



KAREN ELLISON, RECORDER

Recording requested by:

Vicki Feemster

After Recording, Mail to:

Vicki Feemster  
610 Pelican Crest  
Belle Chasse, LA 70037

--SPACE ABOVE THIS LINE FOR RECORDER'S USE--

The undersigned affirms that this document does contain the social security number of any person. (NRS 239B.030).

### **NOTICE OF DEATH OF SETTLOR AND APPOINTMENT OF SUCCESSOR TRUSTEE**

The undersigned being of legal age, declares under penalty of perjury.

1. THE DOUGLAS F. GALLAGHER REVOCABLE LIVING TRUST was established on June 25, 1996 by a declaration dated that same day ("the Trust").
2. The Trust was established by Settlor Douglas F. Gallagher.
3. Douglas F. Gallagher died on July 19, 2019. The named successor Trustee, pursuant to the terms of the declaration, is Vicki Feemster, his daughter. A certified copy of his certificate of death is attached hereto.
4. The present acting Trustee is Vicki Feemster, the Trustee for the benefit of the Gallagher family.
5. Declarant states that the Trust is funded and in full force and effect, and has not been revoked, modified or otherwise amended in any manner which would cause the representations in this Certification to be incorrect. Declarant Vicki Feemster is the sole person who has any power to administer the Trust.
6. Declarant states that under the terms of the Trust she, Vicki Feemster, has full power to act for said Trust and is properly exercising her authority under said Trust in negotiating for, contracting for and executing any documents regarding the below described property, and that no Trustee other than the Declarant is necessary under the Trust to sign any such documents.
7. The current Tax Identification Number(s) are available by contacting the Trustee.
8. Assets of the Trust should be titled as follows: Vicki Feemster, Trustee of THE

DOUGLAS F. GALLAGHER REVOCABLE LIVING TRUST dated June 25, 1996.

9. Any Trustee has the power and authority to manage and control, buy, sell and transfer the Trust property, in such manner as the Trustee may deem advisable, and shall have, enjoy and exercise all powers and rights over and concerning said property and the proceeds thereof as fully and amply as though said Trustee were the absolute and unqualified owner of same, including the power to grant, bargain, sell and convey, encumber and hypothecate, real and personal property, and the power to invest in corporate obligations of every kind, stocks, preferred or common, and to buy stocks, bonds and similar investments on margin or other leveraged accounts, except to the extent that such management would cause includability of an irrevocable Trust in the estate of a Trustee.

10. The Trust continues or is distributed in whole or in part for the benefit of other named beneficiaries according to the terms of the Trust.

11. All personal property transferred into Trust remains personal property and all real property transferred into Trust remains real property.

12. Unless otherwise indicated to a prospective transferee, the Trustee has full power to transfer assets held in the name of the Trust and subsequent transferees are entitled to rely upon such transfers provided the chain of title is not otherwise deficient.

13. Declarant states that to the best of her knowledge, there are no claims, challenges of any kind or cause of action alleged, contesting or questioning the validity of the Trust or the Successor Trustee's authority to act for the Trust.

14. The property in Douglas County, State of Nevada currently subject to the Trust is described as follows:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada described as follows:

Lot 36, as set forth on record of survey for Pineview Development, Unit No. 2, filed for record in the Office of the Douglas County Recorder on July 7, 2000, in Book 0700, Page 972, as Document No. 495433 and Amended April 17, 2001, in Book 0401, Page 4191, as Document No. 512460.

Per NRS 111.312, this legal description was previously recorded at Document No. 2019-926172, on February 28, 2019 as to APN 1121-05-511-011.

15. The situs of the Trust is the State of Nevada.

16. The use of this Certificate of Trust is for convenience only and the Trust is solely controlled as to provisions and interpretations, and any conflict between this abstract and the Trust shall be decided in favor of the Trust.

IN WITNESS WHEREOF, the Successor Trustee has hereto executed this Certification of Trust this 6<sup>th</sup> day of September, 2019.

