

APN: (not applicable)

This document contains a Social Security number pursuant to NRS 440.380.



00023354201508705960020028

KAREN ELLISON, RECORDER

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

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA) : ss. COUNTY OF DOUGLAS)

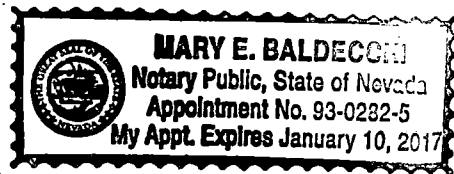
I, LAVERNE M. JORY, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

- 1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated. 2. EDWARD E. JORY III and LAVERNE M. JORY, as Trustors and Trustees, executed the JORY FAMILY TRUST AGREEMENT ("the Trust") on September 1, 2004. 3. EDWARD E. JORY III died on November 1, 2011, a resident of Douglas County, Nevada. Attached hereto and incorporated herein by this reference is a certified copy of the Certificate of Death of Edward E. Jory III. 4. Pursuant to the terms of the Trust, I now serve as sole Trustee of the Trust. 5. I have nothing further to say at this time.

Laverne M. Jory LAVERNE M. JORY

SIGNED AND SWORN TO (or affirmed) before me on Sept. 30, 2015, by LAVERNE M. JORY.

Mary E. Baldecchi Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011017105
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Edward Earl JORY III		2. DATE OF DEATH (Mo/Day/Year) November 01, 2011		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 70		7b. UNDER 1-YEAR MOS : DAYS : HOURS : MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) March 12, 1941		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Laverne McDONALD	
13. SOCIAL SECURITY NUMBER 8625		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner / Operator		14b. KIND OF BUSINESS OR INDUSTRY Home Inspection	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1579 Downs Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT--NAME (First Middle Last Suffix) Edward Earl JORY JR.	
17. MOTHER/PARENT-NAME (First Middle Last Suffix) Charlotte Mae RABER		18a. INFORMANT- NAME (Type or Print) Laverne JORY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1579 Downs Drive Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED ROLAND NORMAN CHEN M.D.			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) November 04, 2011		21c. HOUR OF DEATH 03:28		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Roland Norman Chen M.D. 412 W John St #1-B Carson City, NV 89703				23b. LICENSE NUMBER 9262	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 04, 2011		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Cardiopulmonary Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Lung Cancer Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Long Standing Tobacco Use Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) 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				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., 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

3623051

409072

CERTIFIED COPY OF VITAL RECORDS

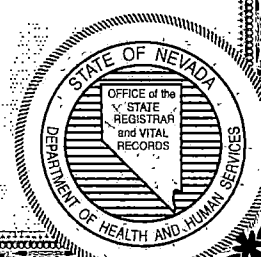
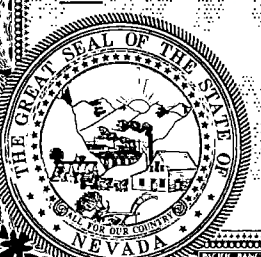
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **11/04/2011**

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

Roland Norman Chen
SIGNATURE AUTHENTICATED

VRS-Rev-20110104



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE