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APN: ~~1220-17-612-006~~

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



KAREN ELLISON, RECORDER

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

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

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

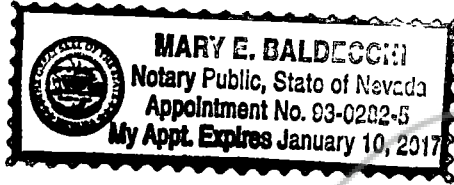
1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. RICHARD L. KELLOGG and CAROL A. KELLOGG, as Trustors and Trustees, executed the Kellogg Living Trust ("Trust") on June 28, 1993.
3. RICHARD LEROY KELLOGG, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RICHARD L. KELLOGG, who was a resident of Douglas County, Nevada, at the time of his death.
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.

Carol A. Kellogg

CAROL A. KELLOGG

SIGNED AND SWORN TO (or affirmed)
before me on Dec. 16, 2016,
by CAROL A. KELLOGG.

Mary E. Baldecci
Notary Public



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3866917

2015021147
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Richard Leroy KELLOGG			2. DATE OF DEATH (Mo/Day/Year) December 06, 2015		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Gardnerville Health And Rehabilitation		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Residential Care Facility		4. SEX Male	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 10, 1931					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., Ohio		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARITAL STATUS (Specify) Married	
	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Carol Ann KAIM		13. SOCIAL SECURITY NUMBER ██████████6708		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Offshore Drilling Engineer Chevron		14b. KIND OF BUSINESS OR INDUSTRY Oil Exploration And Production	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 948 Sweetwater Drive	
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Norman Leroy KELLOGG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Catherine LOUNNEY		
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Carol Ann KELLOGG			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 948 Sweetwater Drive Gardnerville, Nevada 89460				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509			
	TRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED							
CERTIFIER	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 VIJAY MAIYA MD			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) December 09, 2015		21c. HOUR OF DEATH 17:20		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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) Vijay Maiya MD 1573 Mathias Pkwy Gardnerville, NV 89410					23b. LICENSE NUMBER 11909		
CAUSE OF DEATH	24a. REGISTRAR (Signature) RHONDA PENA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 09, 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		26. AUTOPSY (Specify Yes or No) No					27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary Arrest		Interval between onset and death					
	(b) Stage IV Esophageal Cancer		Interval between onset and death					
(c)		Interval between onset and death						
(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 1. Unknown Etiology								
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		
28a. 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

608373

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: 12/23/2015

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

Rhonda Pena
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

