

APN# : 1420-26-401-045

Recording Requested By:

Western Title Company

092645-TEA

When Recorded Mail To:

David Felix

1320 Kim Place

Minden, NV 89423

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS

440.380 (1)(5) & 40.525 (5))

Signature

Traci Adams

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

David Felix, of legal age, being first duly sworn, deposes and says:

1. Ella Jean Dryer, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ella Jean Dryer named as Trustee in the Declaration of Trust dated 3/13/2009 and executed by Ella Jean Dryer as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 2840 Romero Dr Minden, NV 89423, which property is described in a Deed which was executed by Ella Jean Dryer, Trustee of the Dryer Living Trust dated March 13, 2009 and any amendments thereto as Grantor(s) on March 25, 2009 and recorded as Instrument No. 740791, Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

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, according to the map thereof, filed in the office of the County Recorder of August 15, 1989, in Book 889, Page 2078, as Document No. 208705.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 11-13-17

David Felix
David Felix,

STATE OF NEVADA

}SS

COUNTY OF Douglas

This instrument was acknowledged before me on 11/13/17 By David Felix.

Traci Adams
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. 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) Ella Jean DRYER		2. DATE OF DEATH (Mo/Day/Year) September 21, 2017		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and inpatient)(Specify) Sierra Place Assisted Living Residential Care Facility		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 88	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) January 13, 1929	
9a. STATE OF BIRTH (If not US/CA, name country) Wyoming		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 4788		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Bank Teller		14b. KIND OF BUSINESS OR INDUSTRY Banking	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1320 Kim Place		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Bert JONES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary		
18a. INFORMANT - NAME (Type or Print) David FELIX		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1320 Kim Place Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89708	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) DOUGLAS VACEK DO			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) September 27, 2017		21c. HOUR OF DEATH 22:15		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) Douglas Vacek DO 850 8th Street Lovelock, NV 89419				23b. LICENSE NUMBER 1125	
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 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).)					
PART I				Interval between onset and death	
(a) Cardiac Arrest					
(b) DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart Failure				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic Cardiovascular Disease				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF: Hypertension				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. Atrial Fibrillation, Discoid Lupus, Cerebral Vascular Disease With History Of Thrombotic Stroke				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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

000692745



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.

[Signature]
STATE REGISTRAR

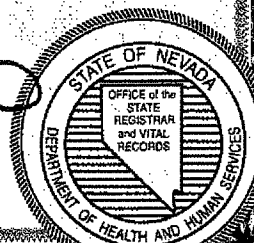
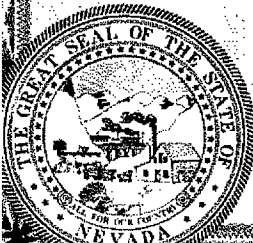


EXHIBIT "A"

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, according to the map thereof, filed in the office of the County Recorder of August 15, 1989, in Book 889, Page 2078, as Document No. 208705.

**Assessor's Parcel Number(s):
1420-26-401-045**

