IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA, Plaintiff, WALKER RIVER PAIUTE TRIBE, Plaintiff-Intervenor, v. WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., Defendants.	In Equity No. C-125-ECR Subfile No. C-125-B **NOTICE OF CHANGE OF OWNERSHIP OF WATER RIGHT**

The undersigned counter-defendant in the above action hereby notifies the Court and the United States that the undersigned (or the entity on whose behalf the undersigned is acting) has sold or otherwise conveyed ownership of all or a portion of a water right within one or more of the categories set forth in Paragraph 3 of the Case Management Order and provides the following information:

1. The name and address of the party or parties who sold or otherwise conveyed ownership:

Ira S. & Zola L. Dykes, The Dykes Family Trust Trustees
Name(s)

2141 Cartwright Rd.
Street or P.O. Box

Reno	NV	89521
Town or City	State	ZipCode

2. The name and address of each person or entity who acquired ownership

The Patricia Louise Riley Revocable Trust
Patricia Louise Riley, Trustee
Name(s)

1040 Comstock Rd.
Street or P.O. Box

Hollister	CA	95023
Town or City	State	ZipCode

3. Attached to or included with this notice is a copy of the (check appropriate box(es)):

☒ Deed

☐ Court Order

☒ Other Document. -Certificate of Death.

by which the change in ownership was accomplished.

4. The undersigned acknowledges that any person or entity who files a Notice of Change of Ownership of Water Right using this form is ultimately responsible for the accuracy of this filing. Consequently, the undersigned acknowledges that any person or entity who files

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* This notice shall be sent to the following two persons:

Linda Lea Sharer, Chief Deputy Clerk
United States District Court for the District of Nevada
400 South Virginia Street, Suite 301
Reno, NV 89501

And

Susan L. Schneider
United States Department of Justice
P.O. Box 756
Littleton, CO 80160

such a notice, but retains such water rights, shall nevertheless, be bound by the results of this litigation.

Executed this 5 day of February 2007.

Zola L Dykes

ZOLA L DYKES, SOLE TRUSTEE
[signature of counter-defendant]

The Dykes Family Trust
Ira S. & Zola L. Dykes, Trustees

[name of counter-defendant]

[signature, if applicable, of person acting on behalf of counter-defendant]

[name, if applicable, of person acting on behalf of counter-defendant]

2141 Cartwright Rd.
Reno, NV 89521

[address]

(775) 847-7471

[telephone number]

*** THIS IS AN UNOFFICIAL COPY ***

DOC # 396976
12/12/2006 04:52 PM
Official Record
Requested By
NORTHERN NEVADA TITLE
Lyon County - NV
Nancy C. Milligan - Recorder
Recorded By: NRK
0396976

A.P.N. 001-611-08 & 001-611-09

RECORDING REQUESTED BY:

MAIL TAX STATEMENTS AND WHEN RECORDED, MAIL TO:

Patricia Louise Riley, Trustee

1040 Comstock Rd.
Hollister, CA 95023

THIS SPACE FOR RECORDER'S USE ONLY

The undersigned grantor(s) declare(s):

Documentary transfer tax is **$1,813.50, computed on full value of property conveyed.**

GRANT, BARGAIN, SALE DEED

That **Ira S. Dykes and Zola L. Dykes, Trustees of The Dykes Family Trust, dated December 6, 1996** in consideration of $10.00 Dollars, the receipt of which is hereby acknowledged, do(es) hereby Grant, Bargain, Sell and Convey to **Patricia Louise Riley, Trustee of the Patricia Louise Riley Revocable Trust** all that real property in the County of **Lyon**, State of Nevada, bounded and described as follows:

See Exhibit "A" attached hereto and made a part hereof

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Dated: December 8, 2006

The Dykes Family Trust, dated December 6, 1996

By: Ira S. Dykes
Ira S. Dykes, Trustee

By: Zola L. Dykes
Zola L. Dykes, Trustee

By: Zola L. Dykes
Zola L. Dykes, Trustee

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COUNTY OF YAKIMA)

On 11 DEC 2006 personally appeared before me, a Notary Public, Ira S. Dykes and Zola L. Dykes who acknowledged that they executed the above instrument.

Signature Manuel Coronado
(Notary Public)

MANUEL CORONADO
COMMISSION EXPIRES
NOTARY PUBLIC
JANUARY 23, 2010
STATE OF WASHINGTON

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EXHIBIT "A"

All that certain real property situate in the County of Lyon, State of Nevada, described as follows:

Parcel 1:

All that certain land lying all in a portion of Section 15 Township 13 North, Range 25 East M.D.B.&M., being a portion of Parcel B, as shown on Parcel Map File No. 179978, of Lyon County Records and a portion of Parcel A2, as shown on Parcel Map File No. 192613, Lyon County Records, being described as follows:

Beginning at the Northerly most corner of Parcel B as shown on said Parcel Map File No. 179978; thence from said point of beginning and along the Easterly line of said Parcel B, South 20°58'07" East a distance of 599.40 feet; thence leaving said Easterly line, South 83°23'21" West a distance of 371.63 feet to the Northwest corner of Parcel A2, as shown on said Parcel Map File No. 192613; thence along the Westerly line of said Parcel A2, South 3°29'14" West a distance of 66.24 feet to an angle point along said Westerly line; thence continuing along said Westerly line, South 1°48'37" West a distance of 79.32 feet; thence leaving said Westerly line and along the Southerly most line of said Parcel B; North 89°28'49" West a distance of 384.63 feet to a point on the center line of the Walker River as shown on Parcel Map No. 48838 of Lyon County Records; thence along said center line of the Walker River North 35°04'24" East a distance of 325.98 feet to an angle point; thence continuing along said center line of the Walker River, North 37°52'10" East a distance of 352.44 feet to an angle point, thence continuing along the said center line of the Walker River, North 35°31'01" East a distance of 244.70 feet to the point of beginning.

