

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: 1420-33-411-002

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:

Eva Jean Luce, Trustee
651 Ridge Street
Portola, CA 96122

AFFIDAVIT OF DEATH OF TRUSTEE

I, EVA JEAN LUCE, Trustee of THE McFADDEN TRUST, dated February 23, 1996, as amended, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of California that the following is true and correct:

- (1) By instrument dated February 23, 1996, RUSSELL L. McFADDEN and PHYLLIS McFADDEN executed THE McFADDEN TRUST (the "Trust").
- (2) RUSSELL L. McFADDEN deceased on September 18, 2015, at Minden, Nevada. An Affidavit of Death of Trustee was recorded with the Douglas County Recorder on March 17, 2016, as Document No. 2016-878260. PHYLLIS McFADDEN deceased on April 11, 2020 in Minden, Nevada, as a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said PHYLLIS McFADDEN.
- (3) Said trust appointed EVA JEAN LUCE to serve as sole Trustee upon the deaths of RUSSELL L. McFADDEN and PHYLLIS McFADDEN.

- (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 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 Plumas, State of California, on May 12, 2020.

Eva Jean Luce
 EVA JEAN LUCE, Trustee

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 _____)

Signed and sworn to (or affirmed) before me on _____, 2020, by EVA JEAN LUCE.

 Notary Public

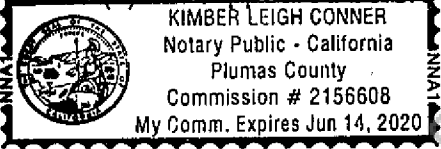
(Please find attached CA Notary Jurat)

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
County of Plumas

Subscribed and sworn to (or affirmed) before me on this 12th
day of May, 2020, by Eva Jean Luce

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature [Handwritten Signature]

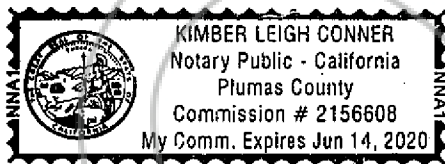


EXHIBIT "A"

Legal Description:

Lot 11, as set forth on that Subdivision Map Entitled WILDHORSE ANNEX UNIT NO. 1, a Planned Unit Development, recorded January 6, 1994, in Book 194 at Page 1080, Official Records of Douglas County, State of Nevada, as Document No. 327012.

Excepting therefrom all minerals, oil, gas and other hydrocarbons, as excepted in Deed to STOCK PETROLEUM CO., INC., recorded March 13, 1980 in Book 380 at Page 1315 Official Records of Douglas County, Nevada, as Document No. 42677.

APN: 1420-33-411-002

Property Address: 2632 Fawn Fescue Court, Minden, 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. 4139844 **CERTIFICATE OF DEATH** 2020007514
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK
PRECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS
PARENTS
POSITION
TRADE CALL
CERTIFIER
REGISTRAR
CAUSE OF DEATH
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Phyllis MCFADDEN		2. DATE OF DEATH (Mo/Day/Year) April 11, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 2632 Fawn Fescue Court		3e. If Hosp. or Inst. Indicate DOA OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No Non-Hispanic	
7a. AGE-Last Birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 16, 1929		9a. STATE OF BIRTH (If not US/CA, name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 1183		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) WAITRESS		14b. KIND OF BUSINESS OR INDUSTRY CASINO	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2632 Fawn Fescue Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last - Suffix) Brendell Craig CANOLES	
17. MOTHER/PARENT - NAME (First Middle Last - Suffix) Nessie MACDONALD		18a. INFORMANT - NAME (Type or Print) Eva LUCE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 651 Ridge Street Portola, California 96122	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) REED DOPF MD 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) April 15, 2020		21c. HOUR OF DEATH 12:39		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 15, 2020		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).) Interval between onset and death					
PART I: (a) Cardiac Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute On Chronic Heart Failure With Preserved Ejection Fraction Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Ischemic Cardiomyopathy Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Coronary Heart Disease Interval between onset and death Years					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Hypertension				26. 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			

000813204



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: **4/17/2020**

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

John Storey
STATE REGISTRAR

