

RECORDING REQUESTED BY:
LONICH, PATTON, EHRLICH & POLICASTRI
1871 THE ALAMEDA, SUITE 400
SANJOSE, CA 95126

WHEN RECORDED, MAIL TO:
DANIEL C. DRESSER
1343 PINE AVE
SAN JOSE, CA 95125

MAIL TAX STATEMENTS TO:
SAME AS ABOVE



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT OF DEATH OF TRUSTEE(S)

APN: 1420-35-201-006

LOCATION: 2722 HENNING LANE
MINDEN, NV 89423

I, Daniel C. Dresser, of legal age, being first duly sworn, deposes and says:

The decedents mentioned in the attached certified Certificate of Death(s), Charles Daniel Dresser and Anne Mathilda Dresser, are the same persons as Charles D. Dresser and Anne M. Dresser who are named as Trustees of the Charles D. and Anne M. Dresser Family Trust dated February 20, 1996 and executed by Charles D. Dresser and Anne M. Dresser as trustors and trustees.

At the time of the decedent's deaths, the decedents were the record owners, as Trustees of the Charles D. and Anne M. Dresser Family Trust, of certain real property which property is described in a Grant, Bargain, Sale Deed dated February 20, 1996 and recorded as Vesting Document #382544 on March 4, 1996 in the Official Records of Douglas County, State of Nevada, described as follows:

See Exhibit "A attached a made a part hereof

I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedents mentioned above, and which has not been revoked, and I hereby consent to act as such.

Dated: February 20, 2019

By: *Daniel C. Dresser*
DANIEL C. DRESSER

RE: DRESSER

PROPERTY DESCRIPTION

Situate in the County of Douglas, State of Nevada, and more particularly described as follows:

That portion of the SW 1/4 of the NW 1/4 of Section 35, Township 14 North, Range 20 East, M. D. B. & M., County of Douglas, State of Nevada, described as follows:

Commencing at a point on the North line of said SW 1/4 of the NW 1/4 of said Section 35, which bears North 89° 57' East 683.60 feet from the Northwest corner of said SW 1/4 of the NW 1/4; thence South 0° 05' East, parallel to the West line of said Section 35, 561.09 feet to the true point of beginning; thence continuing South 0° 05' East, parallel to the West line of said Section 35, a distance of 458.91 feet; thence South 89° 57' West 474.60 feet; thence North 0° 57' West parallel to the West line of said Section 35, a distance of 458.91 feet; thence North 89° 57' East 474.60 feet to the true point of beginning.

TOGETHER WITH: a 25-foot easement for roadway and utilities purposes South and East of the following described line; commencing at a point on the North line of said SW 1/4 of the NW 1/4 of said Section 35; thence along said North line North 89° 57' East 683.60 feet; thence South 0° 05' East 561.09 feet to a point on the North line of the above-described property.

Document #382544, Book #0396, Page #0346

REQUESTED BY
Donald Calvillo
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 MAR -4 P12:18

LINDA SLATER
RECORDER
\$8.00 PAID *2* DEPUTY

382544
BK 0396 PG 0347

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.

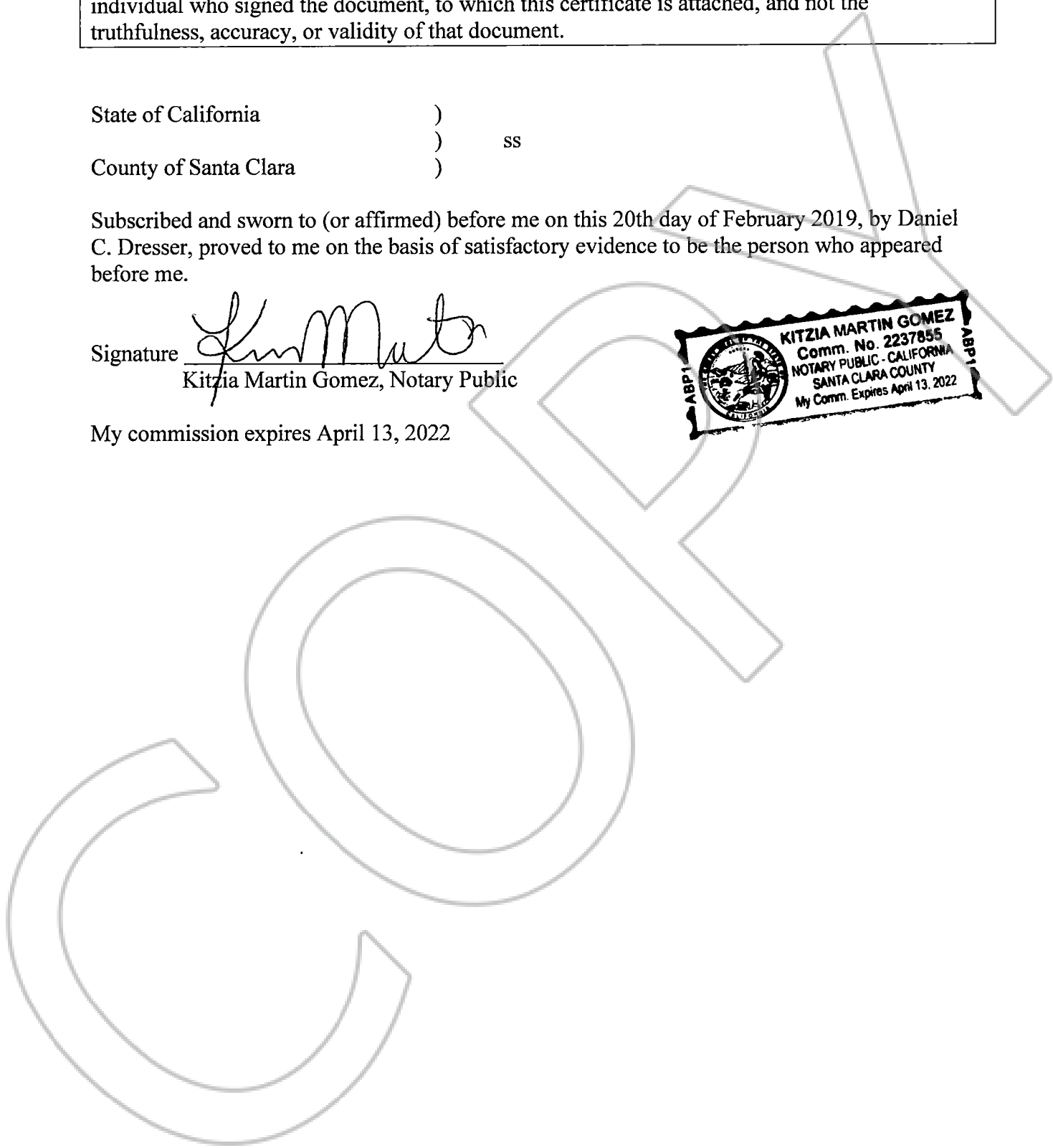
State of California)
) SS
County of Santa Clara)

Subscribed and sworn to (or affirmed) before me on this 20th day of February 2019, by Daniel C. Dresser, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature *Kitzia Martin Gomez*
Kitzia Martin Gomez, Notary Public



My commission expires April 13, 2022



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201843009138

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) CHARLES		3. LAST (Family) DRESSER	
2. MIDDLE DANIEL		4. DATE OF BIRTH mm/dd/yyyy 08/19/1917	
5. AGE Yrs. Mths. Ds. 101		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY AZ		10. SOCIAL SECURITY NUMBER 3673	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/PROF. OR Term of Death WIDOWED	
13. EDUCATION - High school (Level/degree) (See explanation on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SWITCHMAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RAILROAD	
19. YEARS IN OCCUPATION 47		20. DECEDENT'S RESIDENCE (Street and number, or location) 1343 PINE AVENUE	
21. CITY SAN JOSE		22. COUNTY/PROVINCE SANTA CLARA	
23. ZIP CODE 95125		24. YEARS IN COUNTY 77	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP DANIEL C DRESSER, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1343 PINE AVENUE, SAN JOSE, CA 95125		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST WILLIAM		32. MIDDLE C	
33. LAST DRESSER		34. BIRTH STATE CA	
35. NAME OF MOTHER/PARENT - FIRST MATILDA		36. MIDDLE E	
37. LAST (BIRTH NAME) BERRY		38. BIRTH STATE USA-UNK	
39. DEPOSITION DATE mm/dd/yyyy 11/14/2018		40. PLACE OF FINAL DISPOSITION OAK HILL MEMORIAL PARK 300 CURTNER AVENUE, SAN JOSE, CA 95125	
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF CENTRAL CALIFORNIA	
45. LICENSE NUMBER FD1322		46. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD	
47. DATE mm/dd/yyyy 11/08/2018		48. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD	
101. PLACE OF DEATH OWN RESIDENCE		102. IF - HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other		104. COUNTY SANTA CLARA	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1343 PINE AVENUE		106. CITY SAN JOSE	
107. CAUSE OF DEATH COMPLICATIONS OF ASPIRATION PNEUMONIA ETIOLOGY UNKNOWN		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. BLOODY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. NO		113A. IS FEMALE, PRELIMINARY IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED. Decedent Attended Since: 01/10/1995 Decedent Last Seen Alive: 11/01/2018		115. SIGNATURE AND TITLE OF CERTIFIER LEWIS L HAUT M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LEWIS L HAUT M.D. 2039 FOREST AVENUE # 301, SAN JOSE, CA 95120		117. LICENSE NUMBER G36231	
118. DATE OF MY OWN DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Criminal Justice Determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE mm/dd/yyyy		121. HOUR (24 HOUR)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (if events which resulted in injury)	
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)		125. SIGNATURE OF CORONER / DEPUTY CORONER	
126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } DATE ISSUED
COUNTY OF SANTA CLARA } 55 By **11/15/2018**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH

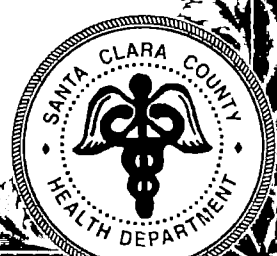
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



* H 3 3 3 0 2 5 2 *

Sara H. Cody
SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA

CERTIFICATE OF DEATH

3201443010551

Form containing fields for decedent's personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only.

INFORMATIONAL USE ONLY NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



* R 2 0 9 7 7 9 7 *

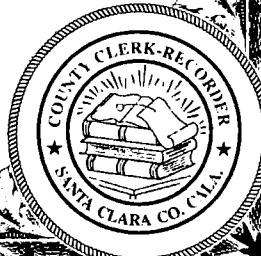
DATE ISSUED NOV 20 2018

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF SANTA CLARA

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Santa Clara County Clerk-Recorder.

Regina Alcomendras REGINA ALCOMENDRAS, COUNTY CLERK-RECORDER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE