

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



Julie Schield

ANDERSON, DORN & RADER, LTD.

APN: 0000-21-481-140

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Antoinette Pardee, Trustee
1286 Hermosa Court
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, ANTOINETTE PARDEE, Trustee, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated February 27, 1986, ROBERT LYALL PARDEE and I executed the PARDEE FAMILY TRUST ("Trust").

(2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of ROBERT LYALL PARDEE.

(3) ROBERT LYALL PARDEE deceased on March 22, 2009, at Rancho Mirage, California, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said ROBERT LYALL PARDEE.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as sole Trustee.

Executed in Carson City, State of Nevada, on October 15, 2014.

Antoinette Pardee, Trustee
ANTOINETTE PARDEE, Trustee

STATE OF NEVADA)
) ss:
CARSON CITY)

Signed and sworn to (or affirmed) before me on October 15, 2014, by ANTOINETTE PARDEE, Trustee.

Jac Leuener
Notary Public

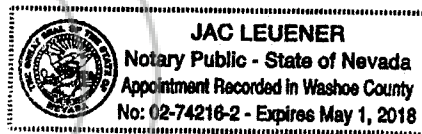


EXHIBIT "A"

Legal Description:

Lot 24 of SARATOGA SPRINGS ESTATES, UNIT #2, filed in the office of the Douglas Recorder on May 23, 1994, in Book 594, Page 3894, as Document #338088 and amended by document recorded July 8, 1994, in Book 794, Page 1165, as Document #341498, Official Records.

APN: 0000-21-481-140

Property Address: 1286 Hermosa Court, Minden, Nevada, 89423

COPY

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA
CERTIFICATE OF DEATH

3200933003022

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) ROBERT		3. LAST (Family) PARDEE	
AKA: ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 02/29/1924	
2. MIDDLE L.		5. AGE Yrs 85	
6. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 8910	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION — Highest Level/Degree (see worksheet on back) BACHELOR		7. DATE OF DEATH mm/dd/ccyy 03/22/2009	
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. HOUR (24 Hours) 1354	
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: PROJECT ENGINEER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AEROSPACE		19. YEARS IN OCCUPATION 31	
20. DECEDENT'S RESIDENCE (Street and number or location) 1286 HERMOSA COURT			
21. CITY MINDEN		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 89423		24. YEARS IN COUNTY 11	
25. STATE/FOREIGN COUNTRY NEVADA		26. INFORMANT'S NAME, RELATIONSHIP ANTOINETTE PARDEE, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1286 HERMOSA COURT, MINDEN, NV 89423		28. NAME OF SURVIVING SPOUSE — FIRST ANTOINETTE	
29. MIDDLE G.		30. LAST (Maiden Name) GROEZINGER	
31. NAME OF FATHER — FIRST LYLE		32. MIDDLE A.	
33. LAST PARDEE		34. BIRTH STATE ND	
35. NAME OF MOTHER — FIRST FRANCES		36. MIDDLE M.	
37. LAST (Maiden) WARNKE		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/ccyy 03/30/2009		40. PLACE OF FINAL DISPOSITION — AT SEA OFF THE COAST OF SAN DIEGO COUNTY	
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY RIVERSIDE	
45. LICENSE NUMBER FD1307		46. SIGNATURE OF LOCAL REGISTRAR ERIC K. FRYKMAN, M.D.	
47. DATE mm/dd/ccyy 03/25/2009		101. PLACE OF DEATH EISENHOWER MEDICAL CENTER	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 39000 BOB HOPE DRIVE	
106. CITY RANCHO MIRAGE		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. (A) CARDIAC ARREST (B) PNEUMONIA	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 2009-02250		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN 107 CONGESTIVE HEART FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CORONARY ARTERY DISEASE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
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: Decedent Last Seen Alive: 03/22/2009 03/22/2009		115. SIGNATURE AND TITLE OF CERTIFIER JOHN JOSEPH HERLING M.D.	
116. LICENSE NUMBER A45233		117. DATE mm/dd/ccyy 03/24/2009	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOHN JOSEPH HERLING M.D. 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: 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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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		CENSUS TRACT	
A B C D E		FAX AUTH. #	
010001001181110			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

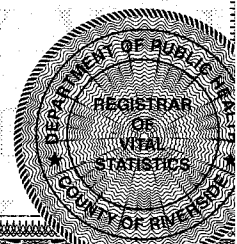
Apr 1, 2009

Eric Frykman, M.D., Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



DATE ISSUED

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



CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3200933003022

STATE FILE NUMBER

1:1

LOCAL REGISTRATION NUMBER

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST ROBERT	1B. MIDDLE L.	1C. LAST PARDEE	
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 03/22/2009	4. CITY OF EVENT RANCHO MIRAGE	5. COUNTY OF EVENT RIVERSIDE
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD LYLE A. PARDEE		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD FRANCES M. WARNKE	

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
31	LYLE	LYALL

LIST ONE ITEM PER LINE

11. TO CORRECT THE RECORD

REASON FOR CORRECTION

2 OF 2

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

AFFIDAVITS AND SIGNATURES	12A. SIGNATURE OF FIRST PERSON CHRISTINE OWENS	12B. PRINTED NAME CHRISTINE OWENS	12C. TITLE/RELATIONSHIP TO PERSON IN PART I ARRANGEMENT COUNSELOR
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 5033 ARLINGTON AVENUE #C, RIVERSIDE, CA 92504		12E. DATE SIGNED—MM/DD/CCYY 03/26/2009
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13A. SIGNATURE OF SECOND PERSON BRENDA MUNSIE	13B. PRINTED NAME BRENDA MUNSIE	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 5033 ARLINGTON AVENUE #C, RIVERSIDE, CA 92504		13E. DATE SIGNED—MM/DD/CCYY 03/26/2009
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR ERIC K. FRYKMAN, M.D.	15. DATE ACCEPTED FOR REGISTRATION 03/27/2009	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



020101001183553

FORM VS 24e (REV. 1/08)

1.1

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS:

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

Apr 1, 2009

Eric Frykman, M.D., Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



000746962

DATE ISSUED

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

