

IN THE SUPREME COURT OF THE STATE OF NEVADA

VILLAGE LEAGUE TO SAVE INCLINE )  
ASSETS, INC.; MARYANNE )  
INGEMANSON, TRUSTEE OF THE )  
LARRY D. & MARYANNE B. )  
INGEMANSON TRUST; DEAN R. )  
INGEMANSON, INDIVIDUALLY AND )  
AS TRUSTEE OF THE DEAN R. )  
INGEMANSON TRUST; J. ROBERT )  
ANDERSON; LES BARTA; KATHY )  
NELSON, INDIVIDUALLY AND AS )  
TRUSTEE OF THE KATHY NELSON )  
TRUST; ANDREW WHYMAN; ELLEN )  
BAKST; JANE BARNHART; CAROL )  
BUCK; DANIEL SCHWARTZ; LARRY )  
WATKINS; DON & PATRICIA )  
WILSON; AND AGNIESZKA )  
WINKLER, )

Appellants, )

vs. )

THE STATE OF NEVADA, BOARD )  
OF EQUALIZATION; WASHOE )  
COUNTY; WASHOE COUNTY )  
TREASURER; WASHOE COUNTY )  
ASSESSOR; NORMA GREEN, )  
CHURCHILL COUNTY ASSESSOR; )  
AND CELESTE HAMILTON, )  
PERSHING COUNTY ASSESSOR, )

Respondents. )

Electronically Filed  
Case No. 63581  
Dec 18 2013 02:15 p.m.  
Tracie K. Lindeman  
Clerk of Supreme Court  
District Court No. CV03-05922

**MOTION FOR SUBSTITUTION OF DEAN INGEMANSON  
IN THE PLACE OF THE DECEASED MARYANNE INGEMANSON  
AS TRUSTEE OF THE  
APPELLANT LARRY D. AND MARYANNE B. INGEMANSON TRUST;  
SUPPORTING POINTS AND AUTHORITIES**

Pursuant to Rule 43 of the Nevada Rules of Appellate Procedure, the appellant Village League to Save Incline Assets moves the Court to substitute Dean Ingemanson in the place of Maryanne Ingemanson as Trustee of the Larry D. and Maryanne B. Ingemanson Trust. Maryanne Ingemanson passed away on October 2, 2013. As set forth in the attached documents, Dean Ingemanson is named as her successor as Trustee of the Larry D. and Maryanne B. Ingemanson Trust. See Exhibit 1 attached. This motion is supported by the attached documents and by NRAP 43.

Dean Ingemanson is already a party appellant in his individual capacity and as Trustee of the Dean R. Ingemanson Trust. The Village League respectfully requests the Court to enter an order making him a party appellant in an additional capacity and substituting him in the place of the deceased Maryanne Ingemanson as Trustee of the party appellant The Larry D. and Maryanne B. Ingemanson Trust.

Dated this 18th day of December, 2013.

SNELL & WILMER

/s/ Suellen Fulstone

by \_\_\_\_\_

Suellen Fulstone, Bar No. 1615

Attorneys for Village League Appellants

## **CERTIFICATE OF SERVICE**

This document was filed electronically with the Nevada Supreme Court on December 18, 2013. Electronic service of this document shall be made in accordance with the Service List as follows:

Dawn Buoncristiani  
Office of the Attorney General  
100 North Carson St.  
Carson City, NV 89701

David Creekman  
Washoe County District Attorney's Office  
Civil Division  
P.O. Box 30083  
Reno, NV 89520

Arthur E. Mallory  
Churchill County District Attorney  
165 N. Ada Street  
Fallon, NV 89406

Jim C. Shirley  
Pershing County District Attorney  
400 Main Street  
P.O. Box 934  
Lovelock, NV 89419

Norman J. Azevedo  
405 N. Nevada Street  
Carson City, NV 89703

/s/ Holly W. Longe

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# EXHIBIT 1

# EXHIBIT 1

CERTIFICATE OF INCUMBENCY

STATE OF California ) ss.:  
COUNTY OF Sacramento

DEAN R. INGEMANSON, being first duly sworn upon oath, deposes and states that:

1. LARRY D. INGEMANSON and MARYANNE B. INGEMANSON, as Grantors and Trustees, created the LARRY D. AND MARYANNE B. INGEMANSON PERSONAL RESIDENCE TRUST under an Agreement dated December 29, 1993 (the "Trust").

2. LARRY D. INGEMANSON died on November 16, 2002. A certified Certificate of Death is attached hereto and made a part hereof by this reference.

