

Assessor's Parcel No. 1420-33-312-042

**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

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 6 Fee: \$ 19.00  
Bk: 0813 Pg: 4684



Deputy sd

**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 September 17, 1999, the Trustors recorded a Grant Deed. as Document No. 0476817, 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 225 as set forth in the Final Map of WILDHORSE UNIT NO. 6, a Planned Unit Development filed in the Office of the County Recorder of Douglas County, State of Nevada, on March 15, 1994, in Book 394, at Page 2741, as Document No. 332336.

APN 1420-33-312-042

Dated this 11 day of JULY, 2013.

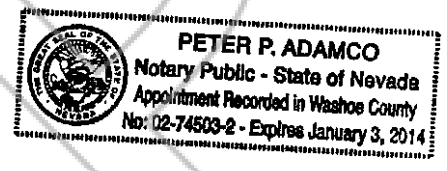
John L. Pilkinton  
JOHN PILKINTON,  
Successor Co-Trustee

Linda B. 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



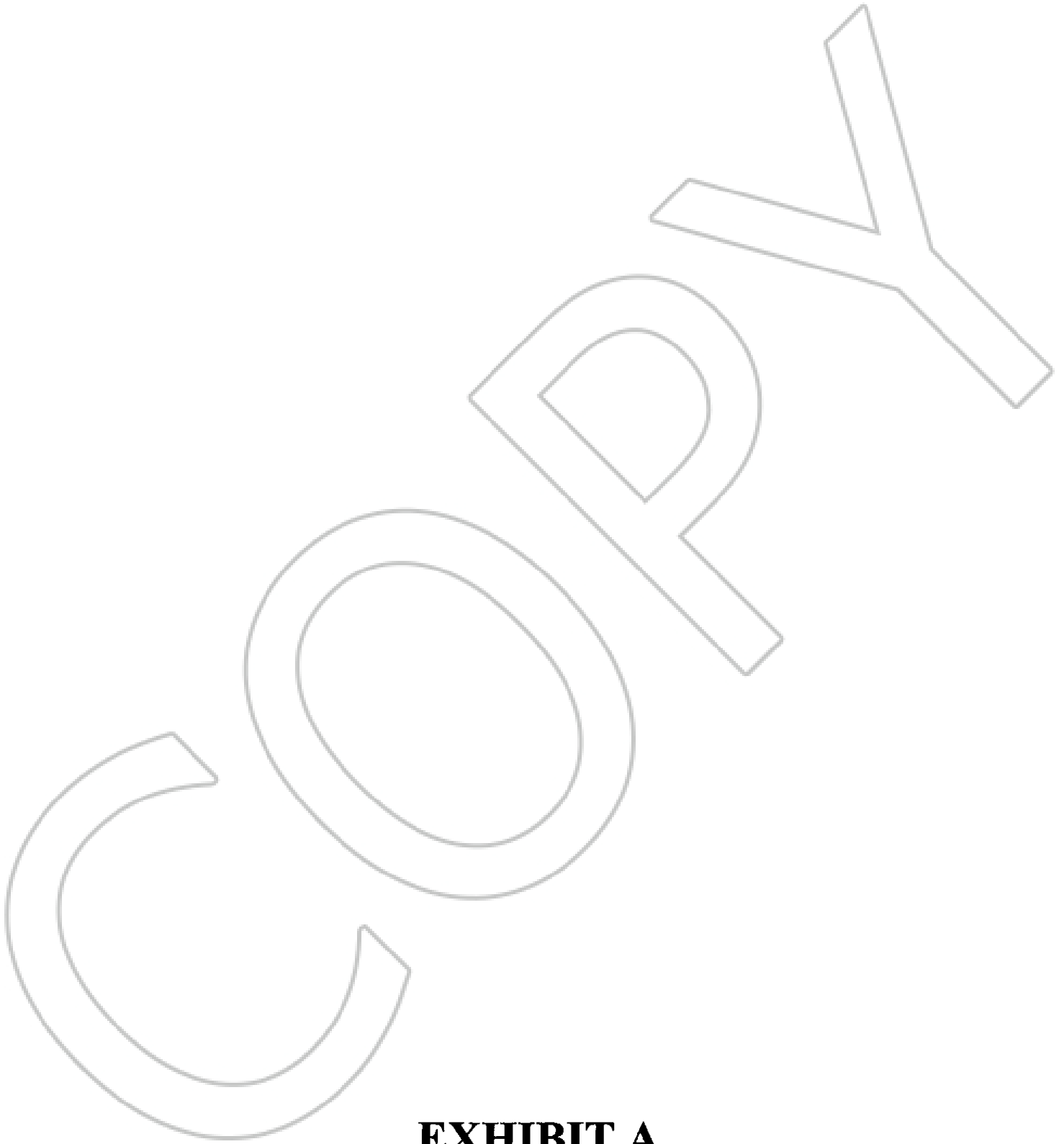
STATE OF NEVADA )  
: ss.  
COUNTY OF DOUGLAS )

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**



**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 00 12287

0813  
PG 4687  
8/16/2013

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Ruth Georgina PILKINTON HALL		2. September 1, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Minden		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Pm. Inpatient (Specify)	
3c. 1249 Wrangler Circle		3e. 6	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		Female	
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)	
6.		7a. 84	
CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Maine		11. Married	
Decedent's Education, Specify highest grade completed.		SURVIVING SPOUSE (If wife, give maiden name)	
10. 12		12. Chester D. Hall	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. ████████-2209		14b. Title & Escrow Company	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		14a. Clerk	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Minden	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1249 Wrangler Cr.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
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	
19a. Cremation		19b. Walton's Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>Joann Bussom</i>		20c. Neptune Society of Nevada, 67 5401 Longley Lane, Suite 11, Reno, NV 89511	
20b. 624			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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.	
21b. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)	
21c. HOUR OF DEATH		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON	
21e. 9/2/04		22e. AT	
21f. 0930			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print)		LICENSE NUMBER	
23a. Ralph Herbig D.O., 1540 Highway 395, Suite #E, Gardnerville, NV		23b. 984	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>Chastice Pool</i>		24b. September 3, 2004	
DEATH DUE TO COMMUNICABLE DISEASE		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.		AUTOPSY (Specify Yes or No)	
Cerebrovascular accident		28. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

