APN: 1418-27-210-020

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Ronald D. Alling, Esq. c/o ALLING & JILLSON, LTD. 276 Kingsbury Grade, Suite 2000 Post Office Box 3390 Lake Tahoe, Nevada 89449-3390 DOC # 841674
04/28/2014 12:32PM Deputy: PK
OFFICIAL RECORD
Requested By:
First AmericanTitle Statel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$42.00
BK-414 PG-5474 RPTT: 0.00

Pursuant to NRS 239B.030, the undersigned, affirms that this document submitted for recording does not contain the social security number of any person or persons.

NOTICE OF DEATH OF CO-TRUSTEE

COMES NOW PAULA J. YTURBIDE, being first duly sworn deposes and says:

- 1. She is a Grantor/Co-Trustee of The Paula J. and Thomas Michael Yturbide, Sr., 1991 Family Trust;
 - 2. That she was a Co-Trustee with Thomas Michael Yturbide, Sr.
- 3. That as Co-Trustees they acquired title to the certain real property more particularly described on "Exhibit A", attached hereto and incorporated herein by reference; and
- 4. That Thomas Michael Yturbide, Sr. died in Washoe County, Nevada, on or about November 14, 2013. The State of Nevada issued a Death Certificate, No. 2013018764, attached hereto as Exhibit "B" and incorporated herein by reference.

Pursuant to the trust instrument which states, "In the event of the death of either THOMAS MICHAEL YTURBIDE, SR., or PAULA J. YTURBIDE, or if for any reason whatsoever one of them ceases to serve as a Trustee hereunder, the other shall serve as sole Trustee hereunder."

// //·

841674 Page: 2 of 4 04/28/2014

NOW, THEREFORE, be it known the undersigned is acting as sole Trustee of the Paula J. and Thomas Michael Yturbide, Sr., 1991 Family Trust.

IN WITNESS WHEREOF, PAULA J. YTURBIDE has executed this document at Douglas County, Nevada, on this 18th day of April, 2014.

Grantor/Trustee

STATE OF NEVADA

) ss.

COUNTY OF DOUGLAS

This instrument was acknowledged before me on April 18, 2014, by PAULA J. YTURBIDE.

WITNESS my hand and official seal.

JUDITH E. DUPUY

April 22, 2014 14042

DESCRIPTION

Lot 23 & Lot 24 with an abandoned portion of Friedhoff Drive

All that real property situate in the County of Douglas, State of Nevada, described as follows:

All of Lot 23 and Lot 24 as shown on the Map of Subdivision No.1 Caverock Cove, Ltd. Tract, filed for record on September 26, 1936, as Document Number 3331, more particularly described as follows:

Beginning at the Westerly most corner of said Lot 24;

thence North 37°55'43" East 103.05 feet;

thence North 42°20'31" East 80.53 feet;

thence South 45°40'33" East 81.97 feet;

thence South 45°43'24" West 198.10 feet;

thence North 32°07'38" West 64.67 to the Point of Beginning.

Together with all that portion of Friedhoff Drive per said Map of Subdivision No.1 Caverock Cove, Ltd. Tract, abandoned per Book 1296, Page 2553, filed for record on December 16, 1996, more particularly described as follows:

Beginning at the Southerly most corner of said Lot 24;

thence North 45°43'24" East 198.10 feet;

thence South 27°11'32" East 15.00 feet;

thence South 45°43'24" West 191.85 feet;

thence North 51°36'09" West 14.46 feet to the Point of Beginning.

The Basis of Bearing for this description is the above referenced Map of Subdivision No.1 Caverock Cove, Ltd. Tract

Refer this description to your title company before incorporating into any legal document.

Prepared by:

Turner & Associates, Inc.

