

Doc Number: **0829042**

08/16/2013 12:20 PM

OFFICIAL RECORDS

Requested By:
PETER P ADAMCO

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 6 Fee: \$ 19.00
Bk: 0813 Pg: 4676



Deputy: sd

Assessor's Parcel No. 1320-02-002-031
**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:

Linda Jones
2616 Erin Court
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 September 17, 1999, the Trustors recorded a Grant Deed. as Document No. 0476819, 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 April 12, 2005, Chester Donald Hall, as surviving Trustee, conveyed to the Ruth G. Pilkinton Hall Bypass Trust, all of the right, title and interest to said property to Chester Donald Hall, Trustee of such trust;

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 Ruth G. Pilkinton Hall Bypass Trust, John Pilkinton and Linda Jones thereupon became the Trustees of said trust.

The property hereinabove mentioned is described as follows:

All that certain lot, piece or parcel of land situate and being a portion of the Northeast ¼ of Section 2, Township 13 North, Range 20 East, M.D.B.&M. more particularly described as follows:

Parcel 3 as shown on Parcel Map No. 2015 for Raymond M. Smith filed in the office of the County Recorder of Douglas County on 374462, Official Records.

Assessor's Parcel No. 1320-02-002-031

Dated this 11 day of JULY, 2013.

John L. 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

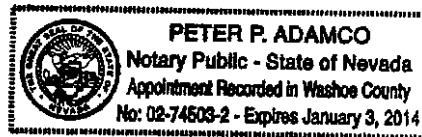


EXHIBIT A

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

2004 0012287

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. 6		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)		CITIZEN 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. 711 Title & Escrow Company		12. Chester D. Hall	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15b. Douglas		15c. Minden		15d. 1249 Wrangler Cr.	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
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 Bussom		20b. 624		20c. Neptune Society of Nevada 61 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)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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)	
21a. [Signature]		21b. 9/2/04		21c. 0930		22a. [Signature]	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)		22d. ON	
21d.		22b.		22c.		22d. 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 (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. Christine Pool		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))				Interval between onset and death			
PART I (a) Cardio pulmonary arrest				minutes			
(b) Renal failure				Interval between onset and death			
(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.		Cerebrovascular accident		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
				26. NO		27. No	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		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

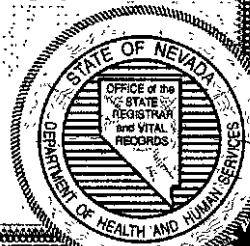
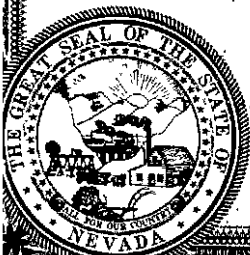
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DATE ISSUED: JUN 21 2013

[Signature]
STATE REGISTRAR

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



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 BK 0819
 PG 1628
 010408
 240528

EXHIBIT B

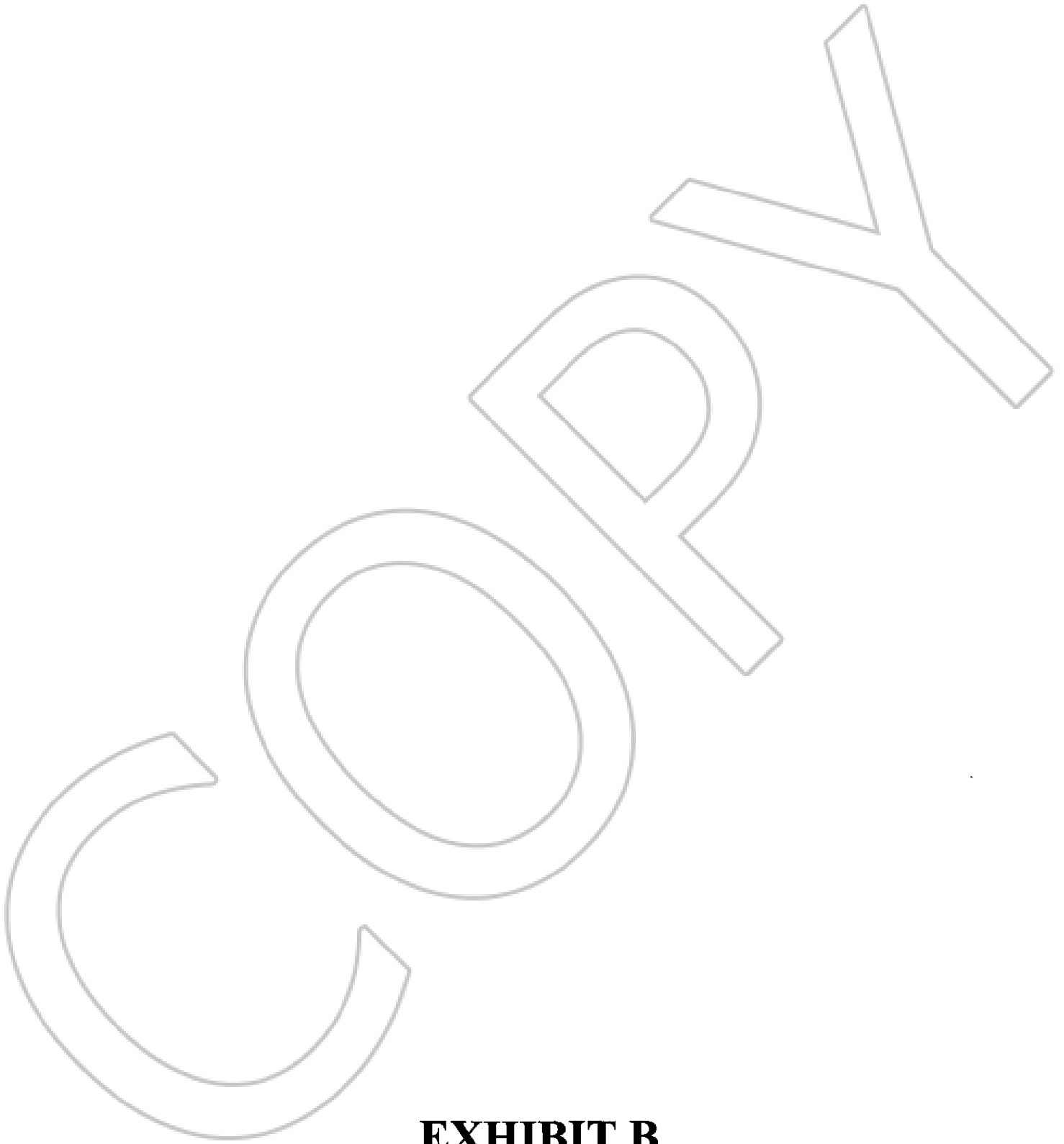


EXHIBIT B

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 REVERSE 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) Chester D. HALL		2. DATE OF DEATH (Mo/Day/Year) January 09, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) The Lodge Assisted Living		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Residential Care Facility	
4. SEX Male		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 98		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 02, 1915		9a. STATE OF BIRTH (If not U.S.A. name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 3164		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Pilot		14b. KIND OF BUSINESS OR INDUSTRY Airlines	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 2200 East Long Street #327		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence J HALL	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Delphie SNYDER		18a. INFORMANT- NAME (Type or Print) Linda JONES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2616 Erin Court 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) 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	
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) REED DOFF 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) January 11, 2013		21c. HOUR OF DEATH 00:01		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Reed Doff M.D. 18653 Wedge Pkwy Reno, NV 89511			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 16, 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)) PART I (a) Malignant neoplasm of the prostate, prostatic cell carcinoma, metastatic Interval between onset and death Months (b) progressive natural disease Interval between onset and death (c) due to, or as a consequence of, Interval between onset and death (d) due to, or as a consequence of, Interval between onset and death				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				28a. ACC. SUICIDE, HOMICIDE, 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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8/16/2013

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CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED: 01/24/2013

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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