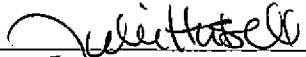


*This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).*

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

**APN: 1319-04-002-005**

**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:**

Elizabeth C. Strohl, Trustee  
PO Box 620  
Genoa, NV 89411

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, ELIZABETH C. STROHL, 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 19, 2011, BRYAN R. R. WHIPPLE executed THE WHIPPLE FAMILY TRUST (the "Trust").

(2) BRYAN R. R. WHIPPLE deceased on February 25, 2020, at Genoa, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said BRYAN R. R. WHIPPLE.

(3) Said trust appointed me to serve as sole Trustee upon the death of BRYAN R. R. WHIPPLE.

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



## EXHIBIT "A"

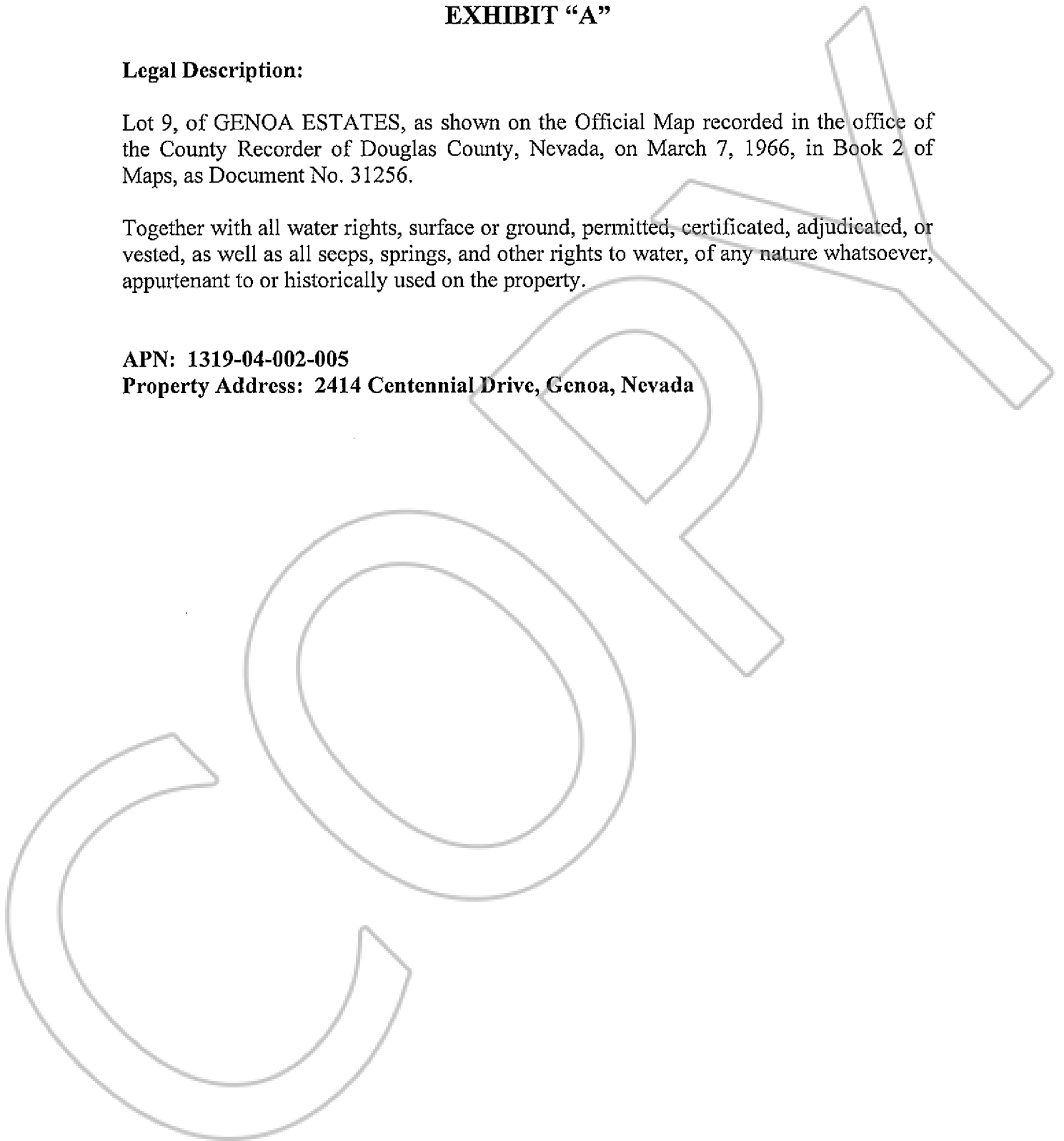
### Legal Description:

Lot 9, of GENOA ESTATES, as shown on the Official Map recorded in the office of the County Recorder of Douglas County, Nevada, on March 7, 1966, in Book 2 of Maps, as Document No. 31256.

Together with all water rights, surface or ground, permitted, certificated, adjudicated, or vested, as well as all seeps, springs, and other rights to water, of any nature whatsoever, appurtenant to or historically used on the property.

**APN: 1319-04-002-005**

**Property Address: 2414 Centennial Drive, Genoa, 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. 4131586

**CERTIFICATE OF DEATH**

2020003953  
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>Bryan Randolph Rogers WHIPPLE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 25, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Genoa</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or number) <b>2414 Centennial Drive</b>		3e. If Hosp. or Inst. indicate DOA, D/I, Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 01, 1940</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>20</b>		11. MARITAL STATUS (Specify Domestic Partnership)		12. SURVIVING SPOUSES NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>4034</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>RAILROAD ENTREPRENEUR</b>		<b>RAILROAD</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Genoa</b>	
15d. STREET AND NUMBER <b>2414 Centennial Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Guy Montrose WHIPPLE JR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eleanor Faye SCUDDER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Elizabeth STROHL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 620 Genoa, Nevada 89411</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>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden, NV 89423</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>ROBERT J FLIEGLER 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>February 27, 2020</b>		21c. HOUR OF DEATH <b>15:34</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):		22c. 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) <b>Robert J Fliegler MD 206 North Curry Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9310</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 27, 2020</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				Interval between onset and death	
(a) <b>Motor Neuron Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Unknown Etiology</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death, but not resulting in the underlying cause given in Part 1.				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	

000807737



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: **3/3/2020**

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

*Blaise Satariano*  
STATE REGISTRAR

