





I am the Co-Trustees of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated Sept. 9, '13

Gregory Family Trust dated March 1, 1990

Marjorie E Gregory  
Marjorie E. Gregory, Co Trustee

STATE OF CA

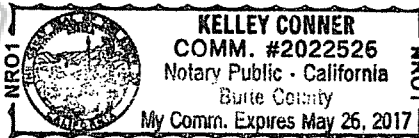
COUNTY OF Butte

This instrument was acknowledged before me on

Sept 9, 2013

By Marjorie E. Gregory, Co- Trustees of The Gregory Family Trust dated March 1, 1990

Kelley Conner  
Notary Public



# STATE OF NEVADA

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

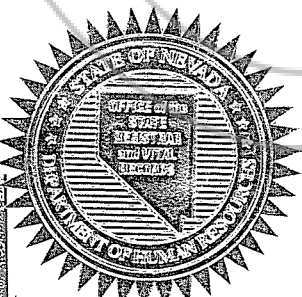
CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last George Gregg GREGORY		2. DATE OF DEATH (Month, Day, Year) January 1, 2003	
3a. COUNTY OF DEATH Douglas		3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1962 Dayton Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 4. Male	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 81		7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) April 26, 1921		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10. DECEASED'S EDUCATION. Specify highest grade completed. 10		11. SURVIVING SPOUSE (If wife, give maiden name) Marjorie E. Smith	
12. SOCIAL SECURITY NUMBER [REDACTED] 2388		13. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner	
14a. KIND OF BUSINESS OR INDUSTRY Gaming		14b. RESIDENCE—STATE Nevada	
15a. COUNTY Douglas		15b. CITY, TOWN, OR LOCATION Gardnerville	
15c. STREET AND NUMBER 1962 Dayton St.		15d. INSIDE CITY LIMITS (Specify Yes or No) yes	
16. FATHER—NAME First Middle Last Stephanos Gregory		17. MOTHER—MAIDEN NAME First Middle Last Evimia Moscow	
18a. INFORMANT—NAME (Type or Print) Marjorie Gregory - Wife		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1962 Dayton St., Gardnerville, NV 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Garden Cemetery	
19c. LOCATION City or Town State Gardnerville, Nevada		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) James R. [Signature]	
20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. To be completed by CERTIFYING PHYSICIAN (Signature and Title) Anthony Field		21b. DATE SIGNED (Mo., Day, Yr.) 1/3/03	
21c. HOUR OF DEATH 1151		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Anthony Field, M.D., 412 W. John St., Carson City, NV	
22a. To be completed by Coroner's Office (Signature and Title) [Signature]		22b. DATE SIGNED (Mo., Day, Yr.)	
22c. HOUR OF DEATH		22d. ON	
22e. AT		22f. LICENSE NUMBER 3339	
23a. REGISTRAR [Signature]		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 6, 2003	
23c. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Sudden Cardiac Death DUE TO, OR AS A CONSEQUENCE OF: (b) Ischemic cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF: (c) Coronary Artery Disease	
25. PART I		Interval between onset and death minutes	
25. PART II		Interval between onset and death years	
25. PART III		Interval between onset and death years	
26. AUTOPSY (Specify Yes or No) no		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) yes	
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		28h. STREET OR R.F.D. No.	
28i. CITY OR TOWN		28j. STATE	

No. 231088



STATE REGISTRAR



BK 913  
PG-3395

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This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: JAN - 6 2003

*Yvonne Sylva*  
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT