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CLERK US DISTRICT COURT
DISTRICT OF NEVADA
BY: DEPUTY
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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.	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**
MINERAL COUNTY, Plaintiff-Intervenor, vs. WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., Defendants.	

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

?
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 without
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.

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*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

Escrow: 92031738

SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

VOL. 0635 PAGE 061

000537

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 LOWE FAMILY TRUST, UTD, 8-25-89 BENEFICIARY, which said Deed of 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 29th DAY OF September.

Thomas E. Lowe
BENEFICIARY THOMAS E. LOWE, TRUSTEE

Barbara A. Lowe
BENEFICIARY 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 Gilbeaux
NOTARY PUBLIC

WITNESS HAND this 29th DAY OF September.

Thomas E Lowe
TRUSTEE THOMAS E. LOWE, TRUSTEE

Barbara A. Lowe
TRUSTEE BARBARA L. LOWE, TRUSTEE

STATE OF Oregon)
) ss:
COUNTY OF Jackson)

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Pauline Gilbeaux
NOTARY PUBLIC

Rec 1 4pm 4

When recorded mail to:

INYO-MONO TITLE COMPANY
100052-em

Page 202, as Document Number _____, hereby substitutes:
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the above name Trustee under said Deed of Trust.
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Pauline Gilbeaux
NOTARY PUBLIC

Pcl 1 4 PM 4

When recorded mail to:

INYO-MONO TITLE COMPANY
100052-RM

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

RECORDED IN OFFICIAL RECORDS
93 JAN 25 AM 11:43
INYO COUNTY
COUNTY RECORDER
#10.00

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/08)

STATE FILE NUMBER: 3201336008239
LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given): GEORGE
2. MIDDLE: ALVIN
3. LAST (Family): PIERCE
AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 09/27/1939
5. AGE Yrs.: 73
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M
8. BIRTH STATE/FOREIGN COUNTRY: TX
10. SOCIAL SECURITY NUMBER: 545-52-1944
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS/RDP* (at Time of Death): MARRIED
7. DATE OF DEATH mm/dd/ccyy: 08/18/2013
8. HOUR (24 Hours): 1901
13. EDUCATION – Highest Level/Degree (see worksheet on back): SOME COLLEGE
14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO
16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back): WHITE
17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED: FIREFIGHTER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): FORESTRY
19. YEARS IN OCCUPATION: 20

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 1270 RIALTO AVENUE
21. CITY: COLTON
22. COUNTY/PROVINCE: SAN BERNARDINO
23. ZIP CODE: 92324
24. YEARS IN COUNTY: 12
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

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

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP* - FIRST: ANGELINA
29. MIDDLE: C.
30. LAST (BIRTH NAME): BANKS
31. NAME OF FATHER/PARENT - FIRST: GEORGE
32. MIDDLE: -
33. LAST: PIERCE
34. BIRTH STATE: TX
35. NAME OF MOTHER/PARENT - FIRST: JUANITA
36. MIDDLE: JOE
37. LAST (BIRTH NAME): HEALON
38. BIRTH STATE: TX

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 08/22/2013
40. PLACE OF FINAL DISPOSITION: MONTECITO MEMORIAL PARK, 3520 E. WASHINGTON STREET, COLTON, CA 92324
41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER: ▶ GAI MONIQUE COLE
43. LICENSE NUMBER: EMB8408
44. NAME OF FUNERAL ESTABLISHMENT: COLTON FUNERAL HOME
45. LICENSE NUMBER: FD1031
46. SIGNATURE OF LOCAL REGISTRAR: ▶ MAXWELL OHIKHUARE, MD
47. DATE mm/dd/ccyy: 08/20/2013

PLACE OF DEATH

101. PLACE OF DEATH: ARROWHEAD REGIONAL MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE: ☒ IP ☐ ER/OP ☐ DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other
104. COUNTY: SAN BERNARDINO
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): 400 N PEPPER AVE
106. CITY: COLTON

CAUSE OF DEATH

107. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (a) RESPIRATORY FAILURE
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
(b) CARDIOGENIC SHOCK
(c) STATUS POST CARDIAC ARREST
(d) ACUTE ON CHRONIC ATRIAL FIBRILLATION

Time Interval Between Onset and Death: (a) HRS; (b) DAYS; (c) DAYS; (d) YRS
108. DEATH REPORTED TO CORONER? ☒ YES ☐ NO — INVESTIGATIVE NUMBER: 701306094
109. BIOPSY PERFORMED? ☐ YES ☒ NO
110. AUTOPSY PERFORMED? ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☐ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since: (A) mm/dd/ccyy: 08/15/2013; (B) mm/dd/ccyy: 08/18/2013
Decedent Last Seen Alive
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ MARK ISADORE ROBINSON M.D.
116. LICENSE NUMBER: A33491
117. DATE mm/dd/ccyy: 08/20/2013
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: KAVEH REZVAN D.O., 400 N PEPPER AVENUE, COLTON, CA 92324

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined
120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK
121. INJURY DATE mm/dd/ccyy
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/ccyy
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

A: [illegible] | B | C | D | E | *010001002426750* | FAX AUTH.# | CENSUS TRACT

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, 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.

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

DEPARTMENT OF PUBLIC HEALTH — COUNTY OF SAN BERNARDINO

SHIELD BAR SOUTH COUNTY — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE