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DOUGLAS COUNTY, NV

2014-854124

Rec:\$19.00 Total:\$19.00

12/09/2014 12:40 PM

GEORGE M. KEELE, ESQ.

Pgs=6

APN: Not Applicable

The undersigned hereby affirms that there is no Social Security number contained in this document.

When recorded, mail to: George M. Keele 1692 County Road, #A Minden, NV 89423



KAREN ELLISON, RECORDER

### **CERTIFICATE OF SUCCESSOR CO-TRUSTEES**

We, KENNETH B. DRESSLER and ANNETTE R. SWAINSTON, hereby swear (or affirm), under penalty of perjury, that the following assertions are true of our own personal knowledge:

- 1. We are both over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
- 2. By instrument dated April 24, 1997, BUDD F. DRESSLER and RUTH M. DRESSLER, as Grantors and Trustees, executed THE BUDD & RUTH DRESSLER FAMILY TRUST AGREEMENT ("the Family Trust").
- 3. BUDD F. DRESSLER, one of the Grantors of the Family Trust, died on November 29, 2002, in Reno, Nevada, a resident of Douglas County, Nevada. A certified copy of his Certificate of Death is attached hereto as Exhibit 1 and incorporated herein by this reference.

- RUTH M. DRESSLER, the other Grantor of the Family Trust, died on May 4. 17, 2014, in Gardnerville, Douglas County, Nevada. A certified copy of her Certificate of Death is attached hereto as Exhibit 2 and incorporated herein by this reference.
- The provisions of Article II of the Family Trust appointed us to serve as 5. successor Co-Trustees of the Family Trust and the Decedent's Trust created pursuant to the Family Trust, upon the death or incapacity of both Grantors and initial Co-Trustees.
- Pursuant to the terms of the Family Trust, we have assumed the 6. responsibilities of successor Co-Trustees of The Budd & Ruth Dressler Family Trust Agreement dated April 24, 1997, and of the Decedent's Trust created pursuant to The Budd & Ruth Dressler Family Trust Agreement dated April 24, 1997.
- We are authorized under the terms of the Family Trust and applicable 7. provisions of the Nevada Revised Statutes to act in all respects as successor Co-Trustees of the Family Trust and of the Decedent's Trust created pursuant to The Budd & Ruth Dressler Family Trust Agreement dated April 24, 1997.

STATE OF NEVADA

SS.

COUNTY OF DOUGLAS

This instrument was acknowledged before me on the (Vecember, 2014, by KENNETH B. DRESSLER and ANNETTE R. SWAINSTON. E Baldecchi PUBLIC

Notary Public. State of Nevada



## WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

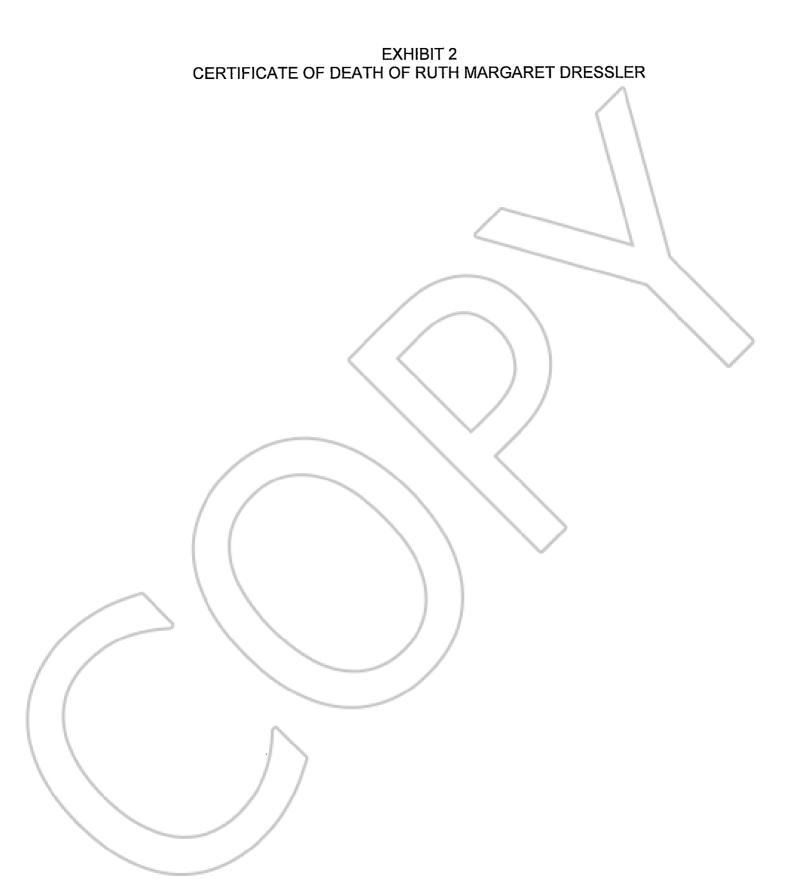
# STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

