

*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: 1420-28-601-044**

**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:**

Linda Lou Byers, Trustee  
2889 Del Mar Drive  
Minden, NV 89423

Laura Lee Leonard, Trustee  
1380 Stodick Lane  
Gardnerville, NV 89410

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**AFFIDAVIT OF DEATH OF TRUSTEE**

We, LINDA LOU BYERS, and LAURA LEE LEONARD, 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 October 30, 2006, RICHARD E. BARNARD and LAVONNE M. BARNARD executed the BARNARD LIVING TRUST ("Trust").

(2) RICHARD E. BARNARD deceased on December 14, 2016, in Minden, Nevada, a resident of Douglas County, Nevada. LAVONNE M. BARNARD deceased on August 30, 2017, a resident of Douglas County, Nevada. Attached hereto are the certified copies of the death certificates of said RICHARD E. BARNARD and LAVONNE M. BARNARD.

(3) Said trust appointed us to serve as Trustees upon the death of RICHARD E. BARNARD and LAVONNE M. BARNARD.

(4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Trustees.

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

(6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as Trustees 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 us as Trustees.

Executed in the County of Washoe, State of Nevada, on October 25, 2017.

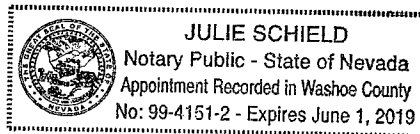
Linda Lou Byers  
LINDA LOU BYERS, Trustee

Laura Lee Leonard  
LAURA LEE LEONARD, Trustee

STATE OF NEVADA                    )  
  ) ss:  
COUNTY OF WASHOE            )

Signed and sworn to (or affirmed) before me on October 25, 2017, by LINDA LOU BYERS, and LAURA LEE LEONARD, Trustees.

Julie Schield  
Notary Public



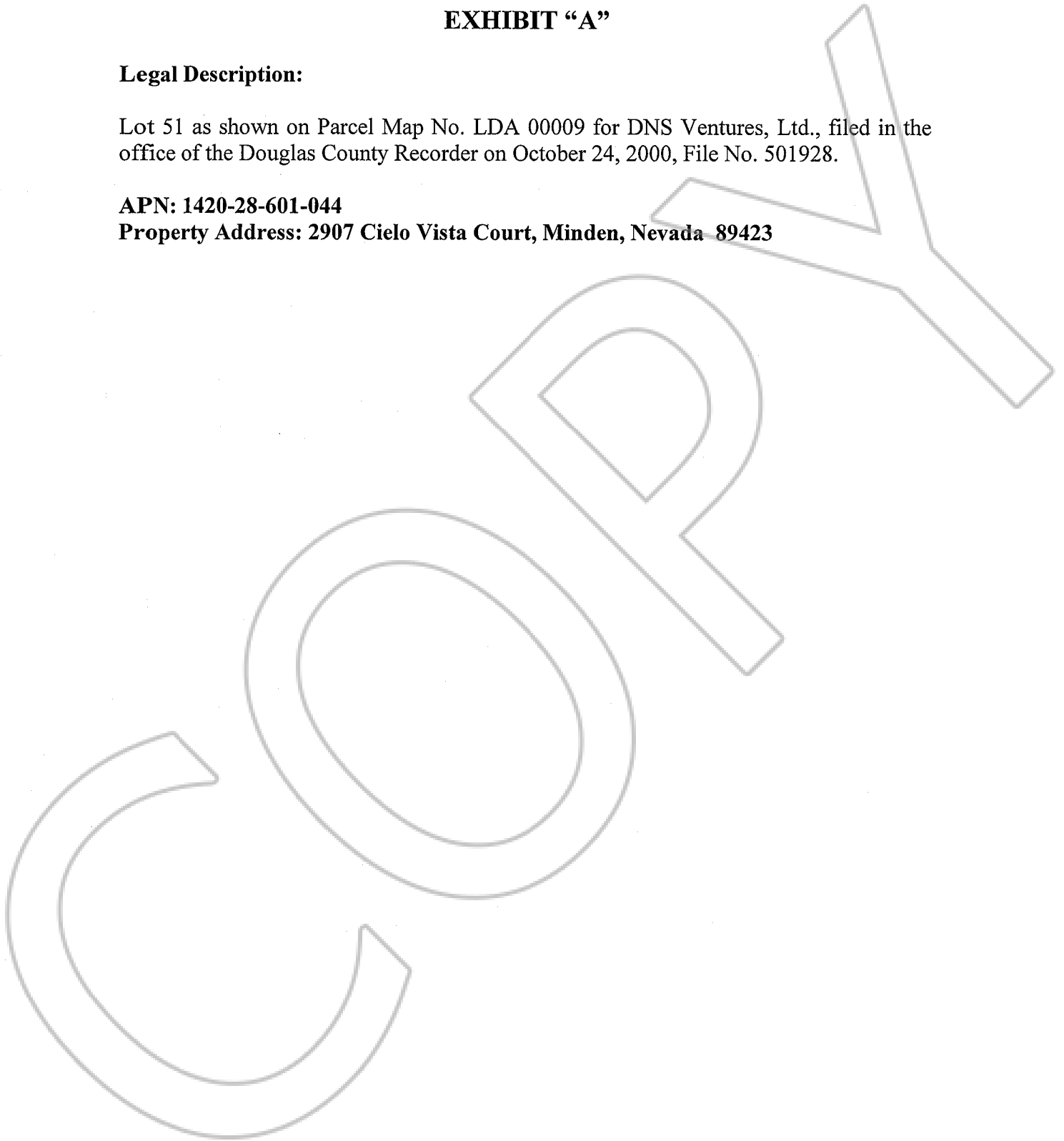
## **EXHIBIT "A"**

### **Legal Description:**

Lot 51 as shown on Parcel Map No. LDA 00009 for DNS Ventures, Ltd., filed in the office of the Douglas County Recorder on October 24, 2000, File No. 501928.

**APN: 1420-28-601-044**

**Property Address: 2907 Cielo Vista Court, Minden, Nevada 89423**



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

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

CASE FILE NO. 3931213

**CERTIFICATE OF DEATH**

2016023154  
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>Richard Eugene BARNARD</b>			2. DATE OF DEATH (Mo/Day/Year) <b>December 14, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>2907 Cielo Vista Court</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. <b>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>91</b>	7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b>	7c. UNDER 1 DAY <b>HOURS</b> <b>MINS</b>	8. DATE OF BIRTH (Mo/Day/Yr) <b>June 22, 1925</b>
9a. STATE OF BIRTH (If not US/CA, name country) <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	11. MARITAL STATUS (Specify) <b>Married</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Lavonne Mae JOHNSON</b>
13. SOCIAL SECURITY NUMBER <b>6290</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Quality Control Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Westinghouse</b>		Ever in US Armed Forces? <b>Yes</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>2907 Cielo Vista Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William E BARNARD</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mildred PAULSON</b>			
18a. INFORMANT- NAME (Type or Print) <b>Lavonne Mae JOHNSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2907 Cielo Vista Court Minden, Nevada 89423</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>	20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompá Ln Carson City NV 89701</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>REED DOPP M.D.</b> <b>SIGNATURE AUTHENTICATED</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>December 20, 2016</b>		21c. HOUR OF DEATH <b>21:13</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
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>Reed DOPP M.D. 18653 Wedge Pkwy Reno, NV 89511</b>					23b. LICENSE NUMBER <b>13920</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> <b>SIGNATURE AUTHENTICATED</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 22, 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						
(a) <b>Terminal Complications Of Vascular Pattern Dementia</b>						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death
(b) <b>Atherosclerotic Cerebrovascular Disease</b>						Years
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death
(c)						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I <b>Chronic Obstructive Lung Disease, Hypertension, Diabetes</b>					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

000654978



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.

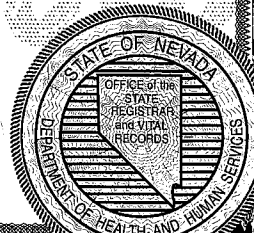
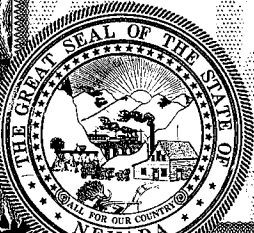
12/28/2016

DATE ISSUED:

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

*Coyle D. Hines*  
**SIGNATURE AUTHENTICATED**

VRS-Rev-20120523a





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

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

CASE FILE NO. 3975994

**CERTIFICATE OF DEATH**

2017016642  
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>LaVonne Mae BARNARD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 30, 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>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA,OP,Emer. Rm. <b>Inpatient</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>90</b>		7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>	
6. RACE (Specify) <b>White</b>		8. Hispanic Origin? Specify No - Non-Hispanic		7c. DATE OF BIRTH (Mo/Day/Yr) <b>May 31, 1927</b>	
9a. STATE OF BIRTH (if not US/CA, name/country) <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>██████████ 9348</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</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>2907 Cielo Vista Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Paul Carl JOHNSON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sophie MYHERVOLD</b>		
18a. INFORMANT - NAME (Type or Print) <b>Laura Lee LEONARD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1380 Stodick Lane Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION - City or Town - State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</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>RICARDO ALMAGUER MD</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>September 06, 2017</b>		21c. HOUR OF DEATH <b>15:40</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>Ricardo Almaguer MD, 1600 Medical Parkway Carson City, NV, 89703</b>				23b. LICENSE NUMBER <b>925</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 07, 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>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Acute Respiratory Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Chronic Obstructive Pulmonary Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Severe Pulmonary 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 <b>Acute Hyponatremia, Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <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

000686627



CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED: **9/8/2017**

*[Signature]*  
**SIGNATURE AUTHENTICATED**

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