

Doc Number: **0829040**

08/16/2013 12:16 PM

OFFICIAL RECORDS

Requested By:  
PETER P ADAMCO

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 6 Fee: \$ 19.00  
Bk: 0813 Pg: 4668



Deputy: sd

Assessor's Parcel No. 1220-09-416-014  
**RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:**

✓ Peter Adamco, Esq.  
The Law Offices of Peter P. Adamco  
P.O. Box 1564  
Zephyr Cove, NV 89448

**MAIL TAX STATEMENT TO:**

John Pilkinton  
PO Box 581  
Minden, NV 89423

**AFFIDAVIT OF DEATH OF TRUSTEE**

STATE OF NEVADA            )  
  :ss.  
COUNTY OF DOUGLAS    )

JOHN PILKINTON and LINDA JONES, being first duly sworn, say:

On May 9, 2001, Chester Donald Hall and Ruth G. Pilkinton Hall, as Trustors, created the Hall Family Trust;

On August 18, 2003, the Trustors recorded a Grant Deed, as Document No. 642298, in Official Records in the Office of the Douglas County Recorder, conveying title to Chester Donald Hall and Ruth G. Pilkinton Hall, as Trustees of the Trust, all of the right, title and interest in the below-described real property;

On September 1, 2004, Ruth G. Pilkinton Hall, one of the said Trustees, the same person as the decedent mentioned in the certified copy of the Certificate of Death, attached hereto as Exhibit A, died;

On January 9, 2013, Chester Donald Hall, one of the said Trustees, the same person as the decedent mentioned in the certified copy of the Certificate of Death, attached hereto as Exhibit B, died;

Pursuant to the terms of the Hall Family Trust, John Pilkinton and Linda Jones thereupon became the Trustees of said trust.

The property hereinabove mentioned is described as follows:

Lot 13, in Block 1, on the Final Map, 97-008-7, of SILVERRANCH, PHASE 7, filed in the Office of the County Recorder of Douglas County, State of Nevada, on June 7, 2002, in Book 0602, Page 2203, as Document No. 544102.

APN 1220-09-416-014

Dated this 11 day of JULY, 2013.

John R Pilkinton  
JOHN PILKINTON,  
Successor Co-Trustee

Linda Jones  
LINDA JONES,  
Successor Co-Trustee

STATE OF NEVADA )  
: ss.  
COUNTY OF DOUGLAS )

Subscribed and sworn to (or affirmed) before me on this 11 day of JULY, 2013, by JOHN PILKINTON, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Peter P. Adamco  
NOTARY PUBLIC



STATE OF NEVADA )  
: ss.  
COUNTY OF DOUGLAS )

Subscribed and sworn to (or affirmed) before me on this 11 day of JULY, 2013, by LINDA JONES, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Peter P. Adamco  
NOTARY PUBLIC



**EXHIBIT A**

COPY

**EXHIBIT A**

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

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

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH — SECTION OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

20040012287

BK 0819  
PG 4671  
8/16/2013

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
		1. Ruth Georgina PILKINTON HALL		2. September 1, 2004		3a. Douglas	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer Rm. Inpatient (Specify)		SEX	
3b. Minden		3c. 1249 Wrangler Circle		3e.		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 84		8. June 1, 1920	
STATE OF BIRTH: (If not U.S.A., name country)		CITY OF WHAT COUNTRY		Decedent's Education Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Maine		9b. U.S.A.		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. ████████-2209		14a. Clerk		14b. Title & Escrow Company		12. Chester D. Hall	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Minden		15d. 1249 Wrangler Cr.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e. Yes	
		16. Howard T. Hayden		17. Elmore O'Connor			
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Chester D. Hall				18b. 1249 Wrangler Circle, Minden, NV 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION—City or Town, State			
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. Joann Busam		20b. 624		20c. Neptune Society of Nevada 67 5401 Longley Lane, Suite 11, Reno, NV 89511			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Ruth Herbig D.O.</i> DATE SIGNED (Mo., Day, Yr.) <i>9/2/04</i> 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.				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) and manner stated. (Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) _____ 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22d. ON _____ AT _____			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)				89410		LICENSE NUMBER	
23a. Ralph Herbig D.O., 1540 Highway 395, Suite #E, Gardnerville, NV				23b. 984			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) <i>Shastree Pool</i>		24b. September 3, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
PART (a)		Cardio pulmonary arrest				Interval between onset and death: minutes	
PART (b)		Renal failure				Interval between onset and death:	
PART (c)		Diabetes				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.				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
Cerebrovascular accident				26. NO		27. NO	
ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR  
CERTIFIED COPY OF VITAL RECORDS

No. 264566

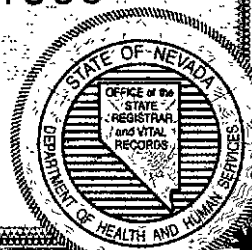
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

