

Doc Number: **0836626**

01/10/2014 02:08 PM

OFFICIAL RECORDS

Requested By  
**GEORGE M. KEELE, ESQ.**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0114 Pg: 1670



Deputy sd

APN: 1220-22-210-178

The undersigned hereby affirms  
that there is ~~no~~ a  
Social Security number  
contained in this document.

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

### CERTIFICATE OF SOLE SURVIVING TRUSTEE

I, DARLENE JOAN ADKINS, 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 October 5, 2009, JAMES DANIEL ADKINS JR. and DARLENE JOAN ADKINS, as Grantors and Trustees, executed THE ADKINS FAMILY TRUST AGREEMENT ("Trust").
3. JAMES D. ADKINS died on January 22, 2013, in Gardnerville, Nevada, a resident of Douglas County, Nevada. A certified copy of the decedent's Certificate of Death is attached hereto and incorporated herein by this reference.
4. Pursuant to paragraph 2.2.B of the Trust, I now serve as the sole Trustee of all trusts provided for in the trust agreement.

  
\_\_\_\_\_  
DARLENE JOAN ADKINS

STATE OF NEVADA     )  
                                  : ss.  
COUNTY OF DOUGLAS )

This instrument was acknowledged before me on the 9th day of January, 2014, by DARLENE JOAN ADKINS.

*Mary E. Baldecchi*  
NOTARY PUBLIC



COOPER

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

#### CERTIFICATE OF DEATH

**2013001539**  
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>James D ADKINS JR</b>			2. DATE OF DEATH (Mo/Day/Year) <b>January 22, 2013</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1403 Honey Bee Lane</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		4. SEX <b>Male</b>
8. RACE - White (Specify) <b>White</b>		8. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>86</b>	7b. UNDER 1 YEAR MOS    DAYS	7c. UNDER 1 DAY HOURS    MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>January 12, 1927</b>
9a. STATE OF BIRTH (if not U.S.A. name country) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
12. SURVIVING SPOUSE (if wife, give maiden name) <b>Darlene J GILBERTSON</b>		13. SOCIAL SECURITY NUMBER <b>3697</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Butcher/meat Cutter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Alpha Beta Company</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1403 Honey Bee Lane</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James D ADKINS SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Louise DUWE</b>			
18a. INFORMANT - NAME (Type or Print) <b>Darlene J ADKINS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1403 Honey Bee Lane Gardnerville, Nevada 89460</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>JAMES SMOLENSKI</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>	20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>			
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>SIGNATURE AUTHENTICATED</b> <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>February 01, 2013</b>		21c. HOUR OF DEATH <b>15:35</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)		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> <b>SIGNATURE AUTHENTICATED</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 04, 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	
PART I (a) <b>Terminal complications of myelodysplastic syndrome</b>					<b>Months</b>	
(b) <b>Etiology unknown</b>					Interval between onset and death	
(c) <b></b>					Interval between onset and death	
(d) <b></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. <b>hypertensive and atherosclerotic vascular disease, emphysema</b>					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

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BK : 0114  
PG : 1672  
1/10/2014

469090

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:

STATE REGISTRAR  
*Reed Doff*  
**SIGNATURE AUTHENTICATED**

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

VRS-Rev-20120523a

