



KAREN ELLISON, RECORDER

After Recording, Mail to:

Kathleen M. Fernandez, Trustee
The Jesse J. Fernandez and Kathleen M.
Fernandez Revocable Trust
1229 Sierra Vista Dr.
Gardnerville, NV 89460

The undersigned affirms that this document, and all exhibits which may be attached hereto, DOES contain the social security number of any person, pursuant to NRS 443.380.

NOTICE OF DEATH OF CO-TRUSTEE AND OF APPOINTMENT OF SOLE TRUSTEE

KNOW ALL MEN BY THESE PRESENTS, that JESSE J. FERNANDEZ and KATHLEEN M. FERNANDEZ, of the County of Douglas, State of Nevada, were the settlors of The Jesse J. Fernandez and Kathleen M. Fernandez Revocable Trust, established November 21, 1996.

Jesse J. Fernandez died on August 25, 2006. A certified copy of his death certificate is attached hereto as Exhibit "A".

Kathleen M. Fernandez becomes the Surviving Trustee under the terms of The Jesse J. Fernandez and Kathleen M. Fernandez Revocable Trust, established November 21, 1996. The legal description of the property affected is described as follows:

- (1) A residence located at 1229 Sierra Vista Drive, Gardnerville, County of Douglas, State of Nevada, more particularly described as follows:

Lot 8, as shown on the final map of Silveranch Unit 1-A, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on January 3, 1994, in Book 194, at Page 256, as Document No. 326668.

(APN 1220-09-410-008)

That I, KATHLEEN M. FERNANDEZ, am named within the aforementioned trust as the surviving trustee;

That I hereby consent to act as the successor trustee of the aforementioned trust and do hereby assume the powers and duties as the successor trustee of the trust;

DATED this 18th day of November, 2016

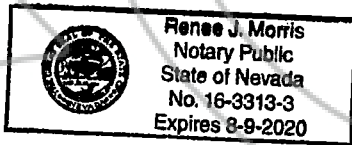
Kathleen M Fernandez
KATHLEEN M. FERNANDEZ,
Surviving Trustee of The Jesse J. Fernandez
and Kathleen M. Fernandez Revocable Trust,
established November 21, 1996.

STATE OF NEVADA)
) : ss.
COUNTY OF DOUGLAS)

On November 18, 2016, before me, Reneé J. Morris, Notary Public, personally appeared KATHLEEN M. FERNANDEZ, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Seal



Renee J. Morris

NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last 1. Jessie James AKA Jimmy FERNANDEZ		DATE OF DEATH (Month, Day, Year) 2. August 25, 2006	
PRECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson Valley Medical Center	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. Spanish	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF SCIENCE NEWS	STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	
	SOCIAL SECURITY NUMBER 13. [REDACTED]-1729		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Truck Driver	
MENTS	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	
	FATHER—NAME First Middle Last 16. Ricardo Fernandez		MOTHER—MAIDEN NAME First Middle Last 17. Dora Aduna	
POSITION	INFORMANT—NAME (Type or Print) 18a. Kathleen Fernandez		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1229 Sierra Vista Drive, Gardnerville, NV 89460	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory	
RTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. Jimmy Romano		FUNERAL DIRECTOR LICENSE NUMBER 20b. 09	
	NAME AND ADDRESS OF FACILITY 20c. Walton's Douglas County Mortuary		20d. 1478 4th St., Minden, Nevada 89423	
CONDITIONS OF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) J. Rosso		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) and manner stated. (Signature and Title) [Signature]	
	DATE SIGNED (Mo., Day, Yr.) 21b. 8/28/06		HOUR OF DEATH 21c. 13:07	
USE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22b.	
	22d. ON		22e. AT	
REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. August 29, 2006		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. No (Specify Yes or No)		
PART I (a) Cardiorespiratory arrest DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death immediate		
(b) Colon Cancer c/ liver metastases DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death months		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		27. Yes (Specify Yes or No)		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION 28g.
		STREET OR R.F.D. No.		CITY OR TOWN STATE

STATE REGISTRAR

No. 340973

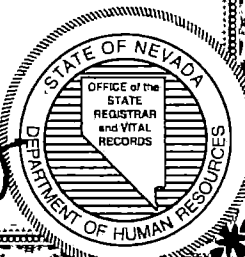
134452 CERTIFIED COPY OF VITAL RECORDS

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: **AUG 29 2006**

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

[Signature]
STATE REGISTRAR



IF ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE