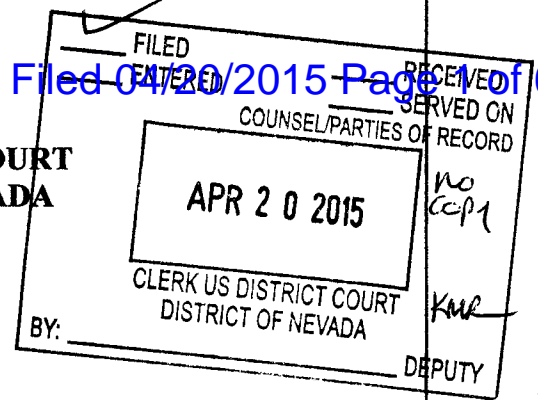


UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEVADA



UNITED STATES OF AMERICA,

Plaintiff,

WALKER RIVER PAIUTE TRIBE,

Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,  
a corporation, et al.,

Defendants.

MINERAL COUNTY,

Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,  
a corporation, et al.,

Defendants.

IN EQUITY NO. C-125-RCJ-WGC  
Subproceeding C-125-C

3:73-cv-00128-RCJ-WGC

**DISCLAIMER OF INTEREST IN  
WATER RIGHTS AND NOTICE OF  
RELATED INFORMATION AND  
DOCUMENTATION  
SUPPORTING DISCLAIMER**

The undersigned defendant in the above action hereby notifies the Court and Mineral County that the undersigned (or the entity on whose behalf the undersigned is acting) has no interest in any water right subject to the Walker River Decree, and therefore, **disclaims all interest in this action.**

In addition, because the undersigned sold or otherwise conveyed ownership of all of the water rights that the undersigned (or the entity on whose behalf the undersigned is acting) once owned before the undersigned was served with a Waiver of Personal Service of Notice in Lieu of Summons or by a Notice in Lieu of Summons the undersigned provides the following additional information:

1. The name and address of the defendant or defendants who sold or otherwise conveyed ownership:

Tom Lowe  
Name(s)

?  
Street or P.O. Box

1  
Town or City State Zip Code

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

Never owned Water rights  
Name(s)

Property Bought with out  
Street or P.O. Box

Water rights  
Town or City State Zip Code

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

- ☒ Deed  
☐ Court Order  
☐ Other Document

4. The undersigned acknowledges that any person or entity who files a Disclaimer of Interest in this matter is ultimately responsible for the accuracy of this filing.

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

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

AND

Simeon Herskovits  
Advocates for Community and Environment  
P.O. Box 1075  
El Prado, NM 87529

Consequently, the undersigned acknowledges that any person or entity who files such a notice,  
but, in fact, has water rights subject to this litigation, shall nevertheless be bound by the results of  
this litigation.

Executed this 16 day of April, 20  

Evangelina Pierce  
[signature of defendant]

EVANGELINA PIERCE  
[name of defendant]

Husband  
deceased  
death  
Certificate  
enclosed

\_\_\_\_\_  
[signature, if applicable, of person  
acting on behalf of defendant]

\_\_\_\_\_  
[name, if applicable, of person acting  
on behalf of defendant]

\_\_\_\_\_  
[address]

\_\_\_\_\_  
[telephone number]

Evangelina Pierce  
1270 Rialto Ave.  
Colton, Calif.  
92324

THOMAS E. LOWE AND BARBARA L. LOWE, TRUSTEES OF THE LOWE FAMILY TRUST, UTD, 8-25-89

are the owners and holders of the Note secured by the Deed of Trust dated

July 31, 1987

, made by GEORGE A PIERCE AND ANGELINA B.

PIERCE, TRUSTORS, to INYO-MONO TITLE COMPANY, A

CALIFORNIA CORP., TRUSTEE, for the benefit of THOMAS E. LOWE AND

BARBARA L. LOWE, TRUSTEES OF THE BENEFICIARY, which said Deed of LOWE FAMILY TRUST, UTD, 8-25-89

Trust was recorded in the Office of the County Recorder of MONO Book 486 Page 202, as Document Number \_\_\_\_\_, hereby substitutes:

THOMAS E. LOWE AND BARBARA L. LOWE, TRUSTEES

OF THE LOWE FAMILY TRUST, UTD, 8-25-89, as Trustee in Lieu of

the above name Trustee under said Deed of Trust.

THOMAS E. LOWE AND BARBARA L. LOWE, TRUSTEES OF THE LOWE FAMILY TRUST, UTD, 8-25-89

hereby accepts said

appointment as Trustee under said Deed of Trust, and, as successor

Trustee, pursuant to the request of the owner and holder and in accordance

with the provisions of the Deed of Trust, does hereby RECONVEY without

warranty to the person or person legally entitled thereto, all estate

now held by it under said Deed of Trust.

WITNESS \_\_\_\_\_ HAND this 29<sup>th</sup>

DAY OF September

Thomas E Lowe  
BENEFICIARY THOMAS E. LOWE, TRUSTEE

Barbara L Lowe  
BENEFICIARY BARBARA L. LOWE, TRUSTEE

WITNESS \_\_\_\_\_ HAND this 29<sup>th</sup>

DAY OF September

Thomas E Lowe  
TRUSTEE THOMAS E. LOWE, TRUSTEE

Barbara L Lowe  
TRUSTEE BARBARA L. LOWE, TRUSTEE

STATE OF Oregon )  
 ) ss:  
COUNTY OF Jackson )

On September 29, 1992 before me,  
the undersigned, a Notary Public  
in and for said County and State,  
personally appeared

Thomas E Lowe &  
Barbara A Lowe

who acknowledged that they  
executed the above instrument.

