

*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).*

  
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ANDERSON, DORN & RADER, LTD.

**APN: 1220-22-210-178**

**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:**

David R. Ferguson, Trustee  
1403 Honeybee Lane  
Gardnerville, NV 89460

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, DAVID R. FERGUSON, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated January 9, 2014, DARLENE JOAN ADKINS executed the DARLENE JOAN ADKINS TRUST AGREEMENT (the "Trust").

(2) DARLENE JOAN ADKINS deceased on May 25, 2019, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said DARLENE JOAN ADKINS.

(3) Said trust appointed me to serve as sole Trustee upon the death of DARLENE JOAN ADKINS.

(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.

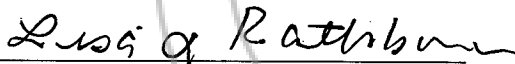
(8) The described property shall be transferred to me as sole Trustee.


Executed in the County of Washoe, State of Nevada, on July 18, 2019.

  
\_\_\_\_\_  
DAVID R. FERGUSON

STATE OF NEVADA                    )  
  ) ss:  
COUNTY OF WASHOE                )

Signed and sworn to (or affirmed) before me on July 18th, 2019, by  
DAVID R. FERGUSON.

  
\_\_\_\_\_  
Notary Public

 LISA J. RATHBUN  
NOTARY PUBLIC  
STATE OF NEVADA  
My Commission Expires: 05/04/23  
Certificate No: 15-1753-2

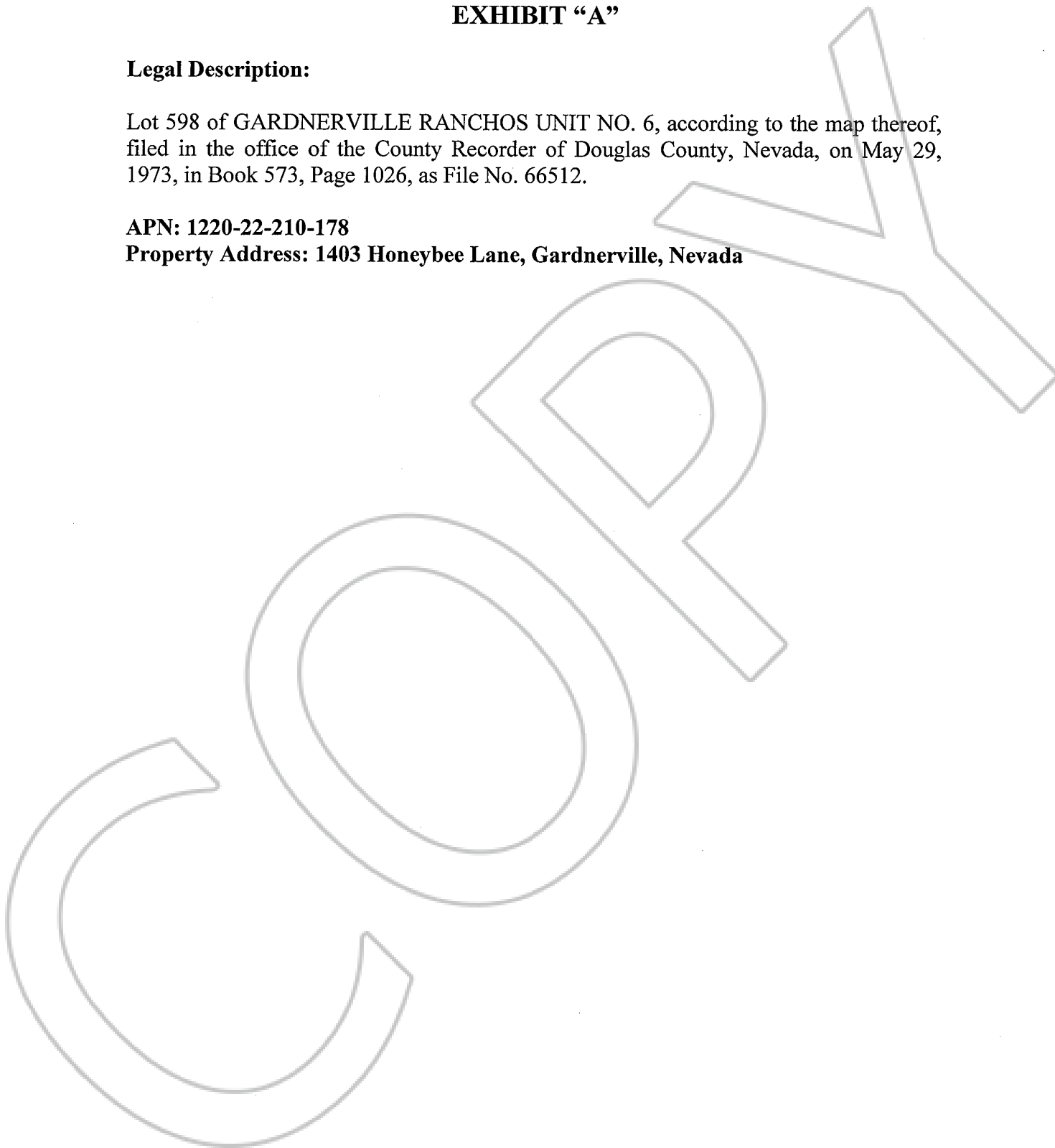
## EXHIBIT "A"

### Legal Description:

Lot 598 of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

**APN: 1220-22-210-178**

**Property Address: 1403 Honeybee Lane, 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. 4083919 **CERTIFICATE OF DEATH** 2019010460  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK  
**DECEDENT**

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>DARLENE JOAN ADKINS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 25, 2019</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 and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify: No - Non-Hispanic	
7a. AGE Last birthday (Years) <b>83</b>		7b. UNDER 1 YEAR MOS DAYS <b>83</b>		7c. UNDER 1 DAY HOURS MINS. <b>83</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 03, 1936</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Indiana</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>██████████ 2085</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Buyer/Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY: <b>Retail</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>1403 Honeybee Ln.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>No</b>	

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

**PARENTS**

16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John Rex GILBERTSON</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nellie WILLET</b>	
18a. INFORMANT- NAME (Type or Print) <b>David FERGUSON</b>		18b. MAILING ADDRESS (Street or R.F.D., No, City or Town/State, Zip) <b>1323 Honeybee Ln. Gardnerville, Nevada 89460</b>	

**DISPOSITION**

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
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**TRADE CALL**

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CRAIG R COLEMAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD921</b>		20c. NAME AND ADDRESS OF FACILITY: <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>	
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**CERTIFIER**

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>JOSE AGUIRE 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>May 28, 2019</b>		21c. HOUR OF DEATH <b>05:47</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
		22e. PRONOUNCED DEAD AT (Hour)	

**REGISTRAR**

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jose Aguirre, MD: 1600 Medical Parkway Carson City, NV: 89703</b>		23b. LICENSE NUMBER <b>11479</b>	
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 28, 2019</b>	
		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

**CAUSE OF DEATH**

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I			
(a) <b>Cardiopulmonary Arrest</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <b>Urinary Tract Infection With Acute Pyelonephritis</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <b>Leukocytosis</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) <b>Metabolic Acidosis Due To Renal Failure</b>			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Hyponatremia, 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	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST



**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: 5/31/2019

*Jose Aguirre*  
**Interim Administrator**  
STATE REGISTRAR

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

