

APN: 1318-23-314-006
1318-23-314-007
1318-23-314-008
1318-23-314-009

**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

COMES NOW Pamala Toler Midkiff, and being first duly sworn, deposes and says:

1. She is the sole serving Trustee of The Midkiff 2000 Trust;
2. That she was a Co-Trustee with Gary D. Midkiff;
3. That as Trustees, Gary D. Midkiff and Pamala Toler Midkiff, acquired title to certain real property as follows:

“Parcel 1

Unit #10, as set forth on the map entitled condominium Map Lake Village Professional Building recorded June 1, 1979 in Book 679 of Official Records at Page 83, document No. 33068, Douglas County, Nevada,

Together with an undivided interest in the common area as set forth and defined by that document recorded April 30, 1980 in Book 480 of Official Records at page 1788, Douglas County, Nevada.

Parcels 2 and 3

Units 4 and 6 as set forth on that map entitled CONDOMINIUM MAP LAKE VILLAGE PROFESSIONAL BUILDING, recorded June 1, 1979 in Book 679 of Official Records at page 83, as Document No. 33068, Douglas County, Nevada,

Together with an undivided interests in the common area as set forth and defined by that document recorded April 30, 1980 in Book 480 of Official Records at page 1788, Douglas County, Nevada.

Parcel 4

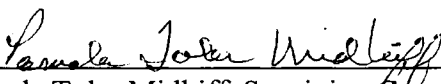
Unit 8 as set forth on that map entitled CONDOMINIUM MAP LAKE VILLAGE PROFESSIONAL BUILDING, recorded June 1, 1979 in Book 679 of Official Records at page 83, as Document No. 33068, Douglas County, Nevada,

Together with an undivided interests in the common area as set forth and defined by that document recorded April 30, 1980 in Book 480 of Official Records at page 1788, Douglas County, Nevada.

4. That Gary D. Midkiff, died in Washoe County Nevada, on or January 15, 2023. The State of Nevada issued a Death Certificate, No. 2023000701, attached hereto as **Exhibit A** and incorporated herein by reference.

5. Pursuant to the trust instrument which states, "In the event of the death of either Gary D. Midkiff or Pamala Toler Midkiff, 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 Midkiff 2000 Trust.

IN WITNESS WHEREOF, Grantor and Trustee has executed this document at Douglas County, Nevada, on this 8th day of February, 2023.

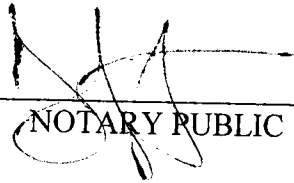


Pamala Toler Midkiff, Surviving Grantor and Trustee of The Midkiff 2000 Trust

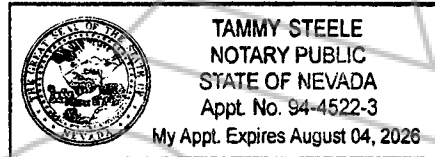
STATE OF NEVADA)
) ss.
CARSON CITY)

This instrument was acknowledged before me on this 8th day of February, 2023, by Pamala Toler Midkiff.

