

APN: 1318-23-610-039; 1420-07-813-014;  
1420-07-715-016



KAREN ELLISON, RECORDER

**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

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

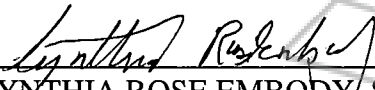
**NOTICE OF DEATH OF TRUSTEE**


**COME NOW** Cynthia Rose Embody and Debora F. Embody being first duly sworn, depose and say:

1. Inez T. Rutherford was the Grantor and Trustee of The Inez T. Rutherford Trust, initially dated February 10, 2000;
2. That as Trustee, Inez T. Rutherford acquired title to those certain real properties located in the County of Douglas, State of Nevada, more particularly described in **Exhibits A, B, and C** attached hereto and made a part hereof;
3. That Inez T. Rutherford died in El Dorado County, California, on or about February 14, 2020. The State of California issued a Death Certificate, No. 3202009000169, attached hereto as **Exhibit D** and incorporated herein by reference;
4. Pursuant to the trust instrument which states, "In the event Inez T. Rutherford shall resign or otherwise become unable to act as Trustee, then Deborah\* F. Embody and Cynthia Rose Embody shall be appointed as Successor Co-Trustees"; \* Debora F. Embody's name was spelled incorrectly in the Trust; the correct spelling of her name is "Debora" not "Deborah";
5. Now therefore, be it known the undersigned are acting as the Successor Co-Trustees of The Inez T. Rutherford Trust.

6. The Inez T. Rutherford Trust has not been revoked, modified, or amended in any manner which would cause the representations herein to be incorrect.

IN WITNESS WHEREOF, Successor Co-Trustees have executed this document at Douglas County, Nevada, on this 25<sup>th</sup> day of September 2020.


  
\_\_\_\_\_  
CYNTHIA ROSE EMBODY, Successor Co-Trustee

  
\_\_\_\_\_  
DEBORA F. EMBODY, Successor Co-Trustee

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on September 25, 2020, by Cynthia Rose Embody and Debora F. Embody.

WITNESS my hand and official seal.

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



**EXHIBIT "A"**

**LEGAL DESCRIPTION**

Lot 34, Block B, as shown on the Map of LAKEWOOD KNOLLS ANNEX, filed in the office of the County Recorder of Douglas County, State of Nevada, May 12, 1959, Document No. 14378.

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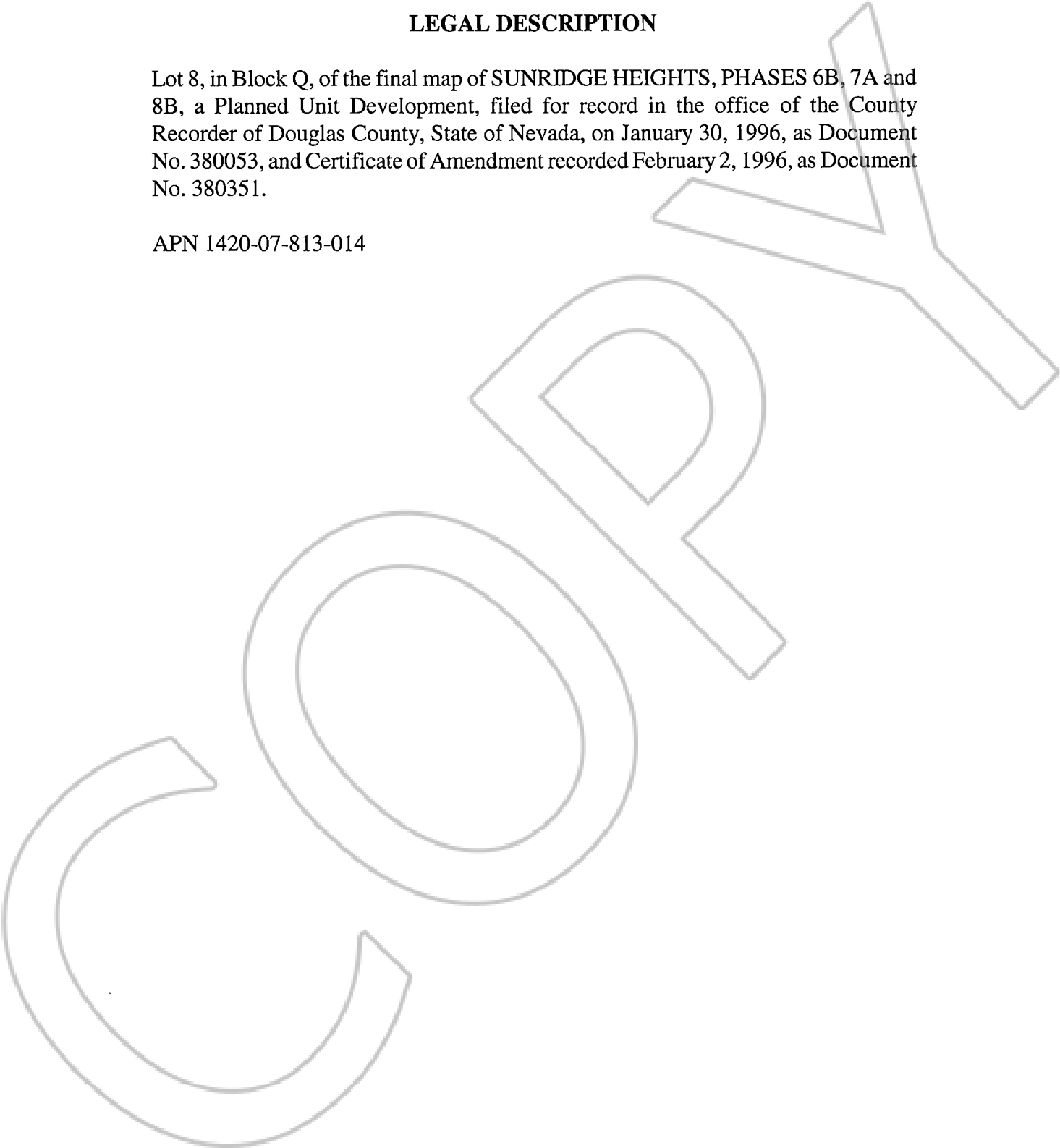


