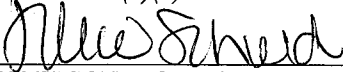


*This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).*

  
\_\_\_\_\_  
ANDERSON, DORN & RADER, LTD.

**APN: 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

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**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.



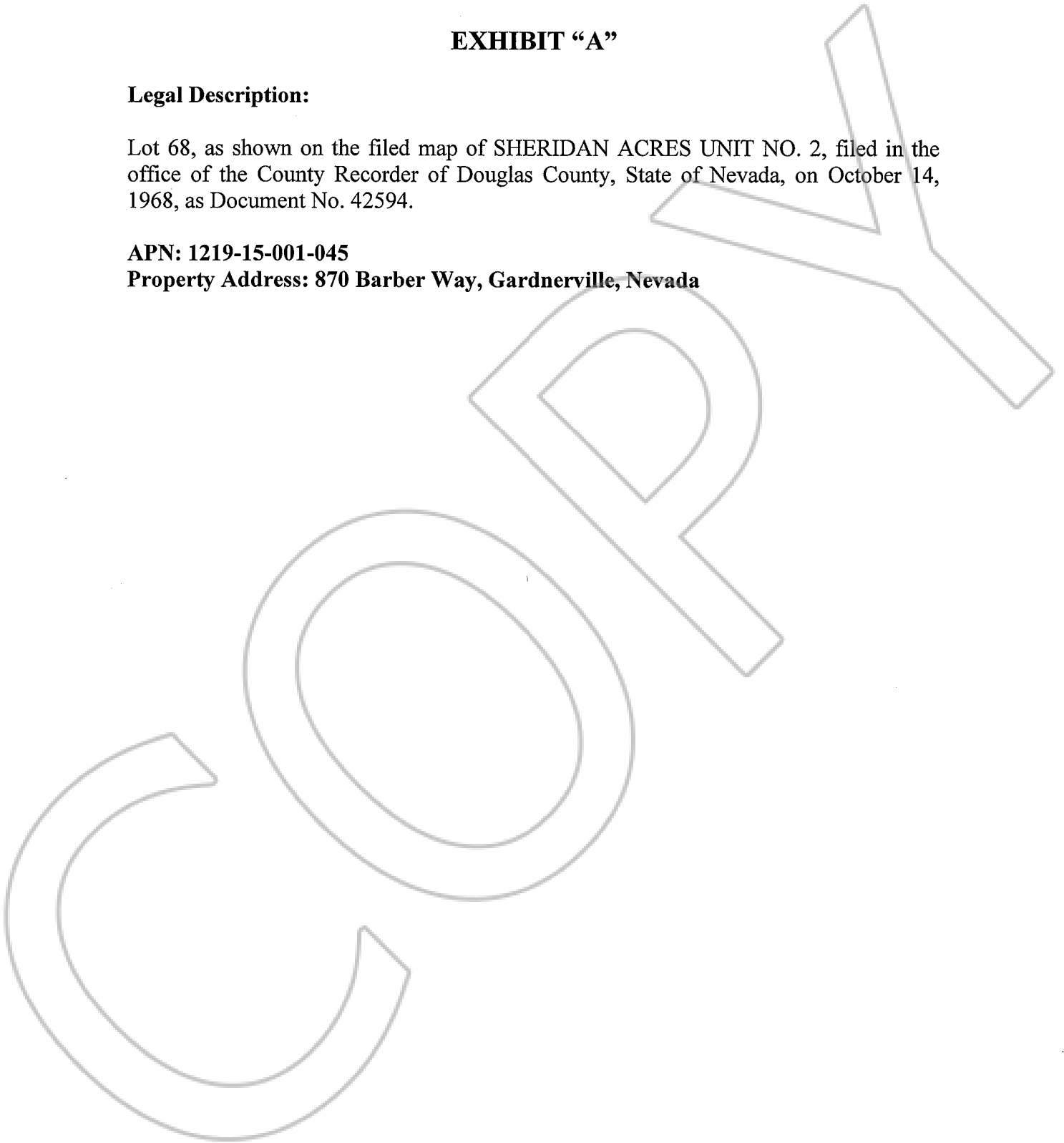
## **EXHIBIT "A"**

### **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**



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

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

CASE FILE NO. 4057304

**CERTIFICATE OF DEATH**

2018024708  
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>Lawrence Frederick PARRISH SR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 17, 2018</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 address) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA of Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>84</b>	
7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 28, 1934</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Michigan</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>6319</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Peace Officer</b>		<b>Department Of Correction</b>		<b>Ever in US Armed Forces? No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>870 Barber Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Eibert Lawrence PARRISH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mabel R. LECHT</b>		
18a. INFORMANT - NAME (Type or Print) <b>Anita LITTLETON</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>752 Windsor Court Los Banos, California 93635</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R BEAULAC</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>5890 S. Virginia St. Suite 4-E, Reno NV 89502</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>JOHN HUNG MD</b> 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) <b>December 24, 2018</b>		21c. HOUR OF DEATH <b>13:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>John Hung MD 1800 Medical Pkwy Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>12190</b>		24a. REGISTRAR (Signature) <b>CATHERINE E SIMPSON</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 28, 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					
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Oropharyngeal Dysphagia</b>				Interval between onset and death	
(c) <b>Diabetes</b>				Interval between onset and death	
(d) <b>Hyperlipidemia</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>Hypokalemia; 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

000750598



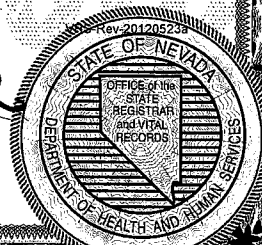
CERTIFIED COPY OF VITAL RECORDS

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: **JAN 09 2019**

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

*Julie Katchear*  
STATE REGISTRAR





STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3884205

