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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
First American Title
2004 OCT -8 PM 12:54
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE$ 19.00
193092

APN# 005-650-19

Recording Requested by:

Name First American Title

Address 2715 Argent Ave. # 5

City/State/Zip Elko NV 89801

2136256 JLR

Declaration of Trust

(Title of Document)

1

DT-101

131170

Declaration of Trust

WHEREAS, I, William R. Smith - - - - - - - - - - - - - - - - - - of the City of Long Beach - - - - County of Los Angeles , State of California am the owner of certain real property located in the County of Eureka - - - - xxxxxxxxxxxxxxxxxxxxxxxxx State of Nevada - - - - - - - - - which property is described more fully in the Deed conveying it from William P. Thomas as Trustee for the Thomas Family Trust to WILLIAM R. SMITH, a single man -----, as that certain piece or parcel of land located in said Eureka County, Nevada - - - , being the East half of the Northeast quarter of Section 13, Township 28 North, Range 51 East of the Mount Diablo Base and Meridian.

WHEN RECORDED PLEASE RETURN TO: William R. Smith P.O. Box 14764 Long Beach, CA 90814

Being the same premises earlier conveyed to the Settlor by an instrument dated August 30, 1976 and recorded in Bk. 56 , Page 331 of the Eureka County, Nevada - - - - - Land Records.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that I do hereby acknowledge and declare that I hold and will hold said real property and all my right, title and interest in and to said property and all furniture, fixtures and personal property situated therein on the date of my death, IN TRUST

1. For the use and benefit of

(Name) Neil Sterling Weikel - of

(Address) 918 Palm View Drive Los Angeles, California 90042
Number Street City State Zip

If because of my physical or mental incapacity certified in writing by a physician, the Successor Trustee hereinafter named shall assume active administration of this trust during my lifetime, such Successor Trustee shall be fully authorized to pay to me or disburse on my behalf such sums from income or principal as appear necessary or desirable for my comfort or welfare. Upon my death, unless the beneficiary shall predecease me or unless we both shall die as a result of a common accident or disaster, my Successor Trustee is hereby directed forthwith to transfer said property and all right, title and interest in and to said property unto the beneficiary absolutely and thereby terminate this trust; provided, however, that if the beneficiary hereunder shall not have attained the age of 21 years, the Successor Trustee shall hold the trust assets in continuing trust until such beneficiary shall have attained the age of 21 years. During such period of continuing trust the Successor Trustee, in his absolute discretion, may retain the specific trust property herein described if he believes it in the best interest of the beneficiary so to do, or he may sell or otherwise dispose of such specific trust property, investing and reinvesting the proceeds as he may deem appropriate. If the specific trust property shall be productive of income or if it be sold or otherwise disposed of, the Successor Trustee may apply or expend any or all of the income or principal directly for the maintenance, education and support of the beneficiary without the

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intervention of any guardian and without application to any court. Such payments of income or principal may be made to the parents of such beneficiary or to the person with whom the beneficiary is living without any liability upon the Successor Trustee to see to the application thereof. If such beneficiary survives me but dies before attaining the age of 21 years, at his or her death the Successor Trustee shall transfer, pay over and deliver the trust property to such beneficiary's personal representative, absolutely.

2. The beneficiary hereunder shall be liable for his proportionate share of any taxes levied upon the Settlor's total taxable estate by reason of the Settlor's death.

3. All interests of a beneficiary hereunder shall be inalienable and free from anticipation, assignment, attachment, pledge or control by creditors or a present or former spouse of such beneficiary in any proceedings at law or in equity.

4. I reserve unto myself the power and right during my lifetime (1) to place a mortgage or other lien upon the property, (2) to collect any rental or other income which may accrue from the trust property and to pay such income to myself as an individual. I shall be exclusively entitled to all such income accruing from the trust property during my lifetime, and no beneficiary named herein shall have any claim upon any such income and/or profits distributed to me.

5. I reserve unto myself the power and right at any time during my lifetime to amend or revoke in whole or in part the trust hereby created without the necessity of obtaining the consent of the beneficiary and without giving notice to the beneficiary. The sale or other disposition by me of the whole or any part of the property held hereunder shall constitute as to such whole or part a revocation of this trust.

6. The death during my lifetime, or in a common accident or disaster with me, of the beneficiary designated hereunder shall revoke such designation, and in the former event, I reserve the right to designate a new beneficiary. Should I for any reason fail to designate such new beneficiary, this trust shall terminate upon my death and the trust property shall revert to my estate.

7. In the event of my physical or mental incapacity or my death, I hereby nominate and appoint as Successor Trustee hereunder whosoever shall at that time be beneficiary hereunder, unless such beneficiary shall not have attained the age of 21 years or is otherwise legally incapacitated in which event I hereby nominate and appoint

(Name) ____, of

(Address) ____
Number Street City State Zip

to be Successor Trustee.

8. This Declaration of Trust shall extend to and be binding upon the heirs, executors, administrators and assigns of the undersigned and upon the Successors to the Trustee.

9. The Trustee and his successors shall serve without bond.

10. This Declaration of Trust shall be construed and enforced in accordance with the laws of the State of Nevada

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of February, 19 90

(Settlor sign here) William Ronald Smith L.S.

I, the undersigned legal spouse of the Settlor, hereby waive all community property, dower or curtesy rights which I may have in the hereinabove-described property and give my assent to the provisions of the trust and to the inclusion in it of the said property.

(Spouse sign here) ______________________ L.S.

Witness: (1) Sueann Stelter Witness: (2) [signature]

STATE OF California
COUNTY OF Los Angeles
City or Town Long Beach

On the 1st day of February, 19 90, personally appeared

WILLIAM RONALD SMITH

known to me to be the individual(s) who executed the foregoing instrument, and acknowledged the same to be his free act and deed, before me.

(Notary Seal)

[signature] Notary Public

OFFICIAL SEAL
LANNEY MAYFIELD
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires Jan. 30, 1991

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

003743

DECEDENT PERSONAL DATA

Robert	Lee	Walters
Male	Caucasian	November 1, 1951
Wisconsin	Robert Kenneth Walters-Wisconsin	Marie Helen Krause-Wisconsin
U.S.A.	19—— TO 19——	[redacted]
Divorced		
Manager	5	INF-O-RAMA
Video Arcade		

Date of death: October 5, 1987 — 0440

Age: 35

USUAL RESIDENCE

4546 East Broadway, Long Beach

Los Angeles — California

Robert Kenneth Walters-Father
15059 Cedar Street
Hesperia, CA 92345

PLACE OF DEATH

Residence — Los Angeles

4546 East Broadway — Long Beach

CAUSE OF DEATH

Cause	Interval	
(A) PCP	2 WK.	NO
(B) AIDS	4 YR.	NO
(C)		NO

Kaposi Sarcoma — NO

PHYSICIAN'S CERTIFICATION

8-17-87 — 9-29-87 — Robert F. Cathcart M.D. — 10/20/87 — A-20134

Robert F. Cathcart M.D., 127 Second St. #4 Los Altos 9402[illegible]

INJURY INFORMATION

CORONER'S USE ONLY

Cremation — October 22, 1987 — Grand View Crematory-Glendale-CA — Not Embalmed

Cremation Society of California — F-1166 — SB — OCT 21 1987

STATE REGISTRAR

A | B | C | D | E | F

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
BOOK 208 PAGE 174
William A Smith
'90 FEB -9 A9:33

EUREKA COUNTY, NEVADA
REAL ESTATE TRANSFER TAX
FILE NO.
131170

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Certification of Copy
State of Nevada } **SS**
County of Eureka

I, Michael Rebaleati, the duly elected and qualified Recorder of Eureka County, State of Nevada, do hereby Certify that this is a full, true, and correct copy of the Instrument now on record in this office.
Recorded in Book 208 of Official Records
Pages 174-176, File No. 131470.
Whereof, I have hereunto Set my Hand and affixed the Seal of my office, in Eureka, Nevada this
17th day of September 20 04
MN Rebaleati
Eureka Co. Recorder/Audit & Exofacto Court Recorder.
Frances E Stennett Deputy Recorder

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY, YR.	2B. HOUR	3. SEX
William	Ronald	Smith	April 22, 1991	0804	MALE

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY, YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
CAUCASIAN	☐ YES ☒ NO	JULY 24, 1942	48		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
KANSAS	U.S.A.	WILLIAM OSCAR SMITH	MISS.	CECILE IRENE ANDREWS	OK.

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	[redacted]	NEVER MARRIED	NONE

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
TRUCK DRIVER	TRUCKING	TRANS PACIFIC ENERGY	7	16

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
918 PALM VIEW DR.	LOS ANGELES	90042

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	36	CALIFORNIA	NEIL STERLING WEIKEL (D.P.O.A. 918 PALM VIEW DR. LOS ANGELES, CALIF. 90042

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Huntington Memorial Hosp	IP	Los Angeles

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
100 W. California	Pasadena

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) RESPIRATORY ARREST	MINUTES
DUE TO	(B) PNEUMOCYSTIS PNEUMONIA	2 WEEKS
DUE TO	(C) ACQUIRED IMMUNE DEFICIENCY SYNDROME	2 YEARS

22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ☐ YES ☒ NO

23. WAS BIOPSY PERFORMED? ☒ YES ☐ NO

24A. WAS AUTOPSY PERFORMED? ☒ YES ☐ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
NONE	NO

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
4-21-91	4-22-91	[signature] M.D.	A048609	4/25/91

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: JADA MA M.D. 100 W. CALIFORNIA. PASADENA. CALIF. 91109

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER

28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR/RES	Res: 918 Palm View Dr. Los Angeles, CA 90042	5/6/1991	Not Embalmed	None

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Aftercare CA Crem & Bu Society	F-1166	Jaqueline E. Hoff, M.D. WW	APR 30 1991

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-90) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of the DEATH CERTIFICATE of the above named decedent as registered in this office.

Jaqueline E. Hoff, M.D.

Health Officer

Winfred Williams

Deputy Registrar-Vital Statistics
Pasadena Public Health Department

Furnished for fee of $8.00

DATE: MAY 03 1991

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