



KAREN ELLISON, RECORDER

APN:
1318-23-411-010
1320-30-114-008
1320-30-211-053
1320-29-212-027

**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

NOTICE OF DEATH OF CO-TRUSTEE

COMES NOW Juanita Borda Summers, being first duly sworn deposes and says:

1. She is a Grantor and Co-Trustee of The Summers - 1993 Trust;
2. That she was a Co-Trustee with Grantor, James A. Summers;
3. That as Co-Trustees they acquired title to the certain real property located in the County of Douglas, State of Nevada more particularly described on **Exhibit A**, attached hereto and incorporated herein by reference; and
4. That James A. Summers died in Carson City, Nevada, on or about September 30, 2021. The State of Nevada issued a Death Certificate, No. 2021025791, attached hereto and incorporated herein by reference as **Exhibit B**.

Pursuant to the trust instrument which states, "In the event of death of either James A. Summers or Juanita Borda Summers, or if for any reason whatsoever one of them ceases to serve as a Trustee hereunder the other shall serve as sole Trustee hereunder."

NOW, THEREFORE, be it known the undersigned is acting as sole Trustee of The Summers - 1993 Trust.

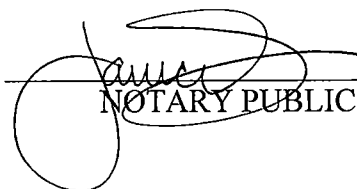
(Signature and Notarial page to follow)

IN WITNESS WHEREOF, Grantor and Trustee Juanita Borda Summers executed this document at Douglas County, Nevada, on this 8th day of November 2021.


JUANITA BORDA SUMMERS, Grantor/Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on November 8, 2021, by Juanita Borda Summers.


NOTARY PUBLIC



COPY

EXHIBIT A

EXHIBIT "A"
LEGAL DESCRIPTIONS

APN: 1320-29-212-027

Lot 121, in Block B, on Official Map of WINHAVEN UNIT NO. 1, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989 in book 1189, page 1590 as Document No.194373.

APN: 1318-23-411-010

Lot 11, as shown on the map of PINE RIDGE SUB-DIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on August 8, 1956.

APN: 1320-30-114-008

Lot 12, in Block L, as shown on the map of THE FINAL MAP OF WESTWOOD VILLAGE UNIT NO. II, PHASE II, filed for record in the office of the County recorder of Douglas County, State of Nevada, on March 3, 1989, in Book 389, Page 336, as Document No.197457.

APN: 1320-30-211-053

Lot 12 in Block I as shown on the Official Map of WESTWOOD VILLAGE UNIT NO. 1, filed for record in the office of the County recorder of Douglas County, Nevada, on October 5, 1979, in Book 1079, Page 440, Document No. 37417, and Certificate of Amendment recorded July 14, 180, in Book 780, Page 783, Document No. 46166, and Certificate of Amendment recorded January 31, 1991, in Book 191, Page 3820, Document No. 243938.

COPY

EXHIBIT B

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4239689

CERTIFICATE OF DEATH

2021025791
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Arthur SUMMERS		2. DATE OF DEATH (Mo/Day/Year) September 30, 2021		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 and number) Carson Tahoe Regional Medical Center		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 18, 1934	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		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) Juanita BORDA			
PARENTS	13. SOCIAL SECURITY NUMBER -2556		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Water Distribution	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline	
DISPOSITION	15d. STREET AND NUMBER 188 Pine Ridge Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas Albert SUMMERS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Thelma Murial WONACOTT		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Connie Renee SUMMERS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1762 Bella Casa Dr. 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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		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					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) SIGNATURE AUTHENTICATED STEPHEN L PERRY MD		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 19, 2021		21c. HOUR OF DEATH 09:26		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Stephen L Perry MD 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER 6526	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 19, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24b. SIGNATURE AUTHENTICATED					
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) Cardiopulmonary Arrest				Minutes	
PART II	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) Sepsis				Hours	
PART II	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) Cholangitis				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) Etiology Unknown				Days		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Congestive Heart Failure, COPD, Pleural Effusions, Coronary Artery Disease				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes						
28a. ACC., SUICIDE, HOM., UNDET. 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		



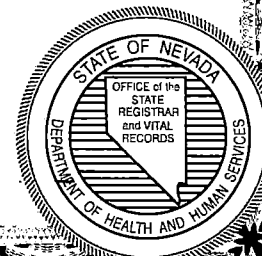
CERTIFIED COPY OF VITAL RECORDS

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: 10/22/2021

Janey Shyde
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE