

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Fry

P. O. Box 44
Wellington, NV
89444

Space Above This Line for
Recorder's Use Only

A.P.N. 1022-29-201-003

File No.: 141-2497837 (NMP)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Paul J. Fry, III ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Paul J. Fry, II** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **May 20, 2015** at **Gardnerville Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **January 27, 2003 and Amended January 8, 2008** executed by **Paul J. Fry, II and Dolores L. Fry** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **January 27, 2003** which was recorded as Instrument No. **0568934** in Book **0303**, Page **1493**, of Official Records of **Douglas** County, Nevada as legally described as follows:

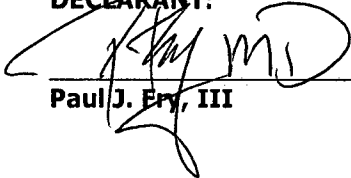
**THE NORTH 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF THE
NORTHWEST 1/4 OF SECTION 29, TOWNSHIP 10 NORTH, RANGE 22 EAST,
M.D.B.&M., DOUGLAS COUNTY, STATE OF NEVADA.**

**SAID PREMISES MORE FULLY SET FORTH ON THAT CERTAIN RECORD OF SURVEY
RECORDED JUNE 4, 1997, BOOK 697, PAGE 809, DOCUMENT NO. 414207, OFFICIAL
RECORDS.**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: March 22, 2016

DECLARANT:



Paul J. Fry, III

State of Nevada)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 22nd day of March, 2016 by Paul J. Fry, III, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

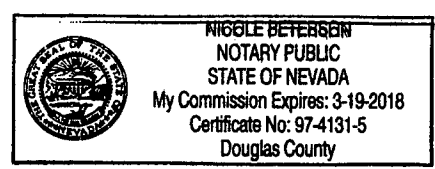
WITNESS my hand and official seal.

This area for official notarial seal

Signature:  _____

My Commission Expires: 3/19/18

Notary Name: Nicole Petersen Notary Phone: 775-588-1944
Notary Registration Number: 97-4131-5 County of Principal Place of Business: Douglas



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF YOLO

WOODLAND, CALIFORNIA 95695

CERTIFICATE OF DEATH

3201557000437

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS. VS-1 (REV. 2005)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) PAUL		2. MIDDLE J.		3. LAST (Family) FRY II	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 07/18/1931		5. AGE Yrs. 83	
9. BIRTH STATE/FOREIGN COUNTRY ILLINOIS		10. SOCIAL SECURITY NUMBER 7095		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP (at time of death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 05/20/2015		8. HOUR (24 Hour) 1008	
13. EDUCATION - Highest Level/Degree (see worksheet on back) PROFESSIONAL		14/15. WAS DECEDENT HISPANIC/LATINO/ASIAN/PAK? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. 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 PHYSICIAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL		19. YEARS IN OCCUPATION 50	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1857 GENOA STREET					
21. CITY GARDNERVILLE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89410	
24. YEARS IN COUNTY 20		25. STATE/FOREIGN COUNTRY NEVADA			
26. INFORMANT'S NAME, RELATIONSHIP MICHAEL FRY, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2733 WELLINGTON SOUTH, CARSON CITY, NV 89703		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST PAUL		32. MIDDLE J.		33. LAST FRY	
34. BIRTH STATE ILLINOIS		35. NAME OF MOTHER/PARENT - FIRST LAURETTA		36. MIDDLE -	
37. LAST (BIRTH NAME) BRADY		38. BIRTH STATE ILLINOIS		39. DISPOSITION DATE mm/dd/yyyy 05/22/2015	
40. PLACE OF FINAL DISPOSITION HAPPY HOMESTEAD CEMETERY		41. TYPE OF DISPOSITION(S) CR/TR/BU			
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER			
44. NAME OF FUNERAL ESTABLISHMENT SMITH FUNERAL HOME		45. LICENSE NUMBER FD992		46. SIGNATURE OF LOCAL REGISTRAR CONSTANCE CALDWELL, MD	
47. DATE mm/dd/yyyy 05/22/2015		48. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>			
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY YOLO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 44753 GARDEN COURT		106. CITY EL MACERO	
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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE. (A) MSSA PYELONEPHRITIS WITH SEPSIS		108. DEATH REFERRED TO COFOFFER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REFERRED TO COFOFFER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (B) BLADDER CANCER		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) U/S/T.		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ACUTE RENAL FAILURE; PULMONARY EDEMA		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) PICC LINE PLACED - 08/13/2015; CYSTOURETHROSCOPY - 04/21/2015, 02/23/2015; TRANSURETHRAL RESECTION OF BLADDER TUMOR 11/04/2015	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: (A) Deceased (B) Deceased Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER ALLISON DEBORAH ALCALAY M.D.		116. LICENSE NUMBER A88679	
117. DATE mm/dd/yyyy 11/11/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALLISON DEBORAH ALCALAY M.D. 2030 SUTTER PLACE # 1000, DAVIS, CA 95616		119. DATE mm/dd/yyyy 05/09/2015	
119. 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/yyyy	
122. HOUR (24 Hour)		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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF YOLO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the YOLO COUNTY CLERK-RECORDER.

DATE ISSUED **MAY 29 2015**
FREDDIE OAKLEY
YOLO COUNTY CLERK-RECORDER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Clerk-Recorder.
PBC#0 (Rev) 8/13

