



KAREN ELLISON, RECORDER

APN: 1420-18-510-025  
RETURN RECORDED DEED TO:  
ALICIA G. JOHNSON, ESQ.  
JOHNSON LAW PRACTICE, PLLC  
611 Sierra Rose Drive, Suite A  
Reno, NV 89511

GRANTEE/MAIL TAX STATEMENTS TO:  
William E. Fastenau, Trustee  
3663 Gulf Course View Apt. 203  
Colorado Springs, CO 80922

The person executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person pursuant to NRS 440.350

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA )  
  : ss.  
WASHOE COUNTY )

WILLIAM E. FASTENAU of Colorado Springs, Colorado, being first duly sworn, does depose and say:


1. That the RM ELLIS REVOCABLE TRUST was entered into on July 25, 2000, by and between RICHARD T. ELLIS and MERI C. ELLIS; was amended on April 9, 2009 and October 23, 2015;
2. That RICHARD T. ELLIS died on May 4, 2009. A copy of the death certificate is attached hereto as Exhibit "1" and incorporated herein.
3. That MERI C. ELLIS died on December 13, 2016. A copy of the death certificate is attached hereto as Exhibit "2" and incorporated herein.
4. That after the deaths of RICHARD T. ELLIS and MERI C. ELLIS, WILLIAM E. FASTENAU became the Successor Trustee of said Trust, the owner of that

certain parcel of real property situate in the County of Douglas, State of Nevada legally described as follows:

(See Exhibit A, attached hereto and made a part hereof by reference.)

5. That as of the date below, the trust has not been revoked nor amended to make any representations contained in this certification incorrect, and that the signature below is that of the currently acting sole Trustee.

DATED on 29 December, <sup>2016</sup>~~2017~~.



WILLIAM E. FASTENAU, Successor Trustee

STATE OF NEVADA )  
: ss.  
WASHOE COUNTY )

On Dec. 29, <sup>2014</sup>~~2017~~ personally appeared before me, a notary public, WILLIAM E. FASTENAU, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustee, who acknowledged to me that he executed the foregoing document.

Virginia O'Neill  
NOTARY PUBLIC

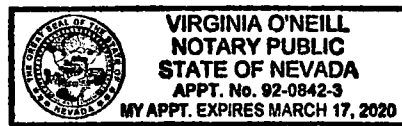
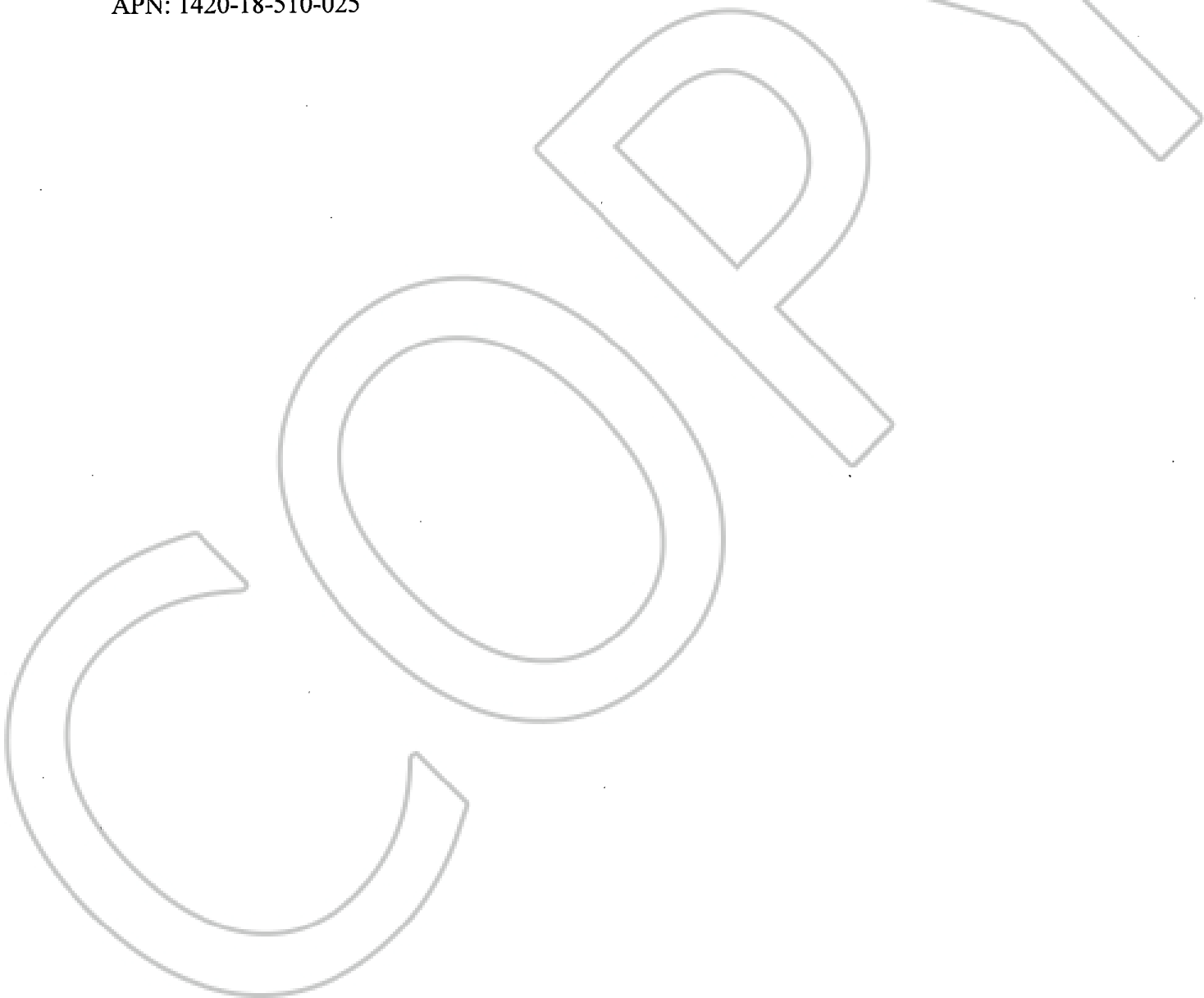


EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, and more particularly described as follows:

Lot 29, in Block M, as set forth on Final Map No. 1001-8 of Sunridge Heights, Phase 7B and 9, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 5, 1995, Book 995, Page 410, as Document No. 369825, and by Certificate of Amendment recorded August 14, 1996, in Book 896, Page 2588, as Document No. 39289.

APN: 1420-18-510-025



CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

7479918

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

Form with fields for decedent (Richard Tam Ellis), date of death (May 4, 2009), place of death (Inova Fairfax Hospital), and medical certification details.

VOID IF ALTERED OR ERASED

VS 2 704



This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia. DATE ISSUED SEPTEMBER 6, 2017. Janet M. Rainey, State Registrar.

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED



**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. 3930025

**2016022628**  
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>Meri Charleen ELLIS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 13, 2016</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 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify). <b>41 Heaven Hill Way Home</b>		4. SEX <b>Female</b>	
5. RACE: (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>61</b>	7b. UNDER 1 YEAR <b>MOS</b>	7c. UNDER 1 DAY <b>DAYS</b>
9a. STATE OF BIRTH (if not US/CA; name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>16</b>	11. MARITAL STATUS (Specify) <b>Widowed</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER <b>0866</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Teacher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Special Education</b>	Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Carson City</b>	15c. CITY, TOWN OR LOCATION <b>Carson City</b>	15d. STREET AND NUMBER <b>41 Heaven Hill Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Charles Wesley PARSONS</b>			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Mary Frances BURCH</b>		
18a. INFORMANT - NAME (Type or Print) <b>Daniel FASTENAU</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>54 Rue Des Francs BTE 8 Brussels, Belgium 1040</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DARREN K HILL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>848</b>	20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</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>NITA SCHWARTZ M.D.</b> 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) <b>December 14, 2016</b>		21c. HOUR OF DEATH <b>14:35</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>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 15, 2016</b>	24c. DEATH DUE TO COMMUNICABLE DISEASE: <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I					Interval between onset and death
(a) <b>End Stage Liver Disease</b>					Interval between onset and death
(b) <b>Alcoholism</b>					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 I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>
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

000653578



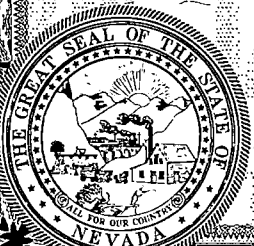
CERTIFIED COPY OF VITAL RECORDS

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.

DEC 16 2016

DATE ISSUED:

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



*Cody R. Pringle*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a