

*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).*

  
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ANDERSON, DORN & RADER, LTD.

**APN: 1420-26-401-045**

**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:**

David G. Felix, Trustee  
1320 Kim Place  
Minden, NV 89423

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, DAVID G. FELIX, the undersigned, affirm and certify under penalty of perjury under the laws of the State of California that the following is true and correct:

(1) By instrument dated March 13, 2009, ELLA JEAN DRYER executed the DRYER LIVING TRUST (the "Trust").

(2) ELLA JEAN DRYER deceased on September 21, 2017, at Carson City, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said ELLA JEAN DRYER.

(3) Said trust appointed me to serve as sole Trustee upon the death of ELLA JEAN DRYER.

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

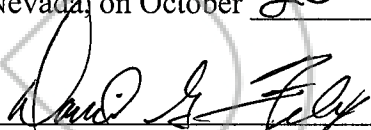
(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

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

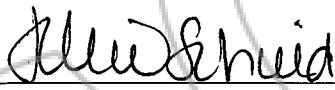
(8) The described property shall be transferred to me as Successor Trustee.


Executed in the County of Washoe, State of Nevada, on October 20, 2017.

  
\_\_\_\_\_  
DAVID G. FELIX, Trustee

STATE OF NEVADA                    )  
  ) ss:  
COUNTY OF WASHOE            )

Signed and sworn to (or affirmed) before me on October 20, 2017, by DAVID G. FELIX, Trustee.

  
\_\_\_\_\_  
Notary Public

 JULIE SCHIELD  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 99-4151-2 - Expires June 1, 2019

## **EXHIBIT "A"**

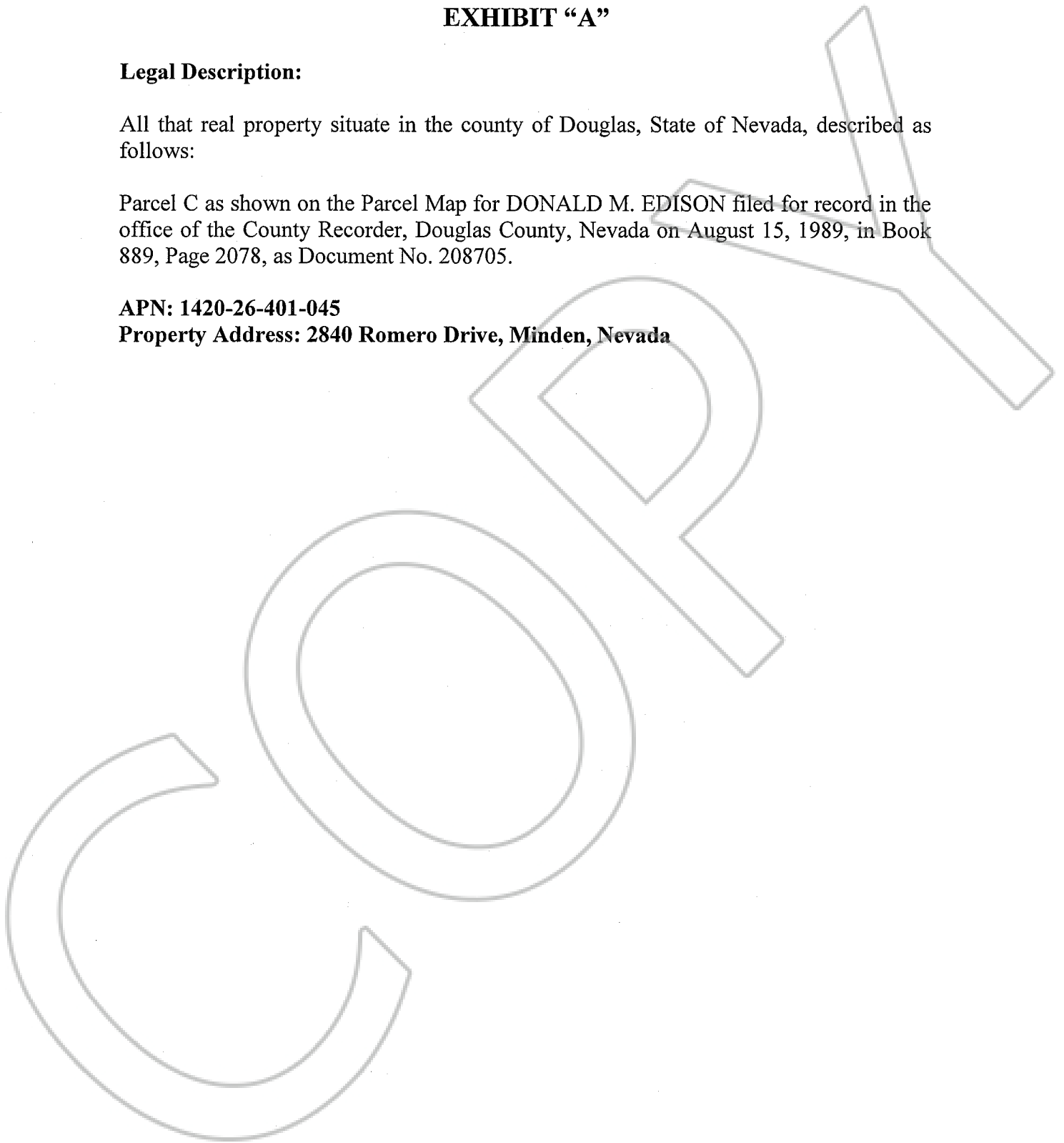
### **Legal Description:**

All that real property situate in the county of Douglas, State of Nevada, described as follows:

Parcel C as shown on the Parcel Map for DONALD M. EDISON filed for record in the office of the County Recorder, Douglas County, Nevada on August 15, 1989, in Book 889, Page 2078, as Document No. 208705.

**APN: 1420-26-401-045**

**Property Address: 2840 Romero Drive, 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. 3979556

**CERTIFICATE OF DEATH**

2017017957  
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)<br><b>Ella Jean DRYER</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>September 21, 2017</b>   |   | 3a. COUNTY OF DEATH<br><b>Carson City</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Carson City</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or R.F.D. No. City or Town, State, Zip)<br><b>Sierra Place Assisted Living Residential Care Facility</b> |   | 4. SEX<br><b>Female</b>   |  |
| 5. RACE (Specify)<br><b>White</b>  |  | 6. Hispanic Origin? Specify No - Non-Hispanic   |   | 7a. AGE-Last birthday (Years)<br><b>88</b>  |  |
| 7b. UNDER 1 YEAR<br>MOS. DAYS  |  | 7c. UNDER 1 DAY<br>HOURS MINS   |   | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>January 13, 1929</b>   |  |
| 9a. STATE OF BIRTH (If not USCA, name country)<br><b>Wyoming</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |   | 10. EDUCATION<br><b>13</b>  |  |
| 11. MARITAL STATUS (Specify)<br><b>Widowed</b>   |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)   |   |   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>-4788</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)   |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Banking</b>   |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>   |   | 15c. CITY, TOWN OR LOCATION<br><b>Minden</b>  |  |
| 15d. STREET AND NUMBER<br><b>1320 Kim Place</b>  |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |   | Ever in US Armed Forces? <b>No</b>  |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Bert JONES</b>   |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Mary</b>  |   |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>David FELIX</b>  |  |   | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)<br><b>1320 Kim Place Minden, Nevada 89423</b>  |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Walton's Sierra Crematory</b>   |   | 19c. LOCATION - City or Town State<br><b>Carson City Nevada 89706</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CRAIG R COLEMAN</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD921</b>  |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Funerals and Cremations</b><br><b>1521 Church Street Gardnerville NV 89410</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)<br><b>DOUGLAS VACEK DO</b><br>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)<br><b>September 27, 2017</b>  |  | 21c. HOUR OF DEATH<br><b>22:15</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)<br><b>Douglas Vacek DO 850 6th Street Lovelock, NV 89419</b>   |  |   |   | 23b. LICENSE NUMBER<br><b>1125</b>  |  |
| 24a. REGISTRAR (Signature)<br><b>BLAISE SATARIANO</b><br>SIGNATURE AUTHENTICATED   |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>September 27, 2017</b>  |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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) <b>Cardiac Arrest</b>  |  |   |   | Interval between onset and death  |  |
| (b) <b>Congestive Heart Failure</b>  |  |   |   | Interval between onset and death  |  |
| (c) <b>Atherosclerotic Cardiovascular Disease</b>  |  |   |   | Interval between onset and death  |  |
| (d) <b>Hypertension</b>  |  |   |   | 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.<br><b>Atrial Fibrillation, Discoid Lupus, Cerebral Vascular Disease With History Of Thrombotic Stroke</b> |  |   |   |   |  |
| 26. AUTOPSY (Specify Yes or No)<br><b>No</b>   |  |   |   | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</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

VRS-Rev-20120523a

000692720



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: **OCT 10 2017**

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

*Blaise Satariano*  
STATE REGISTRAR