0825044  
1686

STATE REGISTRAR  
CERTIFIED COPY OF VITAL RECORDS

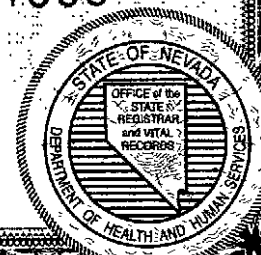
No. 264566

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.

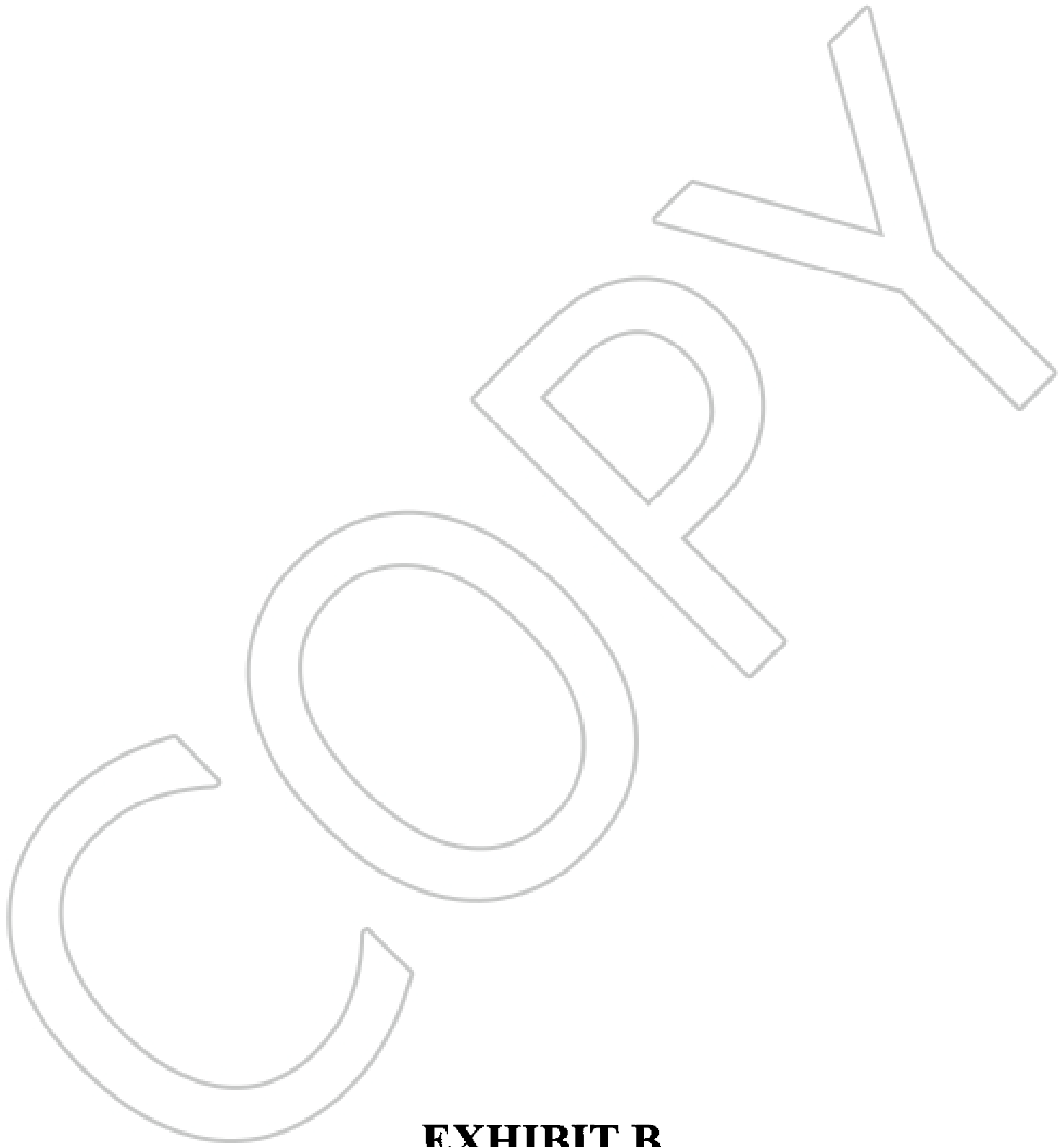
DATE ISSUED: JUN 21 2013

*Rd W...*  
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>	
5. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		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 DAY <b>MIN</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)			
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>Delphine 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>		20b. FUNERAL DIRECTOR LICENSE <b>677</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 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 DOFF M.D.</b>			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) <b>January 11, 2013</b>		21c. HOUR OF DEATH <b>00:01</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Doff M.D. 18653 Wedge Pkwy Reno, NV 89511</b>			
23b. LICENSE NUMBER <b>13920</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 16, 2013</b>		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			
(a) <b>Malignant neoplasm of the prostate, prostatic cell carcinoma, metastatic.</b>		<b>Months</b>			
(b) <b>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 I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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**

0825044 Page 6 of 6

BK 0813  
PG 4689  
8/16/2013

VR8-Rev-20120523a

**467894**

**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.