CERTIFICATE OF DEATH

2016004775
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

Form containing fields for: 1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Mary Izola PARRISH; 2. DATE OF DEATH (Mo/Day/Year) March 15, 2016; 3a. COUNTY OF DEATH Douglas; 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville; 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Home; 3e. If Hosp. or Inst. indicate: DOA, OP/Emer. Rm. Inpatient(Specify); 4. SEX Female; 5. RACE White; 6. Hispanic Origin? Specify No - Non-Hispanic; 7a. AGE-Last birthday (Years) 77; 7b. UNDER 1 YEAR MOS; 7c. UNDER 1 DAY HOURS; 7d. UNDER 1 DAY MINS; 8. DATE OF BIRTH (Mo/Day/Yr) December 15, 1938; 9a. STATE OF BIRTH (If not US/CA, name country) Alabama; 9b. CITIZEN OF WHAT COUNTRY United States; 10. EDUCATION 12; 11. MARITAL STATUS (Specify) Married; 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Lawrence F. PARRISH; 13. SOCIAL SECURITY NUMBER 6268; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Records Specialist; 14b. KIND OF BUSINESS OR INDUSTRY Department Of Corrections; 14c. Ever in US Armed Forces? No; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Douglas; 15c. CITY, TOWN OR LOCATION Gardnerville; 15d. STREET AND NUMBER 870 Barber Way; 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes; 16. FATHER/PARENT - NAME (First Middle Last Suffix) William Columbus SMITH; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sweetie Mae JONES; 18a. INFORMANT - NAME (Type or Print) Lawrence F. PARRISH; 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 870 Barber Way Gardnerville, Nevada 89460; 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation; 19b. CEMETERY OR CREMATORY - NAME Sierra Crematory; 19c. LOCATION City or Town State Reno Nevada 89503; 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED; 20b. FUNERAL DIRECTOR LICENSE NUMBER 870; 20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 989 West Moana Lane Reno NV 89509; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOHN P KELLY M.D. SIGNATURE AUTHENTICATED; 21b. DATE SIGNED (Mo/Day/Yr) March 18, 2016; 21c. HOUR OF DEATH 05:15; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER; 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); 22b. DATE SIGNED (Mo/Day/Yr); 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) John P Kelly M.D. 1535 Medical Pkwy Carson City, NV 89703; 23b. LICENSE NUMBER 6376; 24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 21, 2016; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO X; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF; (b) DUE TO, OR AS A CONSEQUENCE OF; (c) DUE TO, OR AS A CONSEQUENCE OF; (d); 25. 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

619876

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:

3/21/2016

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

Cody R. Priney SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

