

APN: 1420-18-301-013

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Jamie L. Walker, Esq.
c/o ALLING & JILLSON, LTD.
276 Kingsbury Grade, Suite 2000
Post Office Box 3390
Lake Tahoe, Nevada 89449-3390



00071560201809126930040043

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 Susan E. Davis, and being first duly sworn, deposes and says:

1. She is the sole serving Trustee of The KDB 2005 Trust;
2. That she was a Co-Trustee with Keith David Benton;
3. That as Trustee, Keith D. Benton, acquired title pursuant to that Grant, Bargain and Sale Deed, recorded in the official records of the Douglas County Recorder on November 22, 2005, Document No. 0661304, to all that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

A parcel of land situated in and being a portion of the Northeast 1/4 of the Southwest 1/4 of Section 18, Township 14 North, Range 20 East, M.D.B. & M., Douglas County, State of Nevada, described as follows:

Parcel A, as set forth on that certain Parcel Map for IRENE M. JUDD, recorded April 13, 1988, in Book 488, Page 1215, Document No. 176009.

TOGETHER WITH a right-of-way for private access road and known as Judd Street as set forth on the Parcel Map referred to herein above.

FURTHER TOGETHER WITH an appurtenant Right-of-Way/Access road 60 foot in width as granted by the Bureau of Land Management in instrument recorded March 5, 1987, in Book 387, page 479, Document No. 151015, of Official Records.

4. That Keith David Benton died in Carson City, Nevada, on or about December 1, 2017. The State of Nevada issued a Death Certificate, No.2017022704, attached hereto as **Exhibit A** and incorporated herein by reference.

5. Pursuant to the trust instrument which states, " Following the death or resignation of Keith David Benton as Co-Trustee, Susan E. Davis shall serve as the sole Trustee." Now, therefore, be it known the undersigned is acting as sole Trustee of The KDB 2005 Trust.

IN WITNESS WHEREOF, Grantor and Trustee have executed this document at Douglas County, Nevada, on this 5th day of April 2018.



SUSAN E. DAVIS, Trustee

STATE OF NEVADA)
 CARSON CITY) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on April 5th, 2018, by Susan E. Davis.

WITNESS my hand and official seal.



NOTARY PUBLIC



COPY

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. 3991515

CERTIFICATE OF DEATH

2017022704
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) Keith D BENTON		2. DATE OF DEATH (Mo/Day/Year) December 01, 2017		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient/Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 03, 1947		9a. STATE OF BIRTH (If not USA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Susan EICKHOFF	
13. SOCIAL SECURITY NUMBER 9254		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Business Owner		Contractor		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 872 Harris Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
18. FATHER/PARENT - NAME (First Middle Last Suffix) Wallace David BENTON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Clara May HERBERGER		
18a. INFORMANT- NAME (Type or Print) Susan E DAVIS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 872 Harris Road Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) JOSE AGUIRRE MD 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) December 06, 2017		21c. HOUR OF DEATH 08:42		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 07, 2017		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				Interval between onset and death	
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Hypoxic Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Hyperglycemia					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Leukocytosis; Depression; Unknown Etiology				25. AUTOPSY (Specify Yes or No) No	
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
				26d. 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



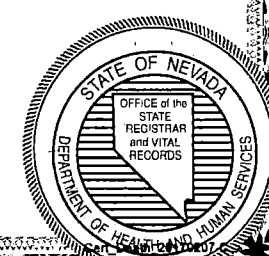
CERTIFIED COPY OF VITAL RECORDS

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: 12/11/2017

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED



[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]