

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).

[Handwritten Signature]

ANDERSON, DORN & RADER, LTD.

APN: 1420-33-411-002

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:

Phyllis McFadden, Trustee
2632 Fawn Fescue Court
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

We, PHYLLIS McFADDEN and EVA JEAN LUCE, Trustees of THE McFADDEN TRUST, dated February 23, 1996, as amended, the undersigned Trustees, 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 23, 1996, RUSSELL L. McFADDEN and PHYLLIS McFADDEN executed THE McFADDEN TRUST (the "Trust").
- (2) RUSSELL L. McFADDEN deceased on September 18, 2015, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said RUSSELL L. McFADDEN.
- (3) Said trust appointed PHYLLIS McFADDEN to serve as sole Trustee upon the death or incapacity of RUSSELL L. McFADDEN. PHYLLIS McFADDEN reserved the right to amend or revoke the Trust Agreement in whole or in part

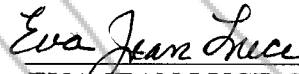
and by amendment dated March 15, 2016, PHYLLIS McFADDEN appointed herself and EVA JEAN LUCE as Co-Trustees.

- (4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Co-Trustees.
- (5) The following described real property is part of the Trust estate: See Exhibit "A" attached.
- (6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as Trustees 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 us as Co-Trustees.

Executed in the County of Washoe, State of Nevada, on March 15, 2016.




 PHYLLIS McFADDEN, Trustee



 EVA JEAN LUCE, Trustee

STATE OF NEVADA)
) ss:
 COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on March 15, 2016, by PHYLLIS McFADDEN and EVA JEAN LUCE, Trustees.



 Notary Public



EXHIBIT "A"

Legal Description:

Lot 11, as set forth on that Subdivision Map Entitled WILDHORSE ANNEX UNIT NO. 1, a Planned Unit Development, recorded January 6, 1994, in Book 194 at Page 1080, Official Records of Douglas County, State of Nevada, as Document No. 327012.

Excepting therefrom all minerals, oil, gas and other hydrocarbons, as excepted in Deed to STOCK PETROLEUM CO., INC., recorded March 13, 1980 in Book 380 at Page 1315 Official Records of Douglas County, Nevada, as Document No. 42677.

APN: 1420-33-411-002

Property Address: 2632 Fawn Fescue Court, Minden, Nevada

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015016320
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
STARTING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Russell Lowell MCFADDEN		2. DATE OF DEATH (Mo/Day/Year) September 18, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street and 2632 Fawn Fescue Court		3a. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 27, 1924		9a. STATE OF BIRTH (If not U.S.A.) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Phyllis CANOLES	
13. SOCIAL SECURITY NUMBER 7923		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Firefighter		14b. KIND OF BUSINESS OR INDUSTRY Fire Department	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2632 Fawn Fescue Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert MCFADDEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Polly LEWIS		
18a. INFORMANT- NAME (Type or Print) Phyllis MCFADDEN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2632 Fawn Fescue Court Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER 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) NITA SCHWARTZ 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) September 23, 2015		21c. HOUR OF DEATH 09:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23b. LICENSE NUMBER 9114	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23c. LICENSE NUMBER	
24a. REGISTRAR (Signature) SHERRIE A. CONNELL		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 24, 2015		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) Malnutrition				Interval between onset and death	
(b) Alzheimers Dementia				Interval between onset and death	
(c) Alzheimers Dementia				Interval between onset and death	
(d) Alzheimers Dementia				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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

598844

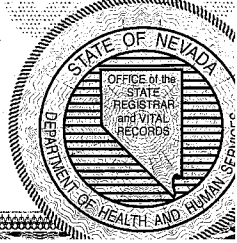
CERTIFIED COPY OF VITAL RECORDS

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: 10/1/2015

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



VRS-Rev-20120523a

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