

16-

APN: 1419-11-001-007

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

✓ Ronald D. Alling
Jamie L. Walker
ALLING & JILLSON, LTD.
Post Office Box 3390
Lake Tahoe NV 89449-3390

DOUGLAS COUNTY, NV 2014-850556

Rec:\$16.00

Total:\$16.00

10/08/2014 02:32 PM

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KAREN ELLISON, RECORDER

NOTICE OF DEATH OF CO-TRUSTEE

COMES NOW, PAULETTE F. SHERRELL, being first duly sworn deposes and says:

1. That PAULETTE F. SHERRELL is a Grantor/Co-Trustee of The Booth-Sherrell Family Living Trust dated October 26, 2000;
2. That she was a Co-Trustee with LEONARD A. BOOTH;
3. That as Co-Trustees they acquired title to the certain real property more particularly described as follows:

Lot 16, as shown on that certain map entitled ALPINE VIEW ESTATES, NO. 2, filed in the office of the County Recorder on November 1, 1972 under File No. 62567.

4. That LEONARD A. BOOTH died in Douglas County, Nevada, on or about July 27, 2014. The State of Nevada issued a Death Certificate, No. 2014012471, which is attached hereto.
5. Pursuant to the trust instrument which states, "LEONARD A. BOOTH and PAULETTE F. SHERRELL shall be the initial Trustees and upon the death, resignation or inability to act of either initial Trustee, the other initial Trustee shall serve as sole Trustee."

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NOW, THEREFORE, be it known the undersigned is acting as sole Trustee of The Booth-Sherrell Family Living Trust.

IN WITNESS WHEREOF, Grantor and Trustee has executed this document at Douglas County, Nevada, on this 3rd day of October, 2014.

Paulette F. Sherrell

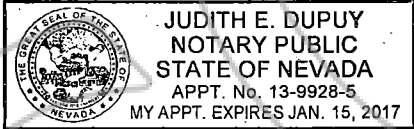
PAULETTE F. SHERRELL
Grantor/Trustee

STATE OF NEVADA)
 :SS.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on October 3, 2014 by **PAULETTE F. SHERRELL**.

Judith E. Dupuy

NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2014012471
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

Form containing fields for: 1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX), 2. DATE OF DEATH (Mo/Day/Year), 3a. COUNTY OF DEATH, 3b. CITY, TOWN, OR LOCATION OF DEATH, 3c. HOSPITAL OR OTHER INSTITUTION, 5. RACE, 6. Hispanic Origin?, 7a. AGE-Last birthday (Years), 7b. UNDER 1 YEAR, 7c. UNDER 1 DAY, 8. DATE OF BIRTH (Mo/Day/Yr), 9a. STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10. EDUCATION, 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, 12. SURVIVING SPOUSE, 13. SOCIAL SECURITY NUMBER, 14a. USUAL OCCUPATION, 14b. KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE - STATE, 15b. COUNTY, 15c. CITY, TOWN OR LOCATION, 15d. STREET AND NUMBER, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT - NAME, 17. MOTHER/PARENT - NAME, 18a. INFORMANT - NAME, 18b. MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER, 19b. CEMETERY OR CREMATORY - NAME, 19c. LOCATION, 20a. FUNERAL DIRECTOR, 20b. FUNERAL DIRECTOR LICENSE, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD, 22e. PRONOUNCED DEAD AT, 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR (Signature), 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25. IMMEDIATE CAUSE, 26. AUTOPSY, 27. WAS CASE REFERRED TO CORONER, 28a. ACC., SUICIDE, HGM., UNDET. OR PENDING INVEST., 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK, 28f. PLACE OF INJURY, 28g. LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE

STATE REGISTRAR

3789043

540846

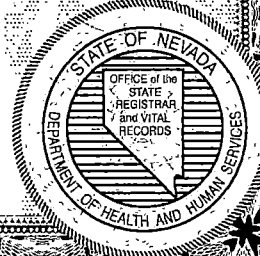
CERTIFIED COPY OF VITAL RECORDS

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: 08/07/2014

SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE