AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
	: SS.
County of Douglas)
I, ELSIE E. HA	RTLEY
penalty of perjury that the	assertic

I, ELSIE E. HARTLEY, f/k/a ELSIE E. WRIGHT, hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true. I am over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

I am the person named as ELSIE E. WRIGHT, one of the initial two Co-Trustees designated in The Wright Family Trust U/D/T 02-13-91, wherein GORDON O. WRIGHT and ELSIE E. WRIGHT were named as Co-Trustees.

That GORDON O. WRIGHT is the identical person as decedent GORDON ORVILLE WRIGHT named in that certain Certificate of Death, a certified copy of which is attached hereto and made a part hereof, as if set forth in full, verbatim. I am the surviving wife of said decedent, who died on the 29th day of November, 1998.

I am the remaining Co-Trustee of said Trust and I hereby accept the appointment as sole Trustee and I agree to assume and perform all of the fiduciary duties as sole Trustee under said Trust.

Dated this _____ day of November, 2001.

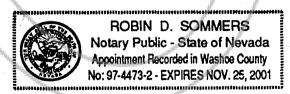
Elsie E. Hartly Elsie E. HARTLEY, TRUSTER

STATE OF NEVADA) : ss. County of Douglas)

This instrument was acknowledged before me on the 5 day of November, 2001,

by ELSIE E. HARTLEY.

Notary Public



WHEN	RECOR	RDED I	MAIL	TO

ELSIE E. HARTLEY

P.O. BOX 216

GARDNERVILLE, NV 89410

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STATE OF NEVA

DEPARTMENT OF HUMAN RESOURCES **DIVISION OF HEALTH**

VITAL STATISTICS

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

CERTIFICATE OF DEATH

STATE FILE NUMBER LOCAL FILE NUMBER Middle DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH DECEASED—NAME First TYPE OR PRINT IN PERMANENT WRIGHT 2. November 29, 1998 3a. Douglas Orville Gordon If Hosp, or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) CITY, TOWN OR LOCATION OF DEATH SEX BLACK INK 3c. 1448 James Road 4. Male Gardnerville 3e. AGE—La Birthday (Yea 75 DECEDENT Was Decedent of Hispanic Origin? Specify ☐ yes ☒no If yes, specify Mexican, Cuban, Puerto Rican, etc. UNDER 1 YEAR DATE OF BIRTH (Mo., Day, Yr.) BACE--(e.g., White, Black, American Indian, etc.) (Specify) MOS DAYS HOURS MINS White Jan. 8, 1923 7b. 7c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Decedent's practice of the practice of the practice of the process of the practice of the prac SURVIVING SPOUSE (If wife, give maiden name) STATE OF BIRTH CITIZEN OF WHAT COUN-IF DEATH (If not U.S.A., name country) TRY OCCURRED IN INSTITUTION SEE HANDBOOK (Specify) Married 12 Elsie E. Barth 9b. U.S.A. Michigan 9a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)

14a. Mechanic SOCIAL SECURITY NUMBER KIND OF BUSINESS OR INDUSTRY REGARDING COMPLETION OF 2193 Aerospace Industry STREET AND NUMBER RESIDENCE-STATE COUNT CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes Nevada Douglas 15c. Gardnerville 15d. 1448 James Rd. 15b. 15a FATHER-NAME MOTHER-MAIDEN NAME First Middle Last PARENTS G. Margaret Daniel Wright Grierson (Street or R.F.D. No., City or Town, State, Zip) INFORMANT—NAME (Type or Print) MAILING ADDRESS P. O. Box 216, Gardnerville, Nevada 89410 18a. Elsie E. Wright 18b. BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY NAME LOCATION City or Town 19b. Eastside Memorial Park Minden, Nevada Burial DISPOSITION NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral FUNERAL DIRECTOR LICENSE NUMBER 1380 Hwy 395, Gardnerville, Nevada 89410 Home. 20b. 20a. 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) and manner stated. th occurred at the time, date and place (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH DATE SIGNED (Mo., Day CERTIFIER 28 CIAN IF OTHER THAN CERTIFIER (Type or PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) LICENSE NUMBER Evan Easley, M.D., 1107 Hwy 395, Gardnerville, Nevada 23ь. 7446 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE REGISTRAR CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE YES 🗌 ио□Х 24a. (Signature) 25. IMMEDIATE CAUSE Interval between onset and death FOR (a), (b), AND (c).) CAUSE STATING THE (a) CAUSE LAST DUE TO, OR AS A CONSEQUENCE Interval between onset and death DUE TO, OR AS A CONSEQUENCE O Interval between onset and death CAUSE OF WAS CASE REFERRED TO CORONER (Specify Yes or No) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part AUTOPSY DEATH Yes 26. No ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED (Specify) 28a. 28b 28c INJURY AT WORK —At home, farm, street, factory, office building, etc. (Specify) PLACE OF INJURY LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g 281 139120

STATE REGISTRAR

EOF NA

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

Date Issued() EC 0 1 1998

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State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY 2001 DEC -5 AM 8: 39 LINDA SLATER
RECORDER

\$ 16 PAID & DEPUTY

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