**EXHIBIT "B"**

**LEGAL DESCRIPTION**

Lot 8, in Block Q, of the final map of SUNRIDGE HEIGHTS, PHASES 6B, 7A and 8B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 30, 1996, as Document No. 380053, and Certificate of Amendment recorded February 2, 1996, as Document No. 380351.

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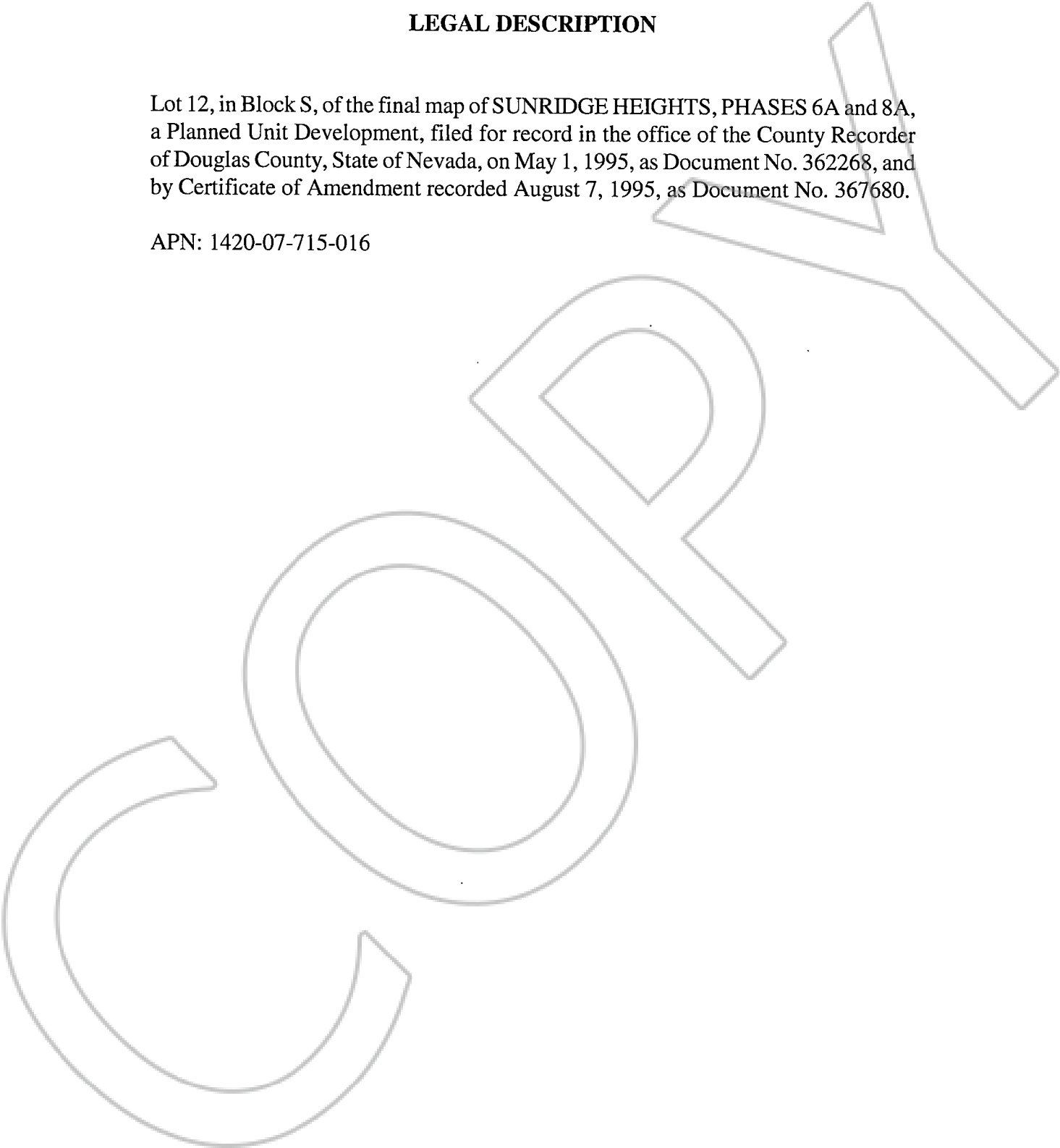