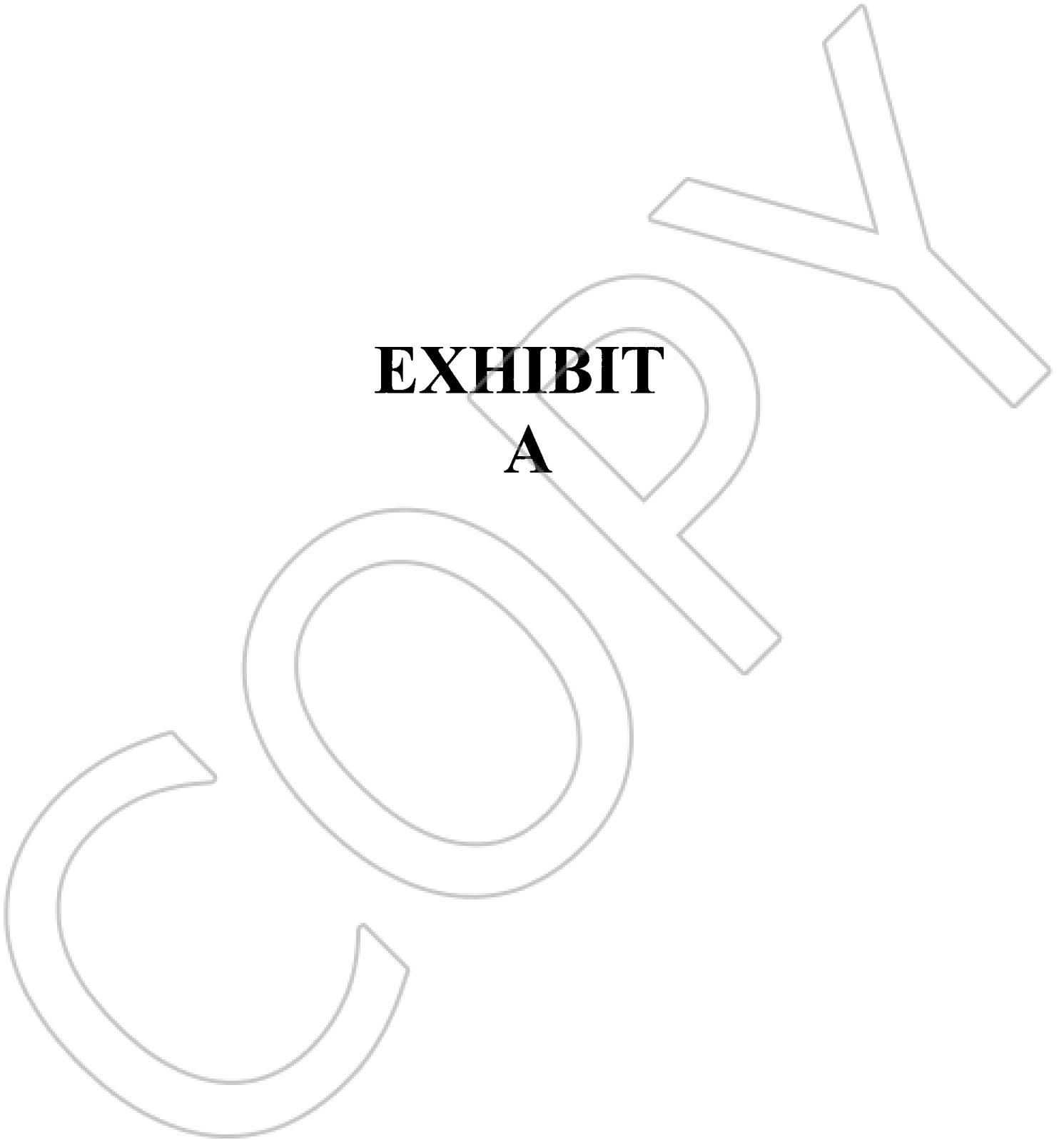
WITNESS my hand and official seal.



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. 4329033

CERTIFICATE OF DEATH

2023000701
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Gary Douglas MIDKIFF		2. DATE OF DEATH (Mo/Day/Year) January 15, 2023		3a. COUNTY OF DEATH Washoe		
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) Renown 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) 73		
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 18, 1949		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Pamala TOLER				
PARENTS	13. SOCIAL SECURITY NUMBER 0629		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Land Management		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		
DISPOSITION	15d. STREET AND NUMBER 929 Michael Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) James MIDKIFF		
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Delores CHASTAIN		18a. INFORMANT- NAME (Type or Print) Pamala MIDKIFF				
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 929 Michael Lane Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		
	19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423				
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423		
	20d. SIGNATURE AUTHENTICATED						
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) SAMANTHA L THOMSEN APRN						
	21b. DATE SIGNED (Mo/Day/Yr) January 17, 2023		21c. HOUR OF DEATH 17:30				
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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)		
	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) Samantha L Thomsen APRN 1155 Mill Street Reno, NV 89502				23b. LICENSE NUMBER APRN842537		
PART I	24a. REGISTRAR (Signature) CARMEN M MENDOZA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 18, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	24d. SIGNATURE AUTHENTICATED						
PART II	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiopulmonary Arrest						
	25. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Hypertension, Stroke						
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

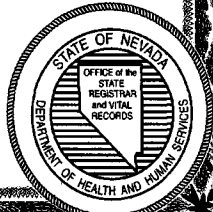
Sarah J. [Signature]

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:

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