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07/03/2013 12:53 PM

OFFICIAL RECORDS

Requested By
GEORGE KEELE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0713 Pg: 803



Deputy. sd

APN: 1320-29-114-001

This document contains a
Social Security number
pursuant to NRS 440.380.

When recorded, mail to:
George M. Keele
1692 County Road, #A
Minden, NV 89423

CERTIFICATE OF SOLE SURVIVING TRUSTEE

I, PHYLLIS L. CROALL, hereby swear (or affirm), under penalty of perjury,
that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. By instrument dated December 13, 1993, MILTON L. CROALL and I executed Declaration of Trust establishing a revocable living trust to be known as THE CROALL FAMILY TRUST, DATED DECEMBER 1993 ("Trust"). On December 23, 1996, MILTON L. CROALL and I executed the "Amended Revocable Trust of Milton L. Croall and Phyllis L. Croall Dated December 13, 1993" which was an amendment and restatement of the Declaration of Trust (dated 12/13/93). On June 6, 2000, MILTON L. CROALL and I executed a second amendment to the Trust; and on December 12, 2002, MILTON L. CROALL and I executed a third amendment to the Trust.
3. MILTON L. CROALL died on May 26, 2013, in Minden, Nevada, a resident of Douglas County, Nevada, all as more fully indicated in the Certificate

of Death (of Milton Lloyd Croall, who is the same person identified as Milton L. Croall in paragraph 2 of this Certificate of Sole Surviving Trustee), a certified copy of which is attached hereto and incorporated herein by this reference.

4. I have assumed the responsibilities of sole Trustee.

Phyllis L. Croall

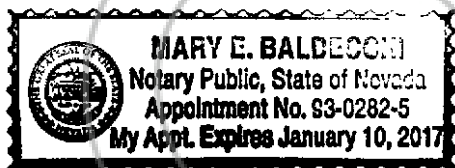
PHYLLIS L. CROALL

STATE OF NEVADA)
) : ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 3rd day of July, 2013, by PHYLLIS L. CROALL.

Mary E. Baldecchi

NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013008980
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) Milton Lloyd CROALL | | | 2. DATE OF DEATH (Mo/Day/Year) May 26, 2013 | | 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) 1760 Lantana Drive | | 3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Home | | 4 SEX Male |
| 5 RACE, White (Specify) White | 6 Hispanic Origin? Specify No - Non-Hispanic | 7a. AGE-Last birthday (Years) 89 | 7b. UNDER 1 YEAR MOS DAYS | 7c. UNDER 1 DAY HOURS MINS | 8. DATE OF BIRTH (Mo/Day/Yr) November 22, 1923 | |
| 9a. STATE OF BIRTH (if not U.S.A. name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | 10. EDUCATION 13 | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (if wife, give maiden name) Phyllis ROLL |
| 13. SOCIAL SECURITY NUMBER 0062 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) Project Engineer | | 14b. KIND OF BUSINESS OR INDUSTRY Canning | | Ever in US Armed Forces? Yes |
| 15a. RESIDENCE - STATE Nevada | 15b. COUNTY Douglas | 15c. CITY, TOWN OR LOCATION Minden | 15d. STREET AND NUMBER 1760 Lantana Drive | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Lloyd Velton CROALL | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Daisy Mae ALLISON | | | |
| 18a. INFORMANT - NAME (Type or Print) Phyllis CROALL | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1760 Lantana Drive, Minden, Nevada 89423 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory | | 19c. LOCATION - City or Town - State Carson City Nevada 89701 | | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 217 | 20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410 | | | |
| 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) GARRETT DONALD SCHWARTZ 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) May 30, 2013 | | 21c. HOUR OF DEATH 20:13 | | 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH |
| 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) Garrett Donald Schwartz M.D. 1107 Highway 395 Gardnerville, NV- 89410 | | | | | 23b. LICENSE NUMBER: 9086 | |
| 24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED | | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 03, 2013 | | 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) Cardiopulmonary Arrest | | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| (b) End Stage Renal Disease | | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| (c) Atrial Fibrillation, Congestive Heart Failure | | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | 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) No | |
| 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | | | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | |
| 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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PG : 805
7/3/2013

VRS-Rev-20120523a

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:

06/11/2013

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

R. D. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

