

*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).*

*M. D. Shuld*

ANDERSON, DORN & RADER, LTD.

**APN: 1420-33-212-002**

**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:**

Dorothy L. Plemel, Trustee  
1308 Bridle Way  
Minden, NV 89423

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**AFFIDAVIT OF DEATH OF TRUSTEE**

We, DOROTHY L. PLEMEL, BIFF E. PLEMEL and LEE A. PLEMEL, Trustees of the PLEMEL FAMILY TRUST dated September 19, 1991, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated September 19, 1991, JAMES E. PLEMEL and DOROTHY L. PLEMEL executed the PLEMEL FAMILY TRUST (the "Trust").
- (2) JAMES E. PLEMEL deceased on January 11, 2017, at Carson City, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said JAMES E. PLEMEL.
- (3) Said trust appointed DOROTHY L. PLEMEL to serve as sole Trustee upon the death of JAMES E. PLEMEL. DOROTHY L. PLEMEL reserved the right to amend or revoke the Trust Agreement in whole or in part and by amendment



BIFF E. PLEMEL  
BIFF E. PLEMEL, Trustee

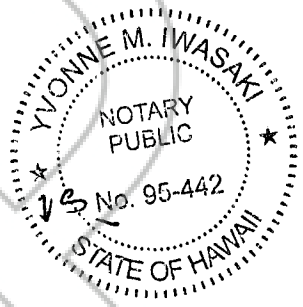
STATE OF HAWAII )  
COUNTY OF Mau ) ss:

2/28

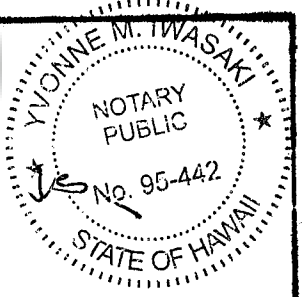
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Signed and sworn to (or affirmed) before me on February 28, 2017, by BIFF E. PLEMEL, Trustee.

YVONNE M. IWASAKI  
[Signature]  
Notary Public my commission expires: 12/16/19



Document Date: <u>2/28/17</u>	# Pages: <u>3</u>
Notary Name: <u>YVONNE M. IWASAKI, Second Circuit</u>	
Doc. Description: <u>Affidavit of Death of Trustee</u>	
<u>[Signature]</u>	<u>2/28/17</u>
Notary Signature	Date



