



KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1420-35-201-026

Recording Requested by:
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423

Grantee's Address is and Mail Tax Statements to:
Cindy Lynn Farmer
2746 Nye Drive
Minden, NV 89423

___ I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law.

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT OF DEATH

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

CINDY LYNN FARMER, of legal age, being duly sworn, deposes and says:

1. That WILLIAM L. DRESSER and FRANCES L. DRESSER, the decedents mentioned in the attached certified copies of certificate of death, were, until their death, and are the same persons as WILLIAM L. DRESSER and FRANCES L. DRESSER, named as two of the parties in that certain deed by Grantors WILLIAM L. DRESSER and FRANCES L. DRESSER, as Trustees of the DRESSER FAMILY TRUST DATED 10/20/1999, concerning the real property situate in Douglas County, Nevada, at 2746 Nye Drive, Minden, Nevada, described as follows:

A parcel of land situated in and being a portion of N 1/2 of the NW 1/4 of the SE 1/4 of the NW 1/4 of Section 35, Township 14 North, Range 20 East, more particularly described as follows:

BEGINNING at the Northeast corner of the parcel which is the Northeast corner of the N 1/2 of the NW 1/4 of the SE 1/4 of the NW 1/4 of Section 35, Township 14 North, Range 20 East, M.D.B. &M., thence Southerly a distance of 330.00 feet to the Southeast corner of the parcel and further being the Southeast corner of the parcel of land conveyed to RONALD L. MARKS, et ux, in Deed recorded March 25, 1966; in Book 39, page 23, as document no. 31485, Official Records; thence Westerly a distance of 264.00 feet to the Southwest corner of the parcel and further being the Southeast corner of the parcel of land conveyed to RICHARD J. ALLEN, et ux, in Deed recorded August 17, 1964, in Book 26, page 246, document no. 25870, Official Records; thence Northerly along the Easterly line of Allen's parcel, a distance of 330 feet to the Northwest corner of the parcel; thence Easterly parallel with the Southerly line of the herein-above described parcel, a distance of 264.00 feet to the POINT OF BEGINNING.

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining.

2. Per NRS 111.312, the above legal description was previously recorded and tenancy was established by way of that certain Grant Deed recorded in the office of the County Recorder of Douglas County, Nevada, on May 10, 2013, as Document No. 0823324.


3. That this affidavit is executed and recorded for the purposes of terminating the interest of WILLIAM L. DRESSER and FRANCES L. DRESSER in and to the hereinabove-described real property.

DATED this 23 day of August, 2017.

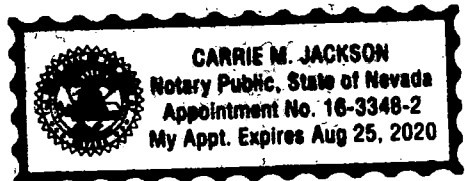

CINDY LYNN FARMER

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On this 23rd day of August 2017, before me, Carrie M. Jackson, a Notary Public, personally appeared CINDY LYNN FARMER personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and who acknowledged that she executed the above Affidavit of Death.



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3753730

CERTIFICATE OF DEATH

2014001040
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) Frances L DRESSER		2. DATE OF DEATH (Mo/Day/Year) January 21, 2014		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 3e.If Hosp. or inst. indicate DOA,OP/Emer, Rm. Inpatient(Specify) Renown Regional Medical Center		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 86	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) William L DRESSER
13. SOCIAL SECURITY NUMBER 3085		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Own Home	Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 2746 Nye Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edmond C HAMES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Della C AUSTIN		
18a. INFORMANT - NAME (Type or Print) Cindy FARMER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1575 Downs Dr Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP BARNA SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 222T	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509		
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) ELLEN G.I. CLARK MD SIGNATURE AUTHENTICATED			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) ELLEN G.I. CLARK MD SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) January 27, 2014		21c. HOUR OF DEATH 23:34		22b. DATE SIGNED (Mo/Day/Yr) January 27, 2014	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 23:34		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 21, 2014	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ellen G.I. Clark MD PO Box 11130 Reno, NV 89520				23b. LICENSE NUMBER 5850	
24a. REGISTRAR (Signature) SANDI BRIDGES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 28, 2014		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 (a) Gunshot Wound of Chest and Abdomen				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				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. Arteriosclerotic Cardiovascular Disease; Obesity; Recent Cervical Spine Fractures				26. AUTOPSY (Specify Yes or No): Yes	27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Homicide	28b. DATE OF INJURY (Mo/Day/Yr) January 19, 2014	28c. HOUR OF INJURY 1129	28d. DESCRIBE HOW INJURY OCCURRED Shot by known assailant		
28e. INJURY AT WORK (Specify Yes or No) No	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Hospital	28g. LOCATION STREET OR R.F.D. No. 1800 Medical Parkway #308	CITY OR TOWN Carson City	STATE Nevada	

STATE REGISTRAR

000677254



CERTIFIED COPY OF VITAL RECORDS

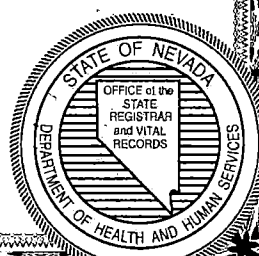
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JUN 20 2017

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

VRS-Rev-20120523a



Cody L. Bridges
STATE REGISTRAR

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3953187

CERTIFICATE OF DEATH

2017008006

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) William Lyle DRESSER		2. DATE OF DEATH (Mo/Day/Year) April 22, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and Inpatient)(Specify) 2746 Nye Drive Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 92	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY MOS DAYS HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) January 31, 1925		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 11		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-2462		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Shipwright		Ship Repair		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2746 Nye Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lyle William DRESSER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Berniece Jesse GIBSON		
18a. INFORMANT-NAME (Type or Print) Cindy L FARMER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2746 Nye Drive Minden, Nevada 89423			
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	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		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					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BASIL E CHRYSOS MD SIGNATURE AUTHENTICATED			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) May 01, 2017		21c. HOUR OF DEATH 09:41		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) Basil E Chryssos MD 1470 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER 6678	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 01, 2017		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).)				Interval between onset and death	
PART I (a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Atherosclerotic Heart Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Ischemic Cardiomyopathy				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Hyperlipidemia				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

000671258



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: 5/2/2017

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

Cody P. Priney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