Г	<del></del>		F HEALTH SECTION (		\
	ROLL 109 IMAGE	70 3011	CERTIFICATE OF I	DEATH	\
TYPE	LOCAL FILE NUMBER DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
OR PRINT IN	1. Budd	Fredrick	DRESSLER	2November 29, 200	
PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF I		R INSTITUTION—Name (If not either, give	e street and number) If Hosp, or Inst. Indic	ate DOA, OP/Emer.   SEX
	3b. Reno		fedical Center	Rm. Inpatient (Specif	y)
DECEDENT	RACE-(e.g., White, Black, Americ		in? Specify ☐ yes ☐ no if yes. AGE—	Last UNDER 1 YEAR UNDER 1 I	DAY DATE OF BIRTH (Mo. Day Vr.)
	Indian, etc.) (Specity) 5. White	specify Mexican, Cuban, Puerto 6.	Plican, etc. A Birthda 7a. {	MOS DAYS HOURS I	December 28, 1919
F DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN-	Decedent's Education. Specify high	lest MARRIED, NEVER MARRIED.	SURVIVING SPOUSE (If wife, give maiden name)
OCCUPRED IN	9a Nevada	9b. U.S.A.	grade completed.	(Specify) Married	12 Ruth M. Storke
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Working Life, Even if Retired	e Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	
COMPLETION OF RESIDENCE ITEMS	-6420	14a. Rancher		14b. Cattle Busine	ess
1.	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
<del></del>	15a. Nevada	15b. Douglas	15c. Gardnerville	1476 Garden (	15a. Yes
PARENTS:	FATHER—NAME Flist	Middle	Last MOTHER—M	AIDEN NAME First	Middle Last
iagour iaites	16. Ernest	<u> </u>	Dressler 17.	Emma	D. Thran
	INFORMANT—NAME (Type or Prin		MAILING ADDRESS	(Street or R.F.D. No., City or Town	,,
	18a. Ruth Dressle		18b. 1476 Garde	n Glen Court, Gardne	erville, NV 89410
		. , , ,,		/ /	•
DISPOSITION	18a Burial  FUNERAL ARRECTOR—SIGNATU (Or Person Acting as Such)	RE FUNERAL	rden Cemetery DIRECTOR NAME AND ADDRESS O	E CAOUITY	rville, NV
	(Or Parson Acting as Such)	S LICENSE N		Walton's Char Roop St., Carson C	pel of the Valley
,		ledge, death occurred at the time, date		22a. On the basis of examination and/or invest the time, date and place end due to	
	1 50 L 1/ S		re, MD	7%	the cause(s) and manner stated.
	DATE SIGNED (Mo., D	7 4	ATH Disipidus	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
CERTIFIER	DATE SIGNED (Mo., Day, Yr.)  21b.   2   2   2   0   2   2   2   10   10			22b.	22c.
	NAME OF ATTENDING	PHYSICIAN IF OTHER THAN CERTIF	TER (Type or Print)	B PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
l		OF CEDTRED (DUVCICIAN) ATTEME	DING PHYSICIAN, MEDICAL EXAMINER	22d. ON	22e. AT
		1 1	1		LICENSE NUMBER
CONDITIONS	REGISTRAR REGISTRAR	Moore, M.D. //	Pringle Way, Reno	NV REGISTRAR (Ma., Day, Yr.) DEATH DUE TO C	23b.10291
CONDITIONS IF ANY WHICH GAVE	24a. (Signature)	nely antunes		1	
IMMEDIATE /	25. IMMEDIATE CAUSE (EN	TER ONLY ONE CAUSE PER LINE FO	PR (a), (b), AND (c).)	7, 2002 244 765	Interval between onset and death
CAUSE STATING THE UNDERLYING	PART (a) (ARDI	O PU LYDMARY ATLA	EST /	•	
CAUSE LAST					Interval between onset and death
<b>L</b>	100 HENG	KKHAGI CEREB	ROVASCULAR ACC	IDENT	: 2 weeks
	DUE TO, OR AS A	CONSEQUENCE OF:			Interval between onset and death
AUSE OF	(c)	CONDITIONS Conditions			:
DEATH.	PART OTHER SIGNIFICANT (	Conditions Conditions Continuous t	to death but not resulting in the underlyin	Yes o	
\	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.) HOUF	OF INJURY DESCRIBE HOW	25. NO	27. NO
_ \	OR PENDING INVEST. (Specify) 28a.	28b. 28c.	M 28d,		
\ \	IN URY AT WORK	PLACE OF INJURY-At home, farm, s	street, factory, office LOCATION,	STREET OR R.F.D. No. C	TY OR TOWN STATE
1		building, etc. (Spec 28).	28g.		
S					lo.230475
		STATE RE	GISTRAR	IN	10.230413
る温	PERMIT				
		mari k. n			te on file in this office.
8 F 300		I his is to certify	that the above is a true a	nd legal copy of the certifica	te on tile in this office.