Parcel 2:

All that certain land lying all in a portion of Section 15 Township 13 North, Range 25 East M.D.B.&M., being a portion of Parcel B, as shown on Parcel Map File No. 179978, of Lyon County Records and a portion of Parcel A2, as shown on Parcel Map File No. 192613, Lyon County Records, being described as follows:

Beginning at a point along the Northerly right of way of Goldfield Avenue, also being the Southwest corner of Parcel A2 as shown on said Parcel Map File No. 192613; thence from said point of beginning and along the Westerly line of said Parcel A2 North 0°39'19" East a distance of 236.81 feet to an angle point, thence continuing along said Westerly line, North 89°28'49" West a distance of 12.50 feet to an angle point, thence continuing along said Westerly line, North 1°48'37" East a distance of 79.32 feet to an angle point; thence continuing along said Westerly line, North 3°29'14" East a distance of 66.24 feet to the Northwest corner of said Parcel A2; thence from said Northwest corner of Parcel A2, North 83°23'21" East a distance of 371.63 feet to a point of intersection with the Easterly line of said Parcel A2; thence from said point of intersection and along the Easterly line of said Parcel A2, South 20°58'07" East a distance of 214.43 feet to the

Continued . . .

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Exhibit "A" Continued

Easterly most point of said Parcel A2, thence from said point, South 37°55'29" West a distance of 145.27 feet to an angle point; thence from said angle point, South 48°08'24" West a distance of 223.32 feet to a point of intersection with the Northerly right of way of Goldfield Avenue; thence from said point and along the Northerly right of way of Goldfield Avenue, North 89°09'54" West a distance of 153.71 feet to the point beginning.

Legal description appeared previously in Document No. 264971, recorded on August 22, 2001 Official Records of Lyon County Nevada.

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 1668

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First: Ira Middle: S. Last: DYKES Suffix:
2. Death Date: 12-16-2006
3. Sex (M/F): M
4a. Age – Last Birthday: 83
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: 447-12-5547
6. County of Death: Yakima
7. Birthdate: 6-17-1923
8a. Birthplace (City, Town, or County): Sapulpa
8b. (State or Foreign Country): OK
9. Decedent's Education: 8th grade
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.: No
11. Decedent's Race(s): White
12. Was Decedent ever in U.S. Armed Forces? Yes

3
2VA

Part 1 completed by Funeral Director

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 707 Jamie
13b. City or Town: Selah
13c. Residence: County: Yakima
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: WA
13f. Zip Code + 4: 98942
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 6 months
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): Zola Collins
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Carpenter
18. Kind of Business/Industry (Do not use Company Name): Construction
19. Father's Name (First, Middle, Last, Suffix): Jake Wesley Dykes
20. Mother's Name Before First Marriage (First, Middle, Last): Florence Bridgeford
21. Informant's Name: Zola Dykes
22. Relationship to Decedent: Wife
23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 707 Jamie, Selah, WA 98942
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home
25. Facility Name (If not a facility, give number & street or location): 707 Jamie
26a. City, Town, or Location of Death: Selah
26b. State: WA
27. Zip Code: 98942
28. Method of Disposition: Burial
29. Place of Final Disposition (Name of cemetery, crematory, other place): Wenas Cemetery
30. Location-City/Town, and State: Selah, WA
31. Name and Complete Address of Funeral Facility: Valley Hills Funeral Home, 2600 Business Ln, Yakima, WA
32. Date of Disposition: 12/19/06
33. Funeral Director Signature X: [signature]

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Lung Cancer — Interval between Onset & Death: Months

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. — Interval between Onset & Death

Due to (or as a consequence of):

c. — Interval between Onset & Death

Due to (or as a consequence of):

d. — Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
41. Date of Injury (MM/DD/YYYY)
42. Hour of Injury (24hrs)
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
44. Injury at Work? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code+ 4:
46. Describe how injury occurred
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
48a. Certifying Physician - X [signature]
48b. Medical Examiner/Coroner - X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Patrick Waber, 1020 S. 40th Ave, Ste A, Yakima WA 98908
50. Hour of Death (24hrs): 0404
51. Name and Title of Attending Physician if other than Certifier (Type or Print): Yakima VA
52. Date Signed (MM/DD/YYYY): 12/18/06
53. Title of Certifier: M.D.
54. License Number
55. ME/Coroner File Number
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature: x Mary Marshall, Deputy Registrar
58. Date Received (MM/DD/YYYY): 12-18-2006
59. Amendments

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST BE