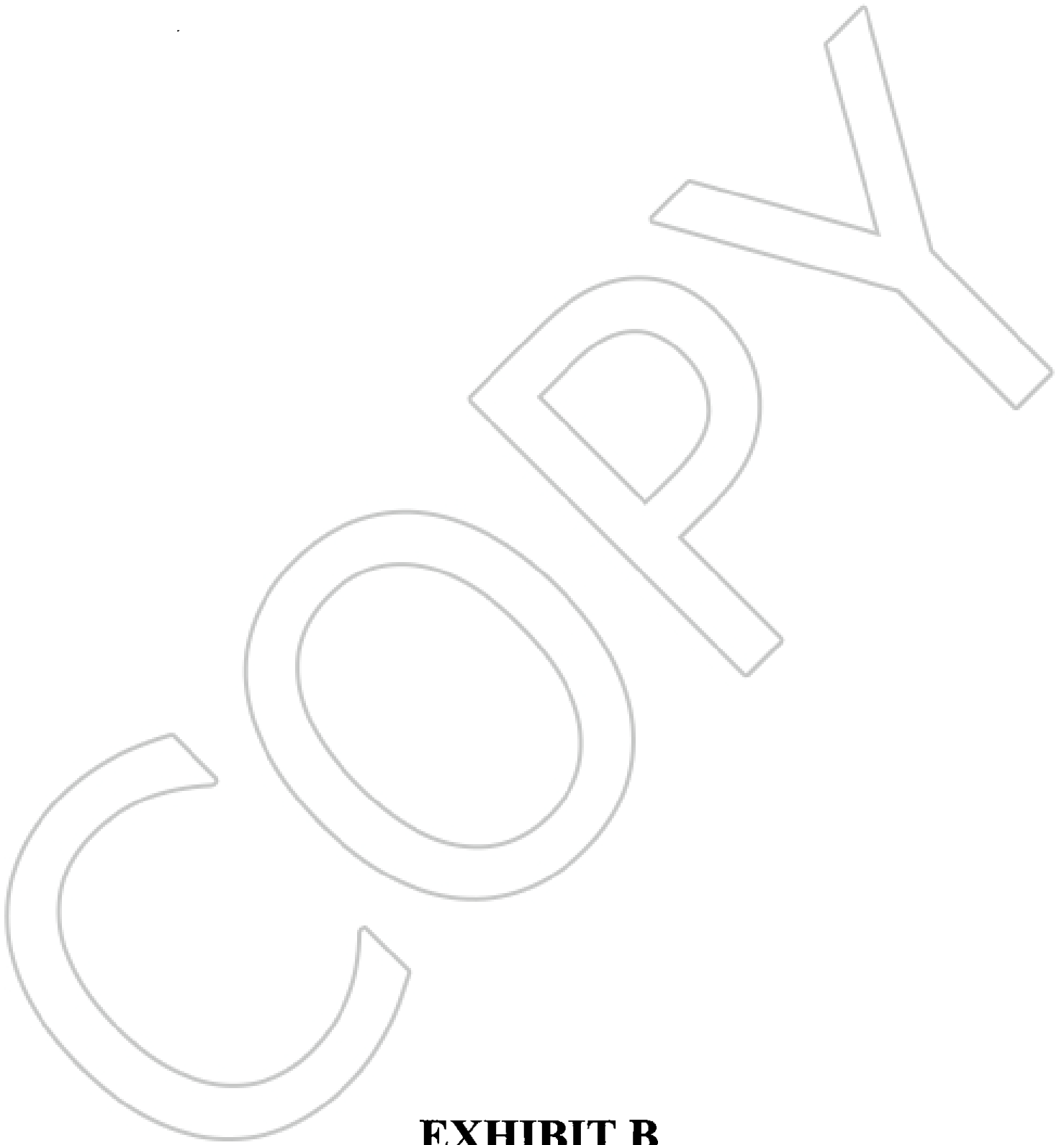
JUN 21 2013

STATE REGISTRAR

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



# EXHIBIT B



# EXHIBIT B

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

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

2013000488  
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>Chester D HALL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 09, 2013</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>The Lodge Assisted Living</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient) (Specify) <b>Residential Care Facility</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. DATE OF BIRTH (Mo/Day/Yr) <b>January 02, 1915</b>	
8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>98</b>		7b. UNDER 1 YEAR <b>MOS</b>	
7c. UNDER 1 DAY <b>HOURS</b>		7d. UNDER 1 MIN <b>MIN</b>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
10. EDUCATION <b>13</b>		11. SURVIVING SPOUSE (if wife, give maiden name)		12. Ever in US Armed Forces? <b>No</b>	
13. SOCIAL SECURITY NUMBER <b>3164</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Pilot</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Airlines</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>2200 East Long Street #327</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Clarence J HALL</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Delphie SNYDER</b>		18a. INFORMANT- NAME (Type or Print) <b>Linda JONES</b>		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>2616 Erin Court 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>JUDITH KIMPTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>877</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>969 West Moana Lane Reno NV 89509</b>	
21. 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>REED DOPF M.D.</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>January 11, 2013</b>		21c. HOUR OF DEATH <b>00:01</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)		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) <b>Reed Dopf M.D., 18653 Wedge Pkwy Reno, NV 89511</b>				23b. LICENSE NUMBER <b>13920</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 16, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>Malignant neoplasm of the prostate, prostatic cell carcinoma, metastatic.</b> Interval between onset and death <b>Months</b> (b) <b>due to, or as a consequence of, progressive natural disease.</b> Interval between onset and death (c) <b>due to, or as a consequence of,</b> Interval between onset and death (d) <b>due to, or as a consequence of,</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 1.	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)	
26g. LOCATION STREET OR R.F.D. No.		26h. CITY OR TOWN		26i. STATE	

STATE REGISTRAR

0825040 Page 6 of 6

BK 08 13  
PG 4673  
8/16/2013

VRS-Rev-20120523a

467891

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: 01/24/2013

*R. J. White*  
SIGNATURE AUTHENTICATED

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

