

A.P.N. 1220-32-000-024

Recordation requested by:  
Maupin, Cox & LeGoy



KAREN ELLISON, RECORDER

After recordation, return Affidavit  
to the following address:  
Fred L. Oats, Esq.  
Maupin, Cox & LeGoy  
4785 Caughlin Parkway  
Reno, NV 89519

AFFIDAVIT - DEATH OF TRUSTEE  
SUCCESSION OF SUCCESSOR TRUSTEE

Tonja Marie Dressler, of Gardnerville, Nevada, being first duly sworn, does hereby swear under penalties of perjury under the laws of the State of Nevada that the following statements are true:

1. My father, Frederick W. Dressler, the decedent mentioned in the attached certified copy of certificate of death, is the same person named as a party in The Frederick W. Dressler Residential Trust Agreement dated February 2, 2012, as the Grantor and Trustee of The Frederick W. Dressler Residential Trust.

2. I, Tonja Marie Dressler, the daughter of Frederick W. Dressler, am appointed pursuant to the terms of The Frederick W. Dressler Residential Trust Agreement dated February 2, 2012, to serve as the sole successor Trustee of The Frederick W. Dressler Residential Trust.

3. I, Tonja Marie Dressler, hereby consent to act as the sole successor Trustee of The Frederick W. Dressler Residential Trust, and do hereby assume the powers and duties as successor Trustee of the trust.

4. At the time of the demise of the decedent, Frederick W. Dressler, he was the record owner as Trustee under The Frederick W. Dressler Residential Trust Agreement dated February 2, 2012, of the real property located at 1071 Dressler Lane, Gardnerville, Douglas County, Nevada (APN 1220-32-000-024, formerly APN 1220-32-000-021), which real property is described in the Boundary Line Adjustment Grant, Bargain, Sale Deed executed on February 14, 2013, recorded as Document No. 0822434, of Official Records of Douglas County, Nevada, on April 25, 2013. The real property is situated in the County of Douglas, State of Nevada, and more particularly described on Exhibit A, which is attached hereto and incorporated herein by this reference.

5. This Affidavit is for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above-described real property and any other real property of the trust located in Douglas County, Nevada.

6. I, Tonja Marie Dressler, acknowledge that I understand that filing a false affidavit constitutes a felony in Nevada.

Dated this 14 day of December, 2014.

Tonja Dressler  
Tonja Marie Dressler

STATE OF NEVADA

COUNTY OF WASHOE

This Affidavit - Death of Trustee Succession of Successor Trustee was acknowledged before me on December 16, 2014, by Tonja Marie Dressler.

[Signature]  
Notary Public

 **SUNNY S. ALLEN**  
Notary Public - State of Nevada  
Appointment Recorded in Lyon County  
No: 99-58199-12 - Expires August 5, 2015

EXHIBIT A

All that real property situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land located within a portion of Section 32, Township 12 North, Range 20 East, Mount Diablo Meridian, more particularly described as follows:

BEGINNING at the southeast corner of Adjusted Parcel 'NA' as shown on the Record of Survey to Accompany a Boundary Line Adjustment for the Estate of Fred H. Dressler filed for record March 4, 1997 in the office of Recorder, Douglas County, Nevada as Document No. 407730;

thence along the southerly boundary of said Adjusted Parcel 'NA', South  $89^{\circ}51'37''$  West, 851.24 feet;

thence leaving said boundary, North  $18^{\circ}35'28''$  East, 950.15 feet to the southeast corner of Adjusted Parcel 'NB' as shown on the Record of Survey to Support a Boundary Line Adjustment for The Dressler Family Trust, Laurie & Frederick D. Dressler filed for record June 18, 2007 in said office of Recorder as Document No. 703274;

thence North  $15^{\circ}42'33''$  East, 23.98 feet;

thence North  $17^{\circ}00'42''$  West, 362.23 feet to a point on the northerly boundary of said Adjusted Parcel 'NA';

thence along said northerly boundary of Adjusted Parcel 'NA', North  $89^{\circ}12'19''$  East, 621.21 feet;

thence continuing along said northerly boundary of Adjusted Parcel 'NA', North  $89^{\circ}39'53''$  East, 21.44 feet to the northeast corner of said Adjusted Parcel 'NA';

thence along the easterly boundary of said Adjusted Parcel 'NA', South  $00^{\circ}14'02''$  East, 1276.71 feet to the POINT OF BEGINNING, continuing 19.45 acres, more or less.

The Basis of Bearing of this description is North  $89^{\circ}54'40''$  East, a portion of the north line of Section 32, T.12N., R.20E., M.D.M. per said Document No. 407730.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2014003063**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Frederick William DRESSLER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 27, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION Name (if not either, give street and number) <b>1000 Dressler Lane</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
DECEDENT	5. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE - Last birthday (Years) <b>89</b>	
	7b. UNDER 1 YEAR <b>MOS. DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>February 19, 1925</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████-2272</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Rancher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Cattle Ranch</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1000 Dressler Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
	16. FATHER/PARENT NAME (First Middle Last Suffix) <b>Frederick Hugh DRESSLER</b>			17. MOTHER/PARENT NAME (First Middle Last Suffix) <b>Anna NEDDENRIEP</b>		
TRADE CALL	18a. INFORMANT NAME (Type or Print) <b>Tonja DRESSLER</b>		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) <b>PO BOX 188, Gardnerville, Nevada 89410</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>NITA SCHWARTZ M.D.</b> SIGNATURE AUTHENTICATED		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) stated. (Signature & Title)			
	21b. DATE SIGNED (Mo/Day/Yr) <b>February 28, 2014</b>		21c. HOUR OF DEATH <b>08:19</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 28, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE: <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Coronary Atherosclerosis</b>		Interval between onset and death			
	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Atrial Fibrillation, Splenic Infarction</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		
28a. ACC. SUICIDE, HOMICIDE, 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

520780

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 Registrar and Vital Records.

DATE ISSUED: 03/03/2014

*R. D. White*  
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