**EXHIBIT "C"**

**LEGAL DESCRIPTION**

Lot 12, in Block S, of the final map of SUNRIDGE HEIGHTS, PHASES 6A and 8A, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 1, 1995, as Document No. 362268, and by Certificate of Amendment recorded August 7, 1995, as Document No. 367680.

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**EXHIBIT "D"**

**CERTIFICATE OF DEATH**

COPY

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# EL DORADO COUNTY

## HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

### CERTIFICATE OF DEATH

3202009000169

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 2/90)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
INEZ		TERESA		RUTHERFORD	
AKA, ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST)		4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs.	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes
		06/25/1923	96		F
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/yyyy
CA		9225	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	WIDOWED	02/14/2020
13. EDUCATION - Highest Level Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		18. DECEDENT'S RACE - Up to 3 races may be listed (if multiple check on back)	
				WHITE	
17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
REALTOR		REAL ESTATE		10	
20. DECEDENT'S RESIDENCE (Street and number or location)					
264 SHERWOOD COURT					
21. CITY		22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
STATELINE		DOUGLAS	89449	44	NV
28. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
CYNDI EMBODY, DAUGHTER			P.O. BOX 11445, ZEPHYR COVE, NV 89468		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE	30. LAST (BIRTH NAME)		
-		-	-		
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	33. LAST		34. BIRTH STATE
JOHN		-	ZUBLENA		ITALY
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	37. LAST (BIRTH NAME)		38. BIRTH STATE
FRANCESCA		-	TARELLO		ITALY
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
02/19/2020		HAPPY HOMESTEAD CEMETERY 1261 JOHNSON BLVD., SOUTH LAKE TAHOE, CA 96150			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
BU		DENNIS HAMILTON		EMB7935	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy
MCFARLANE MORTUARY		FD1180	NANCY J WILLIAMS, MD, MPH		02/18/2020
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
BARTON MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DQA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
EL DORADO		2170 SOUTH AVE.		SOUTH LAKE TAHOE	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		6 DAYS		EM20-1388	
(A) PNEUMONIA		6 DAYS		EM20-1388	
(B) INFLUENZA A		6 DAYS		EM20-1388	
(C) CHRONIC OBSTRUCTIVE PULMONARY DISEASE		YEARS		EM20-1388	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		111. USED IN DETERMINING CAUSE?		112. USED IN DETERMINING CAUSE?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
NO				STEVEN LAURENCE BROOKS M.D.	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
G54095		02/18/2020		STEVEN LAURENCE BROOKS M.D.	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 hours)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number or location, and city and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. FAX AUTH.#		130. CENSUS TRACT	

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

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 and Human Services Agency.

DATE ISSUED

FEB 25 2020

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



000202030

*Nancy Williams*  
NANCY J WILLIAMS MD, MPH  
COUNTY HEALTH OFFICER



CAELDORADJ