

APN: 1318-22-002-034

**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

Ronald D. Alling, Esq.
276 Kingsbury Grade, Suite 2000
Post Office Box 3390
Lake Tahoe, Nevada 89449-3390
APN:026-094-25-100



00006952201508559780040042

KAREN ELLISON, RECORDER

This document includes certified death certificate per *NRS 40.525(5)*, which contains a social security number required by *NRS 440.380(1)*.

NOTICE OF DEATH OF CO TRUSTEE

COMES NOW SUSAN E. DAVIS, who being first duly sworn deposes and says:

1. That HENRY EICKHOFF and SUSAN E. DAVIS were the Grantors and initial Co-Trustees of THE LINDA E. RIFE TRUST, dated December 23, 1994;
2. That THE LINDA E. RIFE TRUST acquired title to the certain real property commonly known as 164 Faris Court, in Oliver Park, situated in the County of Douglas, State of Nevada, and more particularly described as follows:

Lot 48, Block 2, Oliver Park Subdivision, as shown on the Official Map recorded in the Office of the County Recorder of Douglas County, State of Nevada, February 2, 1959, Document No. 14034.
AP#07-111-57

3. That HENRY EICKHOFF died in South Lake Tahoe, California, on or about October 2, 2011. The State of California issued a Death Certificate, No. 3201109000759, a copy of which is attached hereto and incorporated herein by reference; and

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4. That pursuant to the Trust instrument which states, in pertinent part: "Upon the death or inability to act of HENRY EICKHORN, SUSAN E. DAVIS shall act as sole Trustee hereunder."

NOW, THEREFORE, be it known that SUSAN E. DAVIS is acting as Sole Trustee of THE LINDA E. RIFE TRUST, dated December 23, 1994.

IN WITNESS WHEREOF this document was executed in Douglas County on this ~~10th~~ ¹⁵ day of ~~December~~ ^{January}, 2014.

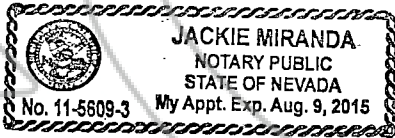
January

Susan E. Davis
SUSAN E. DAVIS, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF Douglas)

This instrument was acknowledged before me on ~~December~~ ^{January 6th 15}, 2014, by SUSAN E. DAVIS.

WITNESS my hand and official seal.



Jackie Miranda
NOTARY PUBLIC

COPY

EXHIBIT "A"

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH SERVICES DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
(S-1 MARS 2008)

3201109000759

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) HENRY		3. LAST (Family) EICKHOFF III	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) HANK - EICKHOFF		4. DATE OF BIRTH - mm/dd/yyyy 05/02/1925	5. AGE Yrs. <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Minutes <input type="checkbox"/> Seconds 86
9. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER 9360	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SDOP (at Time of Death) WIDOWED
13. EDUCATION - Highest Level/Degree HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED WATER QUALITY CONTROL		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) WATER TREATMENT	19. YEARS IN OCCUPATION 20
20. DECEDENT'S RESIDENCE (Street and number, or location) 2202 BALBOA DRIVE			
21. CITY SOUTH LAKE TAHOE	22. COUNTY/PROVINCE EL DORADO	23. ZIP CODE 96150	25. STATE/FOREIGN COUNTRY CA
26. INFORMANT'S NAME, RELATIONSHIP SALLIE LINCOLN, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 404 MARY STREET, CARSON, NV 89703	
28. NAME OF SURVIVING SPOUSE/SDOP - FIRST RUTH		29. LAST (BIRTH NAME) LEAVITT	
31. NAME OF FATHER/PARENT - FIRST HENRY		32. MIDDLE EICKHOFF JR	
33. NAME OF MOTHER/PARENT - FIRST RUTH		34. BIRTH STATE CA	
35. MIDDLE LEAVITT		36. BIRTH STATE CA	
39. DISPOSITION DATE - mm/dd/yyyy 10/10/2011		40. PLACE OF FINAL DISPOSITION HAPPY HOMESTEAD CEMETERY 1261 JOHNSON BLVD, SOUTH LAKE TAHOE, CA 96150	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
44. NAME OF FUNERAL ESTABLISHMENT MC FARLANE MORTUARY INC		45. LICENSE NUMBER FD1180	46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD, MS
47. DATE - mm/dd/yyyy 10/10/2011			
101. PLACE OF DEATH RESIDENCE			
104. COUNTY EL DORADO	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2202 BALBOA DRIVE	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ LTC <input type="checkbox"/> Docucenter <input type="checkbox"/> Home <input type="checkbox"/> Other	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ LTC <input type="checkbox"/> Docucenter <input type="checkbox"/> Home <input type="checkbox"/> Other
106. CITY SOUTH LAKE TAHOE		107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) LUNG CANCER (B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (C) TOBACCO	
108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIRTH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Declarant Attested Sign: 04/26/2004 Declarant Last Seen At: 07/25/2011		115. SIGNATURE AND TITLE OF CERTIFIER JENIFER ELYCE NORRIS M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DONALD PATRICK MARTIN M.D. 1108 4TH ST, SOUTH LAKE TAHOE, CA 96150		117. LICENSE NUMBER A60046	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE - mm/dd/yyyy		121. INJURY HOUR (24 Hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
127. DATE - mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR	A	B	C
D	E	FAX AUTH.#	CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

* 0 0 0 1 3 6 9 9 7 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Services Department.

DATE ISSUED **OCT 11 2011**

Olivia C. Kasirye
OLIVIA C. KASIRYE, M.D., M.S.
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

