH (If not U.S.A. name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Margaret WEST		13. SOCIAL SECURITY NUMBER 2935	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even If Retired) Management		14b. KIND OF BUSINESS OR INDUSTRY Reinforced Plastics		Ever in US Armed Forces? - Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 780 Rubio Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Eugene KOSTNER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Louise ZAFKIE		18a. INFORMANT - NAME (Type or Print) Margaret KOSTNER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 780 Rubio Way Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Albert Leonard Derosé M.D., P.O. Box 6840 Reno, NV 89513					
23b. LICENSE NUMBER 8975		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 05, 2012	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: (Signature & Title). ALBERT LEONARD DEROSE M.D. 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) August 29, 2012		21c. HOUR OF DEATH 10:45		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. LICENSE NUMBER	
24a. REGISTRAR (Signature)		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)		24c. DEATH DUE TO COMMUNICABLE DISEASE	
25 IMMEDIATE CAUSE PART I (a) Respiratory failure from pulmonary edema DUE TO, OR AS A CONSEQUENCE OF (b) Diastolic heart failure DUE TO, OR AS A CONSEQUENCE OF (c) Intracranial hemorrhage - non traumatic bleed DUE TO, OR AS A CONSEQUENCE OF (d) Unknown etiology		Interval between onset and death		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) No	
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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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.

09/05/2012

DEPUTY REGISTRAR

Signature of Deputy Registrar

DATE ISSUED:

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

