

**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

APN: 1320-30-112-011



KAREN ELLISON, RECORDER

Pursuant to *NRS 440.380, I*, the undersigned, affirm that this document submitted for recording does contain personal information of any person or persons.

**NOTICE OF DEATH OF TRUSTEE**

**COMES NOW** Steven D. Leman, and being first duly sworn, deposes and says:

1. Bernard Dale Leman and Doris June Leman, as Grantors, created the B&D Leman 1999 Trust originally dated July 15, 1999;
2. Bernard Dale Leman and Doris June Leman were the initial Co-Trustees;
3. Bernard Dale Leman died on or about July 23, 2003;
4. Pursuant to an Order Terminating Joint Tenancy recorded in the official records in Douglas County Nevada on September 24, 2003, as Document Number 0591007, Book 0903, Page 12980, Doris June Leman, as Trustee of the B&D Leman 1999 Trust acquired title that certain real property as follows:

Unit 11, as set forth in the Final Map of WESTWOOD PARK NO. III, a Planned Unit Development filed for record in the Office of the County Recorder of Douglas County, State of Nevada on November 29, 1989, in Book 1189, Page 3658, as Document No. 215633  
APN: 1320-30-112-011

5. Pursuant to Section 8.02A of The B&D Leman 1999 Trust as amended and restated, Doris June Leman appointed Steven D. Leman as successor Co-Trustee, during her lifetime;

6. Doris June Leman died in Reno, Nevada on or about September 29, 2017. The State of Nevada issued a Death Certificate, No. 2017018394, attached hereto as **Exhibit A** and incorporated herein by reference; and

7. Steven D. Leman is the sole serving Trustee of The B&D Leman 1999 Trust.

IN WITNESS WHEREOF, Grantor and Trustee have executed this document at Douglas County, Nevada, on this 20 day of October 2017.



\_\_\_\_\_  
Steven D. Leman, Successor Trustee

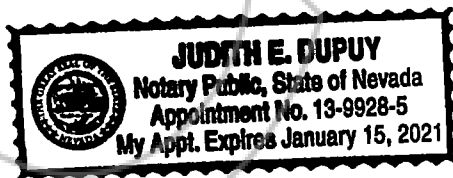
STATE OF NEVADA        )  
  ) ss.  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on October 20, 2017, by Steven D. Leman.

WITNESS my hand and official seal.



\_\_\_\_\_  
NOTARY PUBLIC



# EXHIBIT A

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3980608

### CERTIFICATE OF DEATH

2017018394  
STATE FILE NUMBER

|  |  |  |  |   |  |  |
|--|--|--|--|---|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK   | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Doris June LEMAN</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>September 28, 2017</b>  |   | 3a. COUNTY OF DEATH<br><b>Washoe</b>   |  |
|  | 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Reno</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and No. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify)<br><b>Renown Regional Medical Center Inpatient</b> |   | 4. SEX<br><b>Female</b>  |  |
| DECEDENT   | 5. RACE (Specify)<br><b>White</b>  |  | 6. Hispanic Origin? Specify No - Non-Hispanic  |   | 7a. AGE-Last birthday (Years)<br><b>91</b>   |  |
|  | 7b. UNDER 1 YEAR<br>MOS   DAYS   HOURS   MINS  |  | 7c. UNDER 1 DAY<br>HOURS   MINS  |   | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>June 27, 1926</b>   |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  | 9a. STATE OF BIRTH (If not USCA, name country)<br><b>Nebraska</b>  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |   | 10. EDUCATION<br><b>15</b>   |  |
|  | 11. MARITAL STATUS (Specify)<br><b>Widowed</b>   |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)  |   |  |  |
| PARENTS  | 13. SOCIAL SECURITY NUMBER<br><b>9357</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)  |   | 14b. KIND OF BUSINESS OR INDUSTRY  |  |
|  | 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>  |   | 15c. CITY, TOWN OR LOCATION<br><b>Minden</b>   |  |
| DISPOSITION  | 15d. STREET AND NUMBER<br><b>1775 Heather Circle</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>No</b>   |   | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Ora BOUSE</b>  |  |
|  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Cora HARRY</b>   |  | 18a. INFORMANT- NAME (Type or Print)<br><b>Sam LEMAN</b>   |   | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1775 Heather Circle Minden, Nevada 89423</b>            |  |
| TRADE CALL   | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Walton's Sierra Crematory</b>  |   | 19c. LOCATION City or Town State<br><b>Carson City Nevada 89706</b>  |  |
|  | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CRAIG R COLEMAN</b><br><b>SIGNATURE AUTHENTICATED</b>   |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD921</b>   |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Cremation Society of Nevada - Capitol City<br/>1814 N Cury Street Carson City NV 89703</b> |  |
| CERTIFIER  | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>MANSI SHAH MD</b><br><b>SIGNATURE AUTHENTICATED</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)<br><b>October 02, 2017</b>  |  | 21c. HOUR OF DEATH<br><b>11:15</b>   |   | 22b. DATE SIGNED (Mo/Day/Yr)   |  |
| REGISTRAR  | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  | 22c. HOUR OF DEATH   |   | 22d. PRONOUNCED DEAD (Mo/Day/Yr)   |  |
|  | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Mansi Shah MD 1155 Mill St Reno, NV 89502</b>                      |  | 23b. LICENSE NUMBER<br><b>15580</b>  |   | 24a. REGISTRAR (Signature)<br><b>BLAIR J HEDRICK</b><br><b>SIGNATURE AUTHENTICATED</b>   |  |
| CAUSE OF DEATH   | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>October 04, 2017</b>   |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br>PART I   |  |
|  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br>(a) <b>Acute intracranial hemorrhage</b>   |  | Interval between onset and death   |   | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>   |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST   | (b) <b>Hemorrhagic transformation of the ischemic stroke</b>   |  | Interval between onset and death   |   | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>  |  |
|  | (c) <b>Chronic kidney disease</b>  |  | Interval between onset and death   |   | 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)  |  |
| (d) <b>Hypertension</b>  |  | Interval between onset and death   |  | 28b. DATE OF INJURY (Mo/Day/Yr)                       |  |  |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. |  | 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



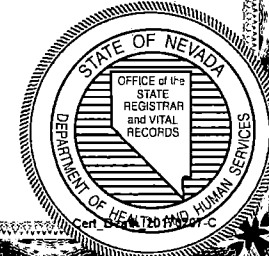
CERTIFIED COPY OF VITAL RECORDS

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: 10/10/2017

*Blair J Hedrick*  
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