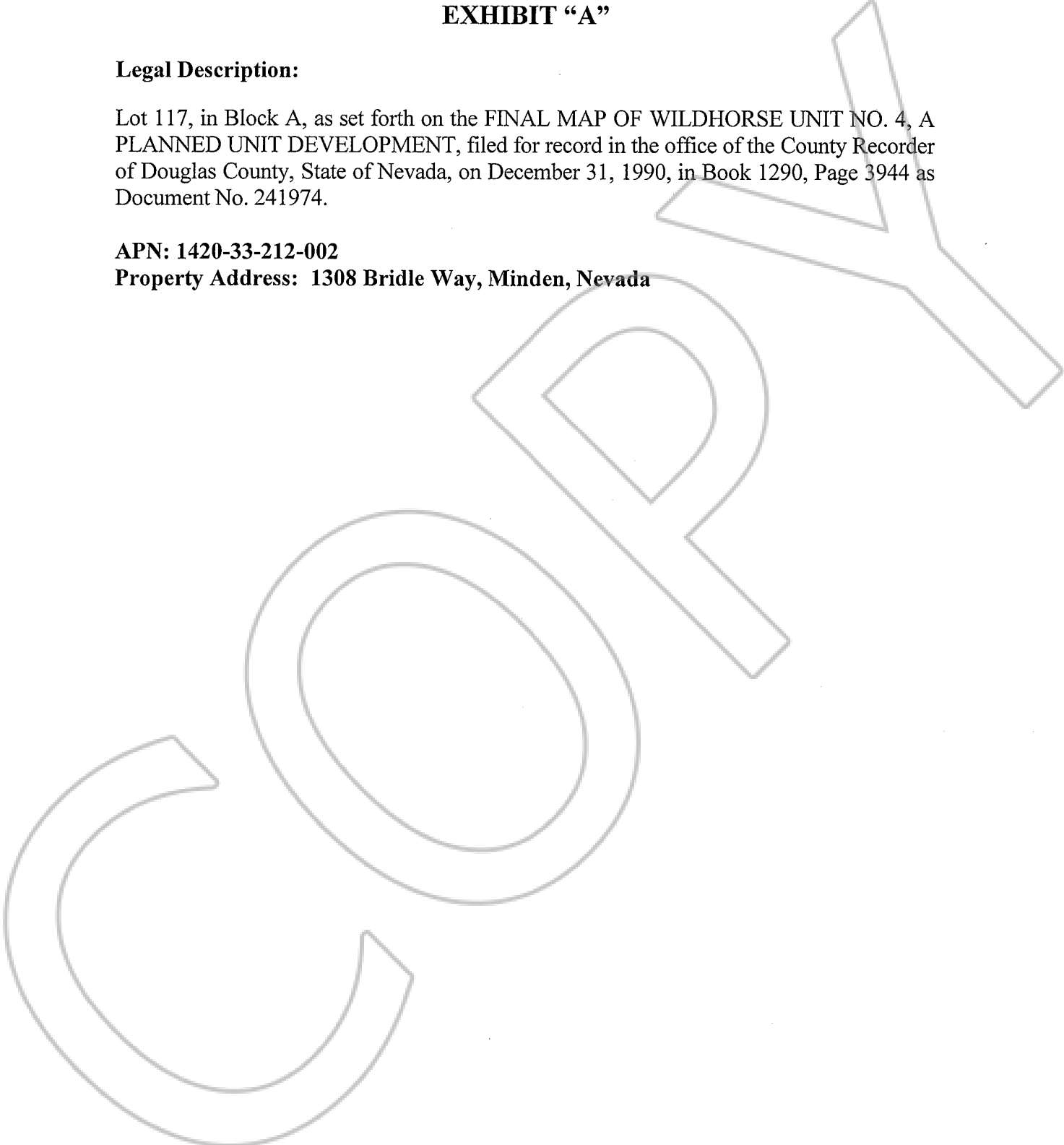
## **EXHIBIT "A"**

### **Legal Description:**

Lot 117, in Block A, as set forth on the FINAL MAP OF WILDHORSE UNIT NO. 4, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 31, 1990, in Book 1290, Page 3944 as Document No. 241974.

**APN: 1420-33-212-002**

**Property Address: 1308 Bridle Way, Minden, Nevada**



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO: 3935746 **CERTIFICATE OF DEATH** 2017000617  
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) <b>James Eugene PLEMEL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 11, 2017</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or Inpatient)(Specify) <b>Evergreen at CC Health and Rehab Ctr Nursing Home</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>88</b>	7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>	7c. UNDER 1 DAY <b>HOURS MINS</b>
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 04, 1928</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Dorothy L JOHNSON</b>	
13. SOCIAL SECURITY NUMBER <b>0579</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Aeronautical</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Minden</b>	15d. STREET AND NUMBER <b>1308 Bridle Way</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Jakob PLEMEL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Emma Maria OBLAK</b>		
19a. INFORMANT - NAME (Type or Print) <b>Dorothy L PLEMEL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1308 Bridle Way Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MONICA GIESE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>880</b>	20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 969 West Moana Lane Reno NV 89509</b>		
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) <b>JOSE AGUIRRE M.D.</b>			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) <b>January 18, 2017</b>		21c. HOUR OF DEATH <b>12:00</b>		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) <b>Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703</b>					23b. LICENSE NUMBER <b>11479</b>
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 18, 2017</b>	24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Cardiopulmonary Arrest</b> <span style="float: right;">Interval between onset and death</span>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Inanition</b> <span style="float: right;">Interval between onset and death</span>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Renal Failure</b> <span style="float: right;">Interval between onset and death</span>					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>History Of Bladder Cancer; Dyslipidemia; Diabetes Mellitus; Unknown Etiology.</b>					26. AUTOPSY (Specify Yes or No)
27. WAS CASE REFERRED TO CORONER (Specify Yes or No)					
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**



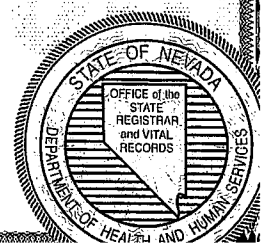
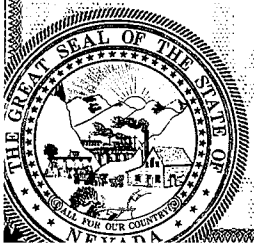
CERTIFIED COPY OF VITAL RECORDS

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: **1/25/2017**

*Cody D. Shing*  
**SIGNATURE AUTHENTICATED**  
STATE REGISTRAR

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



VRS-Rev-20120523a