

DOC # 0224225

05/10/2013

01:09 PM

Official Record

Recording requested By
COPENHAVER & MC CONNELL PC

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: FES

Book- 549 Page- 0281

APN: 007-200-08; 007-200-70
007-200-71; 007-240-02

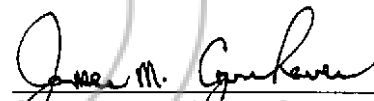
Recording requested by:
Copenhaver & McConnell, P.C.
950 Idaho Street
Elko, NV 89801



NOTICE OF DEATH OF ELLEN M. RAND
ONE OF THE ORIGINAL TRUSTEES AND ONE OF THE
ORIGINAL TRUSTORS
OF THE JOSEPH L. RAND DECEDENTS TRUST dated
October 17, 2008
AND THE JOSEPH L. RAND AND ELLEN M. RAND
REVOCABLE LIVING TRUST dated May 9, 1996

AFFIRMATION STATEMENT

The undersigned hereby affirms that the foregoing pleading,
including any exhibits, **DOES CONTAIN** the Social Security number of
a person.



James M. Copenhaver

APN: 007-200-08; 007-200-70
007-200-71; 007-240-02

Send tax statements to:

Leora A. Betschart - Trustee
Joseph L. Rand Decedents Trust and
Joseph L. Rand and Ellen M. Rand
Revocable Living Trust
HC 62 Box 62141
Eureka, NV 89316-9601

When recorded return to:

Copenhaver & McConnell, PC
950 Idaho Street
Elko, NV 89801

**NOTICE OF DEATH OF ELLEN M. RAND
ONE OF THE ORIGINAL TRUSTEES AND ONE OF THE ORIGINAL TRUSTORS
OF THE JOSEPH L. RAND DECEDENTS TRUST dated October 17, 2008
AND THE JOSEPH L. RAND AND ELLEN M. RAND REVOCABLE LIVING TRUST
dated May 9, 1996**

TO WHOM IT MAY CONCERN:

Please take notice that on the 31st day of March, 2013, **ELLEN M. RAND**, one of the original Trustors and one of the original Trustees, of the **JOSEPH L. RAND DECEDENTS TRUST**, dated the 17th day of October, 2008, (owner of APN: 007-200-08, 007-200-70 and 007-200-71) and of the **JOSEPH L. RAND AND ELLEN M. RAND REVOCABLE LIVING TRUST** dated May 9, 1996, (owner of APN: 007-240-02), died in the City of Reno, County of Washoe, State of Nevada.

A certified copy of the Certificate of Death of the Trustor and Trustee, **ELLEN M. RAND**, is attached hereto.

The successor Trustee of the **JOSEPH L. RAND DECEDENTS TRUST**, dated the 17th day of October, 2008, is **LEORA A. BETSCHART** and the successor Trustee of the **JOSEPH L. RAND AND ELLEN M. RAND REVOCABLE LIVING TRUST** dated May 9, 1996, is **LEORA A. BETSCHART**.

DATED this 7th day May, 2013.

By:



LEORA A. BETSCHART-Trustee



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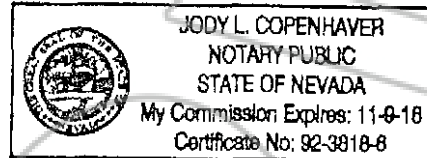
Book: 549 05/10/2013
Page: 282 Page: 2 of 4

State of Nevada
County of Elko

This instrument was acknowledged before me on the 7th day of May, 2013, by **LEORA A. BETSCHART** as the successor Trustor and Trustee of the **JOSEPH L. RAND DECEDENTS TRUST**, dated the 17th day of October, 2008 and the **JOSEPH L. RAND AND ELLEN M. RAND REVOCABLE LIVING TRUST** dated May 9, 1996.



NOTARY PUBLIC



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2013006806

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) Ellen Marie RAND		2. DATE OF DEATH (Mo/Day/Year) March 31, 2013		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
5. RACE White (Specify)		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		9. DATE OF BIRTH (Mo/Day/Yr) August 09, 1930	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Farmer		14b. KIND OF BUSINESS OR INDUSTRY Farming	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 11th St. Diamond Valley		15e. INSIDE CITY LIMITS (Specify Yes or No) No		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
16. FATHER/PARENT- NAME (First Middle Last Suffix) Theodore M THOMPSON			17. MOTHER/PARENT- NAME (First Middle Last Suffix) Georgiabell SHUMWAY		
18a. INFORMANT- NAME (Type or Print) Patti BENSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 158 Eureka, Nevada 89316			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Pine Valley Cemetery		19c. LOCATION City or Town State Pine Valley Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHNNY KOMINEK <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 203		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary 425 Stoker Ave Reno, NV 89503	
TRADE CALL - NAME AND ADDRESS Burns Funeral Home PO BOX 689 Elko, NV 89803					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JAMES HEMSLEY DO <i>SIGNATURE AUTHENTICATED</i>			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) April 16, 2013		21c. HOUR OF DEATH 18:23		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) James Hemsley DO 235 W 6th Street Reno, NV 89503			
23b. LICENSE NUMBER 999		24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 26, 2013		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					
(a) Cardiopulmonary arrest Interval between onset and death					
(b) Pulseless electrical activity Interval between onset and death					
(c) Unknown causes and acute interior wall myocardial infarction Interval between onset and death					
(d) Otherosclerotic vascular disease Interval between onset and death					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
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		28a. 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

3707355



0224225 Book: 549 05/10/2013
Page: 284 Page: 4 of 4

VRS-Rev-20120523a

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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.

04/26/2013

DEPUTY REGISTRAR

John P. Iser M.D. D.P.H. M.S.
SIGNATURE AUTHENTICATED

DATE ISSUED:
PRN/CO (REV) 12/09

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