Land Surveying

P.O. Box 5067

Stateline, NV 89449

EXHIBIT A



SURVEYOR SUR

WASHOE COUNTY HEALTH DISTRICT

CERTIFICATE OF DEATH

2013018764

TYPE OR	Ma. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX)	2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH
". FIXING IN"		
BLACK INK	Thomas Michael YTURBIDE	November 14, 2013 Washoe
	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either,	give street 3e./f Hosp. or Inst. indicate DOA OP/Emer. Rm. 4, SEX
DECEDENT	Reno Serenity Senior Care	Serenity Senior Gare Male
DECEDENT	5. RACE White 6. Hispanic Origin? Specify 7a. AGE:Last. (Specify) No Non-Hispanic birthday:(Years)	7b. UNDER TYEAR 7c. UNDER 1 DAY 8: DATE OF BIRTH (Mo/Day/Yr)
	(Specify) No - Non-Hispanic birthday (Years)	MOS DAYS HOURS MINS December 02 1935
JE DEATH.	9a. STATE OF BIRTH (If not U.S.A. 9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11. MARRIED	
OCCURRED IN .		Specify) Married maiden name) Paula MARTIN
INSTITUTION SEE HANDBOOK	13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most	minima mi
REGARDING	of Working Life, Even If Retired Chief Executive Officer	Gaming Ever iii 03 Amed
COMPLETION OF RESIDENCE		5d STREET AND NUMBER 1556. INSIDE CITY
ITEMS		LIMITS (Specify Yes
	and the transfer of the total	165 Sierra Mesa Drive yes
PARENTS	The state of the s	R/PARENT - NAME (First Middle Last Suffix)
	Augustin YTURBIDE 7	Vicenta ASIAN
~ ~	ter the control of th	r R.F.D. No, City or Town, State; Zip)
	Paula YTURBIDE 6165 S	Sierra Mesa Drive Reno, Nevada 89511
la, wa.	19a, BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY NAME?	196, LOCATION City or Town State
DISPOSITION	Cremation Sierra Crematory	Reno Nevada 89503
	20a FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) 20b FUNERAL 20c. I	NAME AND ADDRESS OF FACILITY
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LEWIS NOEL / DIRECTOR LICENSE	Ross, Burke and Knobel Mortuary, Reno
(A) 347 147 AV	SIGNATURE AUTHENTICATED AND THE SECOND SIGNATURE AUTHENTICATED	2155 Kietzke Lane Reno NV 189502
RADE CALL	TRADE CALL - NAME AND ADDRESS	
Na ama	3 21a. To the best of my knowledge, death occurred at the time, date and place and 1 3 22a. Or	nithe basis of examination and/or investigation. in my opinion death occurred at
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED CHARLES ON MID.	e, date and place and due to the cause(s) stated. (Signature & Title)
	曹子 GRANT PETER ANDERSON M.D. へ () 10 15 15 15 15 15 15 15 15 15 15 15 15 15	
CERTIFIER	TO ME STATE OF THE TOTAL CONTRACT OF THE STATE OF THE STA	ATE.SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH
W. W.	0 > 0 0 0	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d P	RONOUNCED DEAD (Mo/Day/Yr) 22e*PRONOUNCED DEAD AT:(Hour)
3. 27 7 3.		
3000	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER) Grant Peter Anderson M.D. (1100 Caughlin Crossing Reno,	
W W	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	IVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE
REGISTRAR	24a REGISTRAR (Signature): BRIDGES SANDI (MO) DATE RECE	TO THE STRAKE 124C. DEATH DOE TO COMMUNICABLE DISEASE
4 ***	SIGNATURE AUTHENTICATED (MOIDSWAY)	ovember 20/2013 YES NO X
CAUSE OF	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c):)	Interval between onset and death:
DEATH	PART (a) Respiratory failure	
	DUE TO, OR AS A CONSEQUENCE OF	ıı İnterval between onset and death
CONDITIONS IF	Atherosclerotic vascular disease / V/- \/\lambda \)	
GAVE RISE TO	DUETO, OR AS A CONSEQUENCE OF	Interval between onset and death
IMMEDIATE ->		
STATING THE	DUE TO, OR AS A CONSEQUENCE OF	i Interval between onset and death
UNDERLYINGCAUSE LAST		
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the under	lying cause given in Part 1. 26. AUTOPSY 27. WAS CASE REFERRED
	FANT III	(Specify Yes or No) TO CORONER (Specify Yes No
	28a. ACC.; SUICIDE, HOM.; UNDET. :: 28b. DATE OF INJURY; (Mo/Døy/Yr) 28c. HOUR OF INJURY; (28d. DESCRI OR RENDING INVEST. (Specify) 28b. DATE OF INJURY; (Mo/Døy/Yr) 28c. HOUR OF INJURY; (28d. DESCRI	BEHOW INJURY OCCURRED
"		
	28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, faring street, factory, office: 28g. EOCA	TION STREET OR R.F.D. No.: CITY OR TOWN STATE
w ly ly	Yes or No) building, etc. (Specify)	
Ž	STATE REGISTRAR	100 100 100 100 100 100 100 100 100 100
್ಷವ್ರ	OTAL REGISTRAN	· · · · · · · · · · · · · · · · · · ·
		IIIII IIII IIII IIII IIII BK 414

PG-547 841674 Page: 4 of 4 04/28/2014

PG-5477



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.

11/20/2013

DEPUTYREGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