Deputy Registrar.

Date: DEC 5 2002

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMEN'







DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

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2014008067

FILE NU	

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PRINT IN	Ta. DECEASED NAME (FIRST MIDDLE LAS	WH 12. WY 120		2. DATE OF DEATH		OUNTY OF DEATH ,
PERMANENT	Ruth Margaret		SLER		, 201 <del>4</del>	Douglas
BLACK INK"	3b. CITY, TOWN, OR LOCATION OF DEATH	3c: HOSPITAL OR OTHER	:INSTITUTION::Name(if not eit	her, give street::: 3e.lf.Hosp	or Inst; indicate DOA,OP/E	mer Rm. 4 SEX
<b></b>	04	and number) ' " "	76 Carda Olan Ci	Inpatient(		
DECEDENT	Gardnerville		76 Garden Glen Ct.	Tat UNDER AMERIC	Home Home	Female
	5 RACE White	6, Hispanic Orig			R 7c UNDER 1 DAY 800A	TE OF BIRTH (Mo/Day/Yr)
	(Specify)	No - Non-Hisp		86. I	1/100110	April 21, 1928
IF DEATH	9a STATE OF BIRTH (Linot U.S.A. 9b.	CITIZEN OF WHAT COUNT	RY 10 EDUCATION 11. MARK	IED, NEVER MARRIED, W	DOWED:   12 SURVIVIN	G SPOUSE (if wife, give
OCCURREDIN	name country) Nevada	United States	14 DIVORCE	D (Specify) Widowed:	maiden name)	
INSTITUTION			ve Kind of Work Done During M	ost 14b KIND OF B	ISINESS OR INDUSTRY	Ever in US Armed
REGARDING		Vorking Life, Even If Retired			Own Home	Forces? No
COMPLETION OF		=	TY, TOWN OR LOCATION	15d. STREET AND NUME	14. Telephone (c) (144.14 (1.14)	15e. INSIDE CITY
RESIDENCE	15a. RESIDENCE STATE 15b. COUNT	Y 15C. CI	Y, TOWN OR LUCATION	130. STREET AND NOME	DEK MINIM MINIM VIII	LIMITS (Specify Yes
حسبان الملا	Nevada D	ouglas	Gardnerville	1476 Garden Glen	Ct.	or No) Yes
	16. FATHER/PARENT - NAME (First : Middle	Last Suffix)	2 17 MO	THER/PARENT NAME (F	irst Middle Last Suffix)	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
PARENTS		STORKE	ad aa aa ka	ee da do de a	\da MARQUAT	
	18a. INFORMANT- NAME (Type or Print)		b. MAILING ADDRESS (Stre	et or R.F.D. No. City or Tow	n State Zin)	
	Henry STORKE				Inerville, Nevada 894	10
				wannattan in tay our	19c LOCATION City	The Control of
NEDOCITION	19a. BURIAL, CREMATION, REMOVAL, OTH	IER (Specify) 190. CEMETE	Garden Ceme	ten	1	· V
DISPOSITION	Burial Burial			S. Wer rustyll are a sun	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e Nevada 89410
	20a. FUNERAL DIRECTOR SIGNATURE (C	or Person Acting as Such)		0c:NAME:AND:ADDRESS		Ma Jan wa
	CURT KOEST	LER MANY O	DIRECTOR LICENSE		ton's Chapel of the V	
	SIGNATURE AUTH	IENTICATED	823	1281 💮	Roop Carson City N	/ 89706
FRADE CALL	TRADE CALL - NAME AND ADDRESS	· · · · · · · · · · · · · · · · · · ·	100			
