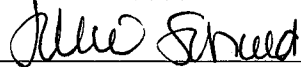


*This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).*



ANDERSON, DORN & RADER, LTD.

**APN: 1420-34-501-007**

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Ste, 860  
Reno, Nevada 89521

**WHEN RECORDED MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Ste, 860  
Reno, Nevada 89521

**MAIL TAX STATEMENTS TO:**

Janet McClure  
15672 Split Creek Drive  
Monument, CO 80132

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, JANET MCCLURE, 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 April 14, 1989, Robert L. Edwards and Geraldine E. Edwards executed the Edwards Family Trust (the "Trust").

(2) Robert L. Edwards deceased on October 21, 2018, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said Robert L. Edwards. Geraldine E. Edwards deceased on April 8, 2009. An Affidavit of Death of Trustee was recorded with the Douglas County, Nevada, on August 3, 2009, as Document Number 748241.

(3) Said trust appointed me to serve as sole Successor Trustee upon the deaths of Robert L. Edwards and Geraldine E. Edwards.



## **EXHIBIT "A"**

### **Legal Description:**

Parcel 3, as set forth on Parcel Map LDA 99-99-090, for Christian and Christel Passink, filed for record in the office of the Douglas County Recorder on May 31, 2000, in Book 500, at Page 6573, as Document No. 493022, Official Records.

**APN: 1420-34-501-007**

**Property Address: 1512 Brandi Rose Way, Minden, Nevada 89423**

**COOPER**

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

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

CASE FILE NO. 4046737

**CERTIFICATE OF DEATH**

2018020184  
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>Robert L EDWARDS</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>October 21, 2018</b>  |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Minden</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address) (Specify)<br><b>1512 Brandi Rose Way Home</b>  |   | 4. SEX<br><b>Male</b>   |  |
| 5. RACE (Specify)<br><b>White</b>   |  | 6. Hispanic Origin? Specify No - Non-Hispanic  |   | 7a. AGE - Last birthday (Years)<br><b>101</b>   |  |
| 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Colorado</b>  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |   | 10. EDUCATION<br><b>18</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>0117</b>   |  |
| 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year)<br><b>Pastor</b>   |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Baptist Church</b>   |   | 15. DATE OF BIRTH (Mo/Day/Yr)<br><b>December 13, 1916</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>1512 Brandi Rose Way</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>  |   | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>William E EDWARDS</b>                             |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>William E EDWARDS</b>   |  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Linnie WEATHERWAX</b>  |   | 18a. INFORMANT - NAME (Type or Print)<br><b>Janet MCCLURE</b>   |  |
| 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>15672 Split Creek Dr. Monument, Colorado 80132</b>                           |  | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>  |   | 19b. CEMETERY OR CREMATORY - NAME<br><b>Walton's Carson Gardens</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>   |   | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD921</b>  |  |
| 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Funerals &amp; Cremations - Sierra Chapel</b>  |  | 20d. SIGNATURE AUTHENTICATED   |   | 20e. ADDRESS OF FACILITY<br><b>875 West Second St. Reno NV 89503</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>REED DOFP 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)<br><b>October 23, 2018</b>   |  | 21c. HOUR OF DEATH<br><b>01:38</b>   |   | 22b. DATE SIGNED (Mo/Day/Yr)  |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  | 22c. HOUR OF DEATH   |   | 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>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b> |   | 23b. LICENSE NUMBER<br><b>13920</b>   |  |
| 24a. REGISTRAR (Signature)<br><b>FRED QUIHUIS</b>   |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>October 23, 2018</b>   |   | 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) <b>Terminal Complications Following Probable Stroke</b>   |  | DUE TO, OR AS A CONSEQUENCE OF:  |   | Interval between onset and death  |  |
| (b) <b>Atherosclerotic Cerebrovascular Disease</b>  |  | DUE TO, OR AS A CONSEQUENCE OF:  |   | Interval between onset and death  |  |
| (c) <b></b>   |  | DUE TO, OR AS A CONSEQUENCE OF:  |   | Interval between onset and death  |  |
| (d) <b></b>   |  | DUE TO, OR AS A CONSEQUENCE OF:  |   | 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)   |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)  |  | 28a. ACC., SUICIDE, HOM., UNDEF. 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

000742310



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 31 2018**

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

*Julie Katchear*  
STATE REGISTRAR

