

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).



ANDERSON, DORN & RADER, LTD.

APN: 1320-36-002-015

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:

Richard S. Betts, Trustee
1944 Horsebush Court
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, RICHARD S. BETTS, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated December 16, 2003, VIVIAN J. BETTS and I executed the BETTS LIVING TRUST (the "Trust").

(2) VIVIAN J. BETTS deceased on February 3, 2015, at Reno, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said VIVIAN J. BETTS.

(3) Said trust appointed me to serve as sole Trustee upon the death of VIVIAN J. BETTS.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee 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 me as sole Trustee.

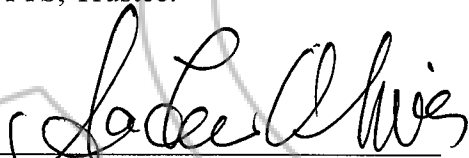
Executed in the County of Washoe, State of Nevada, on March 29, 2017.



RICHARD S. BETTS, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on March 29, 2017, by RICHARD S. BETTS, Trustee.



Notary Public



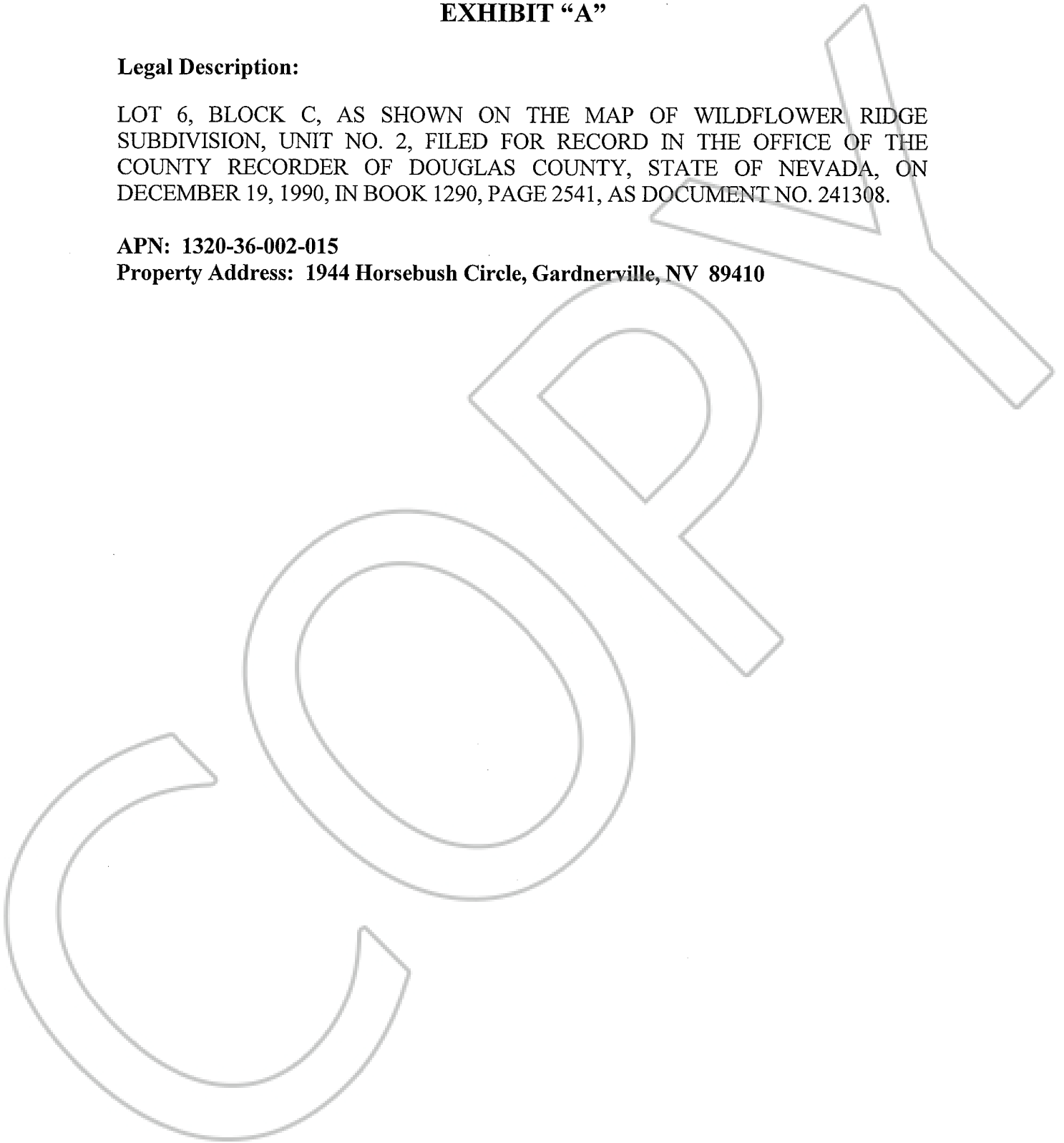
EXHIBIT "A"

Legal Description:

LOT 6, BLOCK C, AS SHOWN ON THE MAP OF WILDFLOWER RIDGE SUBDIVISION, UNIT NO. 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 19, 1990, IN BOOK 1290, PAGE 2541, AS DOCUMENT NO. 241308.

APN: 1320-36-002-015

Property Address: 1944 Horsebush Circle, Gardnerville, NV 89410



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015002527
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) Vivian Jean BETTS		2. DATE OF DEATH (Mo/Day/Year) February 03, 2015		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or Renown Regional Medical Center Inpatient(Specify):		4. SEX Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
9a. STATE OF BIRTH (If not U.S.A.) Oregon		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
13. SOCIAL SECURITY NUMBER 5967		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Housewife		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) John Louis DODGE		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hattie Elizabeth PEIRCE			
18a. INFORMANT - NAME (Type or Print) Richard S BETTS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1944 Horsebush Ct, Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Lincoln Memorial Park		19c. LOCATION City or Town, State Portland Oregon 97086	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) PIOTR KUBICZEK M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) February 12, 2015	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) February 03, 2015		22c. HOUR OF DEATH 07:00	
22a. PRONOUNCED DEAD AT (Hour) 07:00				23b. LICENSE NUMBER 11610	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Piotr Kubiczek M.D. 10 Kirman Ave Reno, NV 89520				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 18, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Blunt Force Injury Of The Head DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) 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. Liver Cirrhosis; Arteriosclerotic Cardiovascular Disease				26. AUTOPSY (Specify Yes or No) No	
28a. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) February 03, 2015		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence		28d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall	
28g. LOCATION STREET OR R.F.D. No, CITY OR TOWN, STATE 1944 Horsebush Ct. Gardnerville Nevada					

STATE REGISTRAR

568714

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:

3/3/2015

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

STATE REGISTRAR
R. J. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