3. On June 19, 2007, MARYANNE B. INGEMANSON executed a Certificate of Incumbency which was recorded with the Washoe County Recorder on July 2, 2007, as Document No. 3550320. Said Certificate of Incumbency stated that MARYANNE B. INGEMANSON accepted the sole trusteeship of the LARRY D. AND MARYANNE B. INGEMANSON PERSONAL RESIDENCE TRUST.

4. MARYANNE B. INGEMANSON, the surviving Grantor and Trustee of the aforementioned trust, died on October 2, 2013. A certified Certificate of Death is attached hereto and made a part hereof by this reference.

5. Section 1.8 of the Trust provides in part:

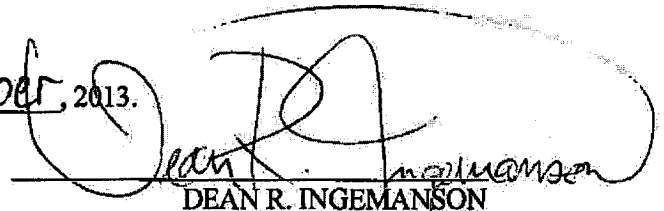
"If both Grantors are unable, for whatever reason, to serve as Trustee, then DEAN R. INGEMANSON and CITIBANK, N.A., are designated as successor Trustees, each to serve in the order named, one at a time."

6. DEAN R. INGEMANSON hereby files this Certificate and does hereby accept the successor trusteeship of the LARRY D. AND MARYANNE B. INGEMANSON PERSONAL RESIDENCE TRUST.

7. The Trustee has, among other powers, all of the powers and discretions enumerated in N.R.S. 163.265 to 163.410, inclusive, as they exist at the time of the execution of the Trust, without limitation.

8. The Trust Agreement provides that no person dealing with the Trust is obligated to inquire as to the powers of the Trustee or to inquire as to how the Trustee applies any funds delivered to him.

DATED this 13<sup>th</sup> day of November, 2013.

  
DEAN R. INGEMANSON

STATE OF \_\_\_\_\_ )  
 ) ss.:  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me on \_\_\_\_\_, 2013 by DEAN R. INGEMANSON.

See attached Jurat

\_\_\_\_\_  
NOTARY PUBLIC

When recorded mail to:

Oshins & Associates, LLC  
1645 Village Center Circle, Suite 170  
Las Vegas, NV 89134

# CALIFORNIA JURAT WITH AFFIANT STATEMENT

- ☒ See Attached Document (Notary to cross out lines 1-6 below)  
☐ See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

~~1. \_\_\_\_\_~~  
~~2. \_\_\_\_\_~~  
~~3. \_\_\_\_\_~~  
~~4. \_\_\_\_\_~~  
~~5. \_\_\_\_\_~~  
~~6. \_\_\_\_\_~~

Signature of Document Signer No. 1      Signature of Document Signer No. 2 (if any)

State of California

County of Sacramento

Subscribed and sworn to (or affirmed) before me

on this 15<sup>th</sup> day of November 2013  
by      Date      Month      Year

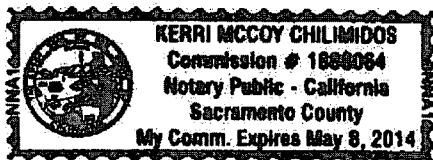
(1) Dean R. Immenanson  
Name of Signer

proved to me on the basis of satisfactory evidence  
to be the person who appeared before me (.) (.)  
(and

(2) \_\_\_\_\_  
Name of Signer

proved to me on the basis of satisfactory evidence  
to be the person who appeared before me.)

Signature Kerri McCoy Chilimidos  
Signature of Notary Public



Place Notary Seal and/or Stamp Above.

## OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

### Further Description of Any Attached Document

Title or Type of Document: Certificate of Incumbency

Document Date: 11/13/13 Number of Pages: 2

Signer(s) Other Than Named Above: None

RIGHT THUMBPRINT  
OF SIGNER #1  
Top of thumb here

RIGHT THUMBPRINT  
OF SIGNER #2  
Top of thumb here

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

### Reno, Nevada

#### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 108 IMAGE 926

2868

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
	COUNTY OF DEATH		SEX	
DECEDENT	1. <b>Larry Dean INGEMANSON</b>		2. <b>November 16, 2002</b>	
	3a. <b>Incline Village</b>		3b. <b>Male</b>	
	3c. <b>1165 Vivian Lane</b>		3d. <b>January 3, 1932</b>	
F DEATH OCCURRED IN SEE HANDBOOK REQUIRE COMPLETION OF REFERENCE ITEMS	4. <b>White</b>		5. <b>U.S.A.</b>	
	6. <b>White</b>		7. <b>16+</b>	
	8. <b>Orthodontist</b>		9. <b>Medicine</b>	
PARENTS	10. <b>Leonard Gottfried Ingemanson</b>		11. <b>Elva Yarnell</b>	
	12. <b>Maryanne Ingemanson</b>		13. <b>P.O. Box 5486 Incline Village, Nevada 89450</b>	
	14. <b>Cremation</b>		15. <b>Mountain View Crematory</b>	
DISPOSITION	16. <b>Mountain View Crematory</b>		17. <b>Reno, Nevada</b>	
	18. <b>Funeral Director—Signature</b>		19. <b>Funeral Director License Number</b>	
	20. <b>21</b>		21. <b>425 Stoker Avenue Reno, Nevada 89503</b>	
CERTIFIER	22a. <b>To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.</b>		22b. <b>On the basis of examination and/or investigation, at my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.</b>	
	23a. <b>11/16/02</b>		23b. <b>1325</b>	
	24. <b>NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</b>		25. <b>NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)</b>	
CAUSE OF DEATH	26. <b>Esophageal Carcinoma</b>		27. <b>No</b>	
	28. <b>Dementia</b>		29. <b>No</b>	
	30. <b>DATE OF INJURY (Mo., Day, Yr.)</b>		31. <b>HOUR OF INJURY</b>	
32. <b>PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)</b>		33. <b>LOCATION</b>		
34. <b>STREET OR R.F.D. No.</b>		35. <b>CITY OR TOWN</b>		
36. <b>STATE</b>		37. <b>DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)</b>		
38. <b>DEATH DUE TO COMMUNICABLE DISEASE</b>		39. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		

STATE REGISTRAR

No. 229201

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar:

*Barbara Lee Hunt*

Date: **NOV 20 2002**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH VITAL STATISTICS

### CERTIFICATE OF DEATH

2013017268

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (First, Middle, Last, Suffix) <b>Maryanne Bullock INGEMANSON</b>				2. DATE OF DEATH (Mo/Day/Year) <b>October 02, 2013</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Incline Village</b>		3c. HOSPITAL OR OTHER INSTITUTION (Name (if not alias), give street and number) <b>1165 Vivian Ln</b>		3d. If Hosp. or Inst. Indicate DOA, OP, Emer, Rm, Inpatient (Specify) <b>Home</b>		4. SEX <b>Female</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR 7c. UNDER 1 DAY	
	8. DATE OF BIRTH (Mo/Day/Yr) <b>August 13, 1933</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Georgia</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>18</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (If wife, give maiden name)		13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give kind of work done during most of Working Life; Even if Retired) <b>Developer</b>	
	14b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>		15. Ever in US Armed Forces? <b>No</b>		15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>	
PARENTS	15c. CITY, TOWN OR LOCATION <b>Incline Village</b>		15d. STREET AND NUMBER <b>1165 Vivian Ln</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Foster A BULLOCK</b>	
	16. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marion SOUTAR</b>		17. INFORMANT - NAME (Type or Print) <b>Dean INGEMANSON</b>		18. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P O Box 255568 Sacramento, California 95865</b>			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>			
	20a. FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Funeral Home 3945 Fairview Dr. Carson City NV 89701</b>			
TRADE CALL	21. TRADE CALL - NAME AND ADDRESS <b>[REDACTED]</b>							
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JOHANNA KOCH M.D.</b>				21b. 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)			
CERTIFIER	21c. DATE SIGNED (Mo/Day/Yr) <b>October 23, 2013</b>		21d. HOUR OF DEATH <b>21:22</b>		22a. DATE SIGNED (Mo/Day/Yr)		22b. HOUR OF DEATH	
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21f. PRONOUNCED DEAD (Mo/Day/Yr)		21g. PRONOUNCED DEAD AT (Hour)		21h. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Johanna Koch M.D. 889 Alder Ave. #203 Incline Village, NV 89451</b>				23b. LICENSE NUMBER <b>5548</b>			
	24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 24, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
	(a) <b>Cardiopulmonary Failure</b>						Minutes	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	(b) <b>Colorectal Cancer, Metastatic</b>						Interval between onset and death	
	(c) <b>Colorectal Cancer, Metastatic</b>						5 Year	
	(d) <b>Colorectal Cancer, Metastatic</b>						Interval between onset and death	
	(e) <b>Colorectal Cancer, Metastatic</b>						Interval between onset and death	
26. AUTOPSY (Specify Yes or No) <b>No</b>								27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>
28a. ACC, SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		
28e. 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

CERTIFIED COPY OF VITAL RECORDS

504908

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.

DATE ISSUED:

10/24/2013

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

SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