	े दु 21a. To the best of my knowledge, de.	ath occurred at the time dat	and place and > 22	a. On the basis of examinati	on and/or investigation; in m	y opinion death occurred at
	명 전 due to the cause(s) stated(Signature				ue to the cause(s) stated. (S	
	Iĕ ♥ ## #JOHN	HOLMAN MD		<u> </u>	A. m	
CERTIFIER	E & 21b. DATE SIGNED (Mo/Day/Yr)	the state of the s	the second of the second of the second	b. DATE SIGNED (MolDay)	Yr) 22c HOUR	OF DEATH
	වී 🦉 May 20, 2014 🚟 🏋 🕍		33			
k. ov.	四是 21d, NAME OF ATTENDING PHYSIC		IFIER 2	2d. PRONOUNCED DEAD (	Mo/Day/Yr) 22e PRON	OUNCED DEAD AT (Hour)
	Type of Print)	Brune, Mark Thomas	PO	20 M		
	23a. NAME AND ADDRESS OF CERTIFIER				or Print) 23b. LIC	CENSE NUMBER 4174
	[	IN HOLMAN MD: 92	5 Ironwood Minden, NV	1.11.1	1	13250
REGISTRAR	24a. REGISTRAR (Signature)	NICOLE SHORE			24c. DEATH DUE TO	COMMUNICABLE DISEASE
KEGIS I KAN		IATURE AUTHENTICAT		May 21, 2014	YES T	NO X
	25 IMMEDIATE CALISE (ENTER (	INLY ONE CAUSE PER LIN	0. 100 0.0 0.1 0.0 0.0	e gamentale com s	t Inter	val between onset and death
CAUSE OF	PART ( Acute Respirator	v Failure	2 . Out (2)! (2)! (2)!		ana aarawii ii	Minutes
DEATH						
P.A. 12.000 . 0.00					670	The state of the s
	DUE TO, OR AS A CONSE		Way Yes was successful to the second		Inter	val between onset and death
CONDITIONS IF					Inter	The state of the s
CONDITIONS IF	DUE TO, OR AS A CONSE  (b) Bronchiectasis  DUE TO, OR AS A CONSE	QUENCE OF:			Inter	val between onset and death
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GAVE RISE TO	DUE TO, OR AS A CONSE (b) Bronchiectasis  DUE TO, OR AS A CONSE  Pulmonary Hype	QUENCE OF: QUENCE OF: Prtension			Inter	val between onset and death ears val between onset and death 15 Years
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GAVE RISE TO IMMEDIATE CAUSE -> STATING THE	DUE TO, OR AS A CONSE  (b) Bronchiectasis  DUE TO, OR AS A CONSE  Pulmonary Hype  DUE TO, OR AS A CONSE  End Stage Pulm	QUENCE OF:  EQUENCE OF:  OUENCE OF:  OUENCE OF:  ONARY Disease	s:death but not resulting in the u	nderlying cause given in Pa	Inter   5 Y   Inter   10   Inter   20	val between onset and death  fears  val between onset and death  15 Years  rval between onset and death  Years  27. WAS CASE REFERRED  TO CORONER (Specify Yes
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531397

## CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registratiand Vital Records

DATE ISSUED:

This copy is not valid unless present to deep rate the result of the property of the property

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE