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DOUGLAS COUNTY, NV
Rec:\$16.00
Total:\$16.00
WOODBURN & WEDGE

2014-855045
12/30/2014 02:33 PM
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WHEN RECORDED MAIL TO:

Jason C. Morris, Esq.
Woodburn and Wedge
P.O. Box 2311
Reno, Nevada 89505



KAREN ELLISON, RECORDER

NOTICE CONFIRMING APPOINTMENT OF SUCCESSOR TRUSTEE

WHEREAS, JOSEPH SCHNEIDER and REBECCA ANN SCHNEIDER created a Trust pursuant to that certain Agreement dated September 18, 2013, known as the SCHNEIDER FAMILY TRUST (the "Trust") of which JOSEPH SCHNEIDER and REBECCA ANN SCHNEIDER were Trustees.

WHEREAS, Section 11.1 of the Trust Agreement provides as follows:

11.1 Designation of Successor Trustee. In the event of the death, incompetency, inability or unwillingness of either settlor to act as a trustee, then the remaining settlor shall act as the sole trustee of this trust and of each separate trust created by this instrument. In the event of the death of both the Husband and Wife or the incompetency, inability or unwillingness of both the Husband and the Wife to act as sole trustee, then TROY SCHNEIDER, of Reno, Nevada, and ROBERT CLAY MCBROOM, of Carson City, Nevada shall act as successor co-trustees of this trust and of each separate trust created by this instrument. In the event of the death, incompetency, inability or unwillingness of either TROY SCHNEIDER or ROBERT CLAY MCBROOM to serve as successor co-trustee, then the remaining individual shall act as successor trustee of this trust and of each separate trust created by this instrument.

WHEREAS, JOSEPH SCHNEIDER, a Settlor and Trustee of the Trust, died on October 23, 2013, and the objects of the Trust have not been fully accomplished and it is necessary to the proper administration of the Trust that the Successor Trustee

designated in Section 11.1 of the Trust Agreement assume responsibility for the Trust as Successor Trustee;

WHEREAS, REBECCA ANN SCHNEIDER is competent and desires to serve as Successor Trustee of the Trust pursuant to the provisions of Section 11.1 of the Trust Agreement;

NOW, THEREFORE, in accordance with the provisions of Section 11.1 of the Trust Agreement, REBECCA ANN SCHNEIDER does hereby accept the appointment as Successor Trustee of the Trust with all the powers, duties and authority granted to such Trustee.

This appointment is hereby accepted this 9 day of July 2014.

Rebecca Ann Schneider
REBECCA ANN SCHNEIDER

STATE OF NEVADA)
)ss.
COUNTY OF Washoe)

This instrument was acknowledged before me on July 9, 2014, by REBECCA ANN SCHNEIDER

Michell L. Nobach
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2013017492
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) Joseph SCHNEIDER		2. DATE OF DEATH (Mo/Day/Year) October 23, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1 Schneider Ranch Rd.		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 70	
7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS.		8. DATE OF BIRTH (Mo/Day/Yr) August 19, 1943	
9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Rebecca MILLER		13. SOCIAL SECURITY NUMBER 7062	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) Rancher		14b. KIND OF BUSINESS OR INDUSTRY Cattle		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1 Schneider Ranch Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence SCHNEIDER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy WEBSTER		
18a. INFORMANT - NAME (Type or Print) Troy SCHNEIDER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 835 S. Arlington Ave Reno, Nevada 89509			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Bunial		19b. CEMETERY OR CREMATORY - NAME Lone Mountain Cemetery		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) CHRISTOPHER FORMAN M.D. SIGNATURE AUTHENTICATED			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) October 28, 2013		21c. HOUR OF DEATH 06:49		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Christopher Forman M.D. 2874 N. Carson Street, Suite 2 Carson City, NV. 89706				23b. LICENSE NUMBER 5528	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 29, 2013		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).)					
PART I					
(a) Cardiac Arrest Interval between onset and death: Minutes					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Arteriosclerotic Vascular Disease Interval between onset and death: Years					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death:					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Interval between onset and death:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Stroke 12/2012, Laryngeal Carcinoma 07/2013				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SUICIDE, HOMICIDE, 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

504577

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: 11/05/2013

Rod Whelan
STATE REGISTRAR
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

VRS-Rev-20120523a