TRUSTEE:

*Vicki Feemster*  
VICKI FEEMSTER

ALL PURPOSE ACKNOWLEDGMENT

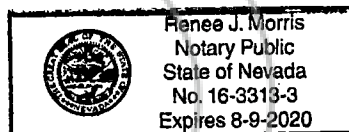
STATE OF NEVADA            )

COUNTY OF DOUGLAS        )

On September 6, 2019, before me, Renee J. Morris, Notary Public, personally appeared VICKI FEEMSTER, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacities, and that by her signatures on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

*Renee J. Morris*  
Notary Public



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

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

CASE FILE NO. 4093376

**CERTIFICATE OF DEATH**

2019014303  
STATE FILE NUMBER

|  |   |  |  |   |  |  |
|--|---|--|--|---|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK   | 1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Douglas Francis GALLAGHER</b>   |  | 2 DATE OF DEATH (Mo/Day/Year)<br><b>July 19, 2019</b>  |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>  |  |
|  | 3b CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number)<br><b>113 Walker Street</b>  |   | 3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify)<br><b>Home</b>  |  |
| DECEDENT   | 4 SEX<br><b>Male</b>  |  | 5. RACE (Specify)<br><b>White</b>  |   | 6. Hispanic Ong n? Specify No - Non-Hispanic   |  |
|  | 7a. AGE-Last birthday (Years)<br><b>79</b>  |  | 7b UNDER 1 YEAR MOS   DAYS   |   | 7c UNDER 1 DAY HOURS   MINS  |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>August 05, 1939</b>  |  | 9a STATE OF BIRTH (If not US/CA, name country)<br><b>New York</b>  |   | 9b CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  |
|  | 10. EDUCATION<br><b>14</b>  |  | 11 MARITAL STATUS (Specify)<br><b>Divorced</b>   |   | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)  |  |
| PARENTS  | 13 SOCIAL SECURITY NUMBER<br><b>██████-6600</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of SENIOR INSTRUMENT TECHNICIAN  |   | 14b KIND OF BUSINESS OR INDUSTRY<br><b>AEROSPACE</b>   |  |
|  | 15a RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b COUNTY<br><b>Douglas</b>   |   | 15c CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  |  |
| DISPOSITION  | 15d STREET AND NUMBER<br><b>113 Walker Street</b>   |  | 15e INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |   | Ever in US Armed Forces? <b>Yes</b>  |  |
|  | 16 FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Edward GALLAGHER</b>   |  |  | 17 MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Alice O'KANE</b> |  |  |
| TRADE CALL   | 18a INFORMANT - NAME (Type or Print)<br><b>Vicki FEEMSTER</b>   |  | 18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip)<br><b>610 Pelican Crest Belle Chasse, Louisiana 70037</b>  |   |  |  |
|  | 19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Autumn Cremation Services</b>  |   | 19c LOCATION City or Town State<br><b>Carson City Nevada 89701</b>   |  |
| CERTIFIER  | 20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CHRISTIE D WILDE</b>  |  | 20b FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD917</b>  |   | 20c NAME AND ADDRESS OF FACILITY<br><b>FitzHenry's Carson Valley Funeral Home<br/>1637 Esmerelda Place Minden NV 89423</b> |  |
|  | SIGNATURE AUTHENTICATED   |  |  |   |  |  |
| CAUSE OF DEATH   | 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 DOPF 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>July 22, 2019</b>   |  | 21c HOUR OF DEATH<br><b>15:40</b>  |   | 22b DATE SIGNED (Mo/Day/Yr)  |  |
| REGISTRAR  | 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  | 22c HOUR OF DEATH  |   | 22d PRONOUNCED DEAD (Mo/Day/Yr)  |  |
|  | 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>  |   |  |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 24a REGISTRAR (Signature)<br><b>ANGELICA RAMIREZ</b>  |  | 24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>July 22, 2019</b>   |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br><b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>       |  |
|  | SIGNATURE AUTHENTICATED   |  |  |   |  |  |
| CAUSE OF DEATH   | 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  |  |  |   | Interval between onset and death   |  |
|  | PART I<br>(a) <b>Respiratory Arrest</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b) <b>Probable Malignant, Metastatic Pancreatic Adenocarcinoma</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c) <b></b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(d) <b></b> |  |  |   | Interval between onset and death   |  |
| CAUSE OF DEATH   | PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1<br><b>Venous Thrombus</b>   |  |  |   | 26 AUTOPSY (Specify Yes or No)<br><b>No</b>  |  |
|  |   |  |  |   | 27 WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>   |  |
| CAUSE OF DEATH   | 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  |  |
| CAUSE OF DEATH   | 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  |  |
|  |   |  |  |   |  |  |



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: 7/23/2019

*Lucy Shughart*  
**Administrator**  
STATE REGISTRAR

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

