DOUGLAS COUNTY, NV

2019-926419

Rec:\$35.00

\$35.00 Pgs=5

03/07/2019 10:20 AM

ANDERSON, DORN, & RADER, LTD.

KAREN ELLISON, RECORDER

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).

APN: 1219-15-001-045

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:

Dale A. Parrish, Trustee 41708 Espinosa Road Greenfield, CA 93927

AFFIDAVIT OF DEATH OF TRUSTEE

- I, DALE A. PARRISH, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:
- (1) By instrument dated August 21, 1997, LAWRENCE F. PARRISH and MARY I. PARRISH executed the LAWRENCE AND MARY PARRISH LIVING TRUST (the "Trust").
- (2) LAWRENCE F. PARRISH deceased on December 17, 2018 at Gardnerville, Nevada. MARY I. PARRISH deceased on March 15, 2016, at Gardnerville, Nevada. Both were residents of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of each of said LAWRENCE F. PARRISH and MARY I. PARRISH.
- (3) Said trust appointed me to serve as sole Trustee upon the deaths of LAWRENCE F. PARRISH and MARY I. PARRISH.

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

Executed in the County of Washoe, State of Nevada, op/February 27, 2019

DALE A. PARRISH, Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

STATE OF CALIFORNIA

SS

COUNTY OF Monterey

Subscribed and sworn to (or affirmed) before me on this <u>27</u> day of February, 2019, by DALE A. PARRISH, proved to me on the basis of satisfactory evidence to be the person appeared before me.

WITNESS my hand and official seal.

Signature Chwotma Mknober

(Seal)



EXHIBIT "A"

Legal Description:

Lot 68, as shown on the filed map of SHERIDAN ACRES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 14, 1968, as Document No. 42594.

APN: 1219-15-001-045

Property Address: 870 Barber Way, Gardnerville, Nevada





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

CERTIFICATE OF DEATH **CASE FILE NO. 4057304** 2018024708 STATE FILE NUMBER TYPE OR 1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) 2. DATE OF DEATH (Mo/Day/Year) PRINTIN 3a, COUNTY OF DEATH PERMANENT Lawrence Frederick Carson City SR December 17, 2018 BLACK INK 35. CITY, TOWN, OR LOCATION OF DEATH-13c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street at 3e. If Hosp, or inst. indicate DOA OP/Emer. Rm. Carson City Carson Tahoë Regional Medical Center. Inpatient DECEDENT 7a. AGE-Last birthday 7b. UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/DayAr) 5. RACE (Specify) 6. Hispanic Origin? Specify No - Non-Hispanic (Years) MOS HOURS 1 MINS White September 28, 1934 IF DEATH OCCURRED IN NSTITUTION SEE HANDBOOK SURVIVING SPOUSE'S NAME (Last name prior to first marriage) 9a. STATE OF BIRTH (If not US/CA, 9b: CITIZEN OF WHAT COUNTRY 10.EDUCATION 11: MARITAL STATUS (Specify Michigan name country) United States Widowed 12 13. SOCIAL SECURITY NUMBER: 14a USUAL OCCUPATION (Give Kind of Work Done During Most of Ever in US Armed COMPLETION OF 6319 Forces? No Peace Officer Department Of Correction 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes 15a. RESIDENCE - STATE. 15b. COUNTY 15c. CITY, TOWN OR LOCATION 15d STREET AND NUMBER Douglas 870 Barber Way Gardnerville 16 FATHER/PARENT - NAME (First Middle Last Suffix) 17. MOTHER/PARENT - NAME (First Middle Last Suffix) **PARENTS** Elbert Lawrence PARRISH Mabel R LECHT 18a. INFORMANT- NAME (Type or Print) 18b: MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Anita LITTLETON 752 Windsor Court Los Banos, California 93635 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c: LOCATION DISPOSITION Cremation Fitzhenry's Crematory Carson City Nevada 89701 20a. FÜNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 200 FUNERAL DIRECTOR 200 NAME AND ADDRESS OF FACILITY LICENSE NUMBER TAMAR R BEAULAC Neptune Society of Reno FD870 5890 S Virginia St. Suite 4-E Reno NV 89502 SIGNATURE AUTHENTICATED TRADE CALL TRADE CALL - NAME AND ADDRESS 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) JOHN HUNG MD CERTIFIER 21b: DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 22b. DATE SIGNED (Mo/Day/Yr) 22c, HOUR OF DEATH December 24, 2018 13:00 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN-CERTIFIER 22d PRONOUNCED DEAD (Mo/Dav/Yr) 22e. PRONOUNCED DEAD AT (Hour) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 23b.:LICENSE NUMBER John Hung MD 1600 Medical Pkwy Carson City, NV 89703 12190 24a: REGISTRAR (Signature) 246: DATE REGEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE **CATHERINE E SIMPSON** REGISTRAR (Mo/Day/Yr) December 28, 2018 YES NO X SIGNATURE AUTHENTICATED 25. IMMEDIATE CAUSE **CAUSE OF** interval between onset and death Cardiopulmonary Arrest DEATH DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST Oropharyngeal Dysphagia DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death Diabetes DUE TO, OR AS A CONSEQUENCE OF interval between onset and death Hyperlipidemia PARTII OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypokalemia; Unknown Etiology. 26. AUTOPSY (Specif 27, Was case REFERRED TO ERRED TO CORONER EFERRED 10 00 Specify Yes or No. NO. Yes or No. 286; DATE OF INJURY (Mo/Day/Yr) 28¢, HOUR OF HAJURY 28d: DESCRIBE HOW INJURY OCCURRED 28f. PLACE OF INJURY: At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No CITY OR TOWN building, etc. (Specify)

STATE REGISTRAR

000750598

CERTIFIED COPY OF VITAL RECORDS

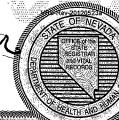
STATE REGISTRAR

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:

JAN **09 2019**

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







CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

					STATE FILE NUMBER			
TYPE OR PRINT IN	1a. DECEASED-NAME (FIRST, MIDDI	E,LAST,SUFFIX)	**************************************	2. DATE	OF DEATH (Mo/Day/Year	3a COUNTY OF D	EATH:	
PERMANENT BLACK INK	Mary Izola	PARR			March 15, 2016	Doug	jla s	
	ib. CITY, TOWN, OR LOCATION OF DEATH 3C HOSPITAL OR OTHER INSTITUTION -Name(if not either, give				3e.If Hosp. or Inst. indicat Inpatient(Specify)	e DOA, OP/Erner. Rm.	4. SEX	
DECEDENT	Gardnerville		870 Barber Way		Ho	ome	Female	
	5 RACE White (Specify)	6. Hispanic Origin No - Non-Hispa	anic (Years)	77 MOS		December December	15, 1938	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK	9a. STATE OF BIRTH (If not US/CA, name country)	96. CITIZEN OF WHAT COUNTS United States	12 M	larried		Marie Marie	rst marriage) nce F PARRISH	
REGARDING COMPLETION OF RESIDENCE	13. SOCIAL SECURITY NUMBER 6268	14a. USUAL OCCUPATION (Giv	Records Speciali	st	KIND OF BUSINESS OR IN Department Of Cor	rections Force	in US Armed S? No	
ITEMS	15a: RESIDENCE STATE 156.0	COUNTY 1.5c. CIT	Y, TOWN OR LOCATION Gardnerville	N 15d STREET AN 870 Barber Way	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15e. I LIMIT or No	NSIDE CITY 'S (Specify Yes Yes	
PARENTS	16. FATHER/PARENT - NAME (First William	Middle Last Suffix) 1 Columbus SMITH		7. MOTHER/PARENT	- NAME (First Middle La	the state of the s		
	18a_INFORMANT-NAME (Type or Pri Lawrence F. Pr	20000 10000 00000 00000 0000	MAILING ADDRESS		City or Town, State, Zip) y Gardnerville, Nevac	ia 89460		
DISPOSITION	19a: BURIAL, CREMATION, REMOVA Cremation	L, OTHER (Specify) 196. CEMETE		VAME			State 03	
	20a. FUNERAL DIRECTOR - SIGNATI TAMAR R R	OBINSON	206: FUNERAL DIREC LICENSE NUMBER 870	TOF 20c NAME AND	ADDRESS OF FACILITY Neptune Soci 969 West Moana Lane			
TRADE CALL	TRADE CALL - NAME AND ADDRESS	AUTHENTICATED			oce West Moalla Land	Metio IIV Daooa	***************************************	
**************************************	to the cause(s) stated (Signatur	HN P KELLY M.D.	THENTICATED	at the time, date and p	examination and/or investigation place and due to the cause(s)	stated. (Signature & Title)		
CERTIFIER	21b. DATE SIGNED (Mo/Day/Y	05:1	5 ູ້ ວຶ	22b. DATE SIGNE		22c. HOUR OF DEATH	AD AT (Union)	
TANK TANK TANK TANK TANK TANK TANK TANK	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER. 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour Cartifier) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER							
	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 23b. LICENSE NUMBER 6376							
REGISTRAR	24a. REGISTRAR (Signature)	VERALYNN A BOYAC SIGNATURE AUTHENTICATE	(Mailton)	ATE RECEIVED BY RE by/Yr) March 2	AND THE PARTY OF T	TH DUE TO COMMUNIC.	ABLE DISEASE	
CAUSE OF DEATH	PARTI (a) Lung Cancer		FOR (a), (b), AND (c).)			Interval between o	onset and death	
CONDITIONS IF	(b)					Interval between	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
GAVE RISE TO IMMEDIATE CAUSE STATING THE	DUE TO, OR AS A C					Interval between		
UNDERLYING CAUSE LAST	(d)					Interval between	onset and death	
,	PART II OTHER SIGNIFICANT CON	DITIONS-Conditions contributing to	the underlying cause (NUTOPSY (Specif 27. WAS OF No. REFERR (Specify	CASE RED TO CORONER Yes or No) No		
	28a, ACC., SUICIDE, HOM., UNDET	DATE OF INJURY (Mo/Day/Yr)	8c. HOUR OF INJURY	28d. DESCRIBE HOW INJ	JRY:OCCURRED			
	28e INJURY AT WORK (Specify 28f. Yes or No) puile	PLACE OF INJURY- At home, farm ding, etc. (Specify)	street, factory, office	28g LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE	
1			STATE REG	ISTRAR	William Control of the Control of th		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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VRS-Rev-20120523e