Pauline Shibeaux  
NOTARY PUBLIC

STATE OF Oregon )  
 ) ss:  
COUNTY OF Jackson )

On September 29, 1992 before me,  
the undersigned, a Notary Public  
in and for said County and State,  
personally appeared

Thomas E Lowe &  
Barbara A Lowe

who acknowledged that they  
executed the above instrument.

Pauline Shibeaux  
NOTARY PUBLIC

When recorded mail to:

INYO-MONO TITLE COMPANY

100057-00

Per 1 4 PM 4

THOMAS E. LOWE AND BARBARA L. LOWE, TRUSTEES  
OF THE LOWE FAMILY TRUST, UTD, 8-25-89

Case 3:73-cv-00128-MMD-CSD Document 803 Filed 04/20/2015 Page 5 of 6

the above name Trustee under said Deed of Trust.  
THOMAS E. LOWE AND BARBARA L. LOWE, TRUSTEES OF THE  
LOWE FAMILY TRUST, UTD, 8-25-89 hereby accepts said  
appointment as Trustee under said Deed of Trust, and, as successor  
Trustee, pursuant to the request of the owner and holder and in accordance  
with the provisions of the Deed of Trust, does hereby RECONVEY without  
warranty to the person or person legally entitled thereto, all estate  
now held by it under said Deed of Trust.

WITNESS \_\_\_\_\_ HAND this 29<sup>th</sup>

DAY OF September

Thomas E Lowe  
BENEFICIARY THOMAS E. LOWE, TRUSTEE  
Barbara L Lowe  
BENEFICIARY BARBARA L. LOWE,  
TRUSTEE

WITNESS \_\_\_\_\_ HAND this 29<sup>th</sup>

DAY OF September

Thomas E Lowe  
TRUSTEE THOMAS E. LOWE, TRUSTEE  
Barbara L Lowe  
TRUSTEE BARBARA L. LOWE, TRUSTEE

STATE OF Oregon )  
COUNTY OF Jackson ) ss:

On September 29, 1992 before me,  
the undersigned, a Notary Public  
in and for said County and State,  
personally appeared

Thomas E Lowe &  
Barbara A Lowe  
who acknowledged that they  
executed the above instrument.

Pauline Stibbeaux  
NOTARY PUBLIC

STATE OF Oregon )  
COUNTY OF Jackson ) ss:

On September 29, 1992 before me,  
the undersigned, a Notary Public  
in and for said County and State,  
personally appeared

Thomas E Lowe &  
Barbara A Lowe  
who acknowledged that they  
executed the above instrument.

Pauline Stibbeaux  
NOTARY PUBLIC

When recorded mail to:

INYO-MONO-TITLE COMPANY  
100052-RM

Mr. & Mrs. George Pierce  
1270 Rialto Ave.  
Colton, CA 92324

RECORDED IN 1992  
93 JAN 25 AM 11:43  
COUNTY RECORDER  
\$10.00

REL 1 4PM 4

## COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

## CERTIFICATE OF DEATH

3201336008239

STATE FILE NUMBER		DATE OF DEATH USE BLACK INK ONLY / NO ERASURES, CORRECTIONS OR ALTERATIONS VS-100REV 3/08		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
GEORGE		ALVIN		PIERCE	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
09/27/1939		73		M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
TX		545-52-1944		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/GRPP at Time of Death		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 hours)	
MARRIED		08/18/2013		1901	
13. EDUCATION - Highest Level/Grades		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
FIREFIGHTER		FORESTRY		20	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
1270 RIALTO AVENUE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
COLTON		SAN BERNARDINO		92324	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
12		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
ANGELINA PIERCE, WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)					
1270 RIALTO AVENUE, COLTON, CA 92324					
28. NAME OF SURVIVING SPOUSE/GRPP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
ANGELINA		C.		BANKS	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
GEORGE				PIERCE	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
TX		JUANITA		JOE	
37. LAST (BIRTH NAME)		38. BIRTH STATE			
HEALON		TX			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
08/22/2013		MONTECITO MEMORIAL PARK			
		3520 E. WASHINGTON STREET, COLTON, CA 92324			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
BU		GAI MONIQUE COLE		EMB8408	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
COLTON FUNERAL HOME		FD1031		MAXWELL OHIKHUARE, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
08/20/2013					
101. PLACE OF DEATH					
ARROWHEAD REGIONAL MEDICAL CENTER					
102. COUNTY		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		104. CITY	
SAN BERNARDINO		400 N PEPPER AVE		COLTON	
105. CAUSE OF DEATH					
Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator dislodgement without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE: (First disease or condition resulting in death)					
a) RESPIRATORY FAILURE					
b) CARDIOGENIC SHOCK					
c) STATUS POST CARDIAC ARREST					
d) ACUTE ON CHRONIC ATRIAL FIBRILLATION					
106. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
107. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NO					
113. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		Decedent Last Seen Alive		A33491	
IN mm/dd/yyyy		OUT mm/dd/yyyy		117. DATE mm/dd/yyyy	
08/15/2013		08/18/2013		08/20/2013	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
KAVEH REZVAN D.O.		400 N PEPPER AVENUE, COLTON, CA 92324			
120. MANNER OF DEATH					
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE mm/dd/yyyy					
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR					
A B C D E					
FAX AUTH/LR					
CENSUS TRACT					
*010001002426750*					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

Aug 22, 2013

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

*Maxwell Ohikhuare*  
MAXWELL OHIKHUARE, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS



\*002246525\*

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

