

*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: 1220-16-311-030**

**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:**

JEANNE M. FELTMAN, Trustee  
1287 Chardonnay Drive  
Gardnerville, Nevada 89460

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**AFFIDAVIT OF DEATH OF TRUSTEE**

We, JEANNE M. FELTMAN and JOHN A. FELTMAN, Trustees of the FELTMAN FAMILY TRUST, dated May 17, 2000, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated May 17, 2000, ROBERT G. FELTMAN and JEANNE M. FELTMAN executed the FELTMAN FAMILY TRUST ("Trust").
- (2) ROBERT G. FELTMAN deceased on April 2, 2020, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said ROBERT G. FELTMAN.
- (3) Said trust appointed JEANNE M. FELTMAN to serve as sole Trustee upon the death of ROBERT G. FELTMAN. JEANNE M. FELTMAN reserved the right to amend or revoke the Trust Agreement in whole or in part and by restatement dated May 17, 2018, JEANNE M. FELTMAN appointed herself and JOHN A. FELTMAN as Co-Trustees.

- (4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Co-Trustees.
- (5) The following described real property is part of the Trust estate: See Exhibit "A" attached.
- (6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as Trustees 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 us as Co-Trustees.

Executed in the County of Douglas, State of Nevada, on May 28, 2020.

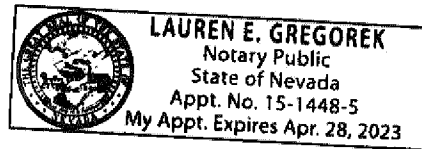
*Jeanne M. Felzman*  
 \_\_\_\_\_  
 JEANNE M. FELTMAN, Trustee

*John A. Felzman*  
 \_\_\_\_\_  
 JOHN A. FELTMAN, Trustee

STATE OF NEVADA                    )  
   ) ss:  
 COUNTY OF DOUGLAS            )

Signed and sworn to (or affirmed) before me on May 28, 2020, by JEANNE M. FELTMAN and JOHN A. FELTMAN, Trustees.

*Lauren E. Gregorek*  
 \_\_\_\_\_  
 Notary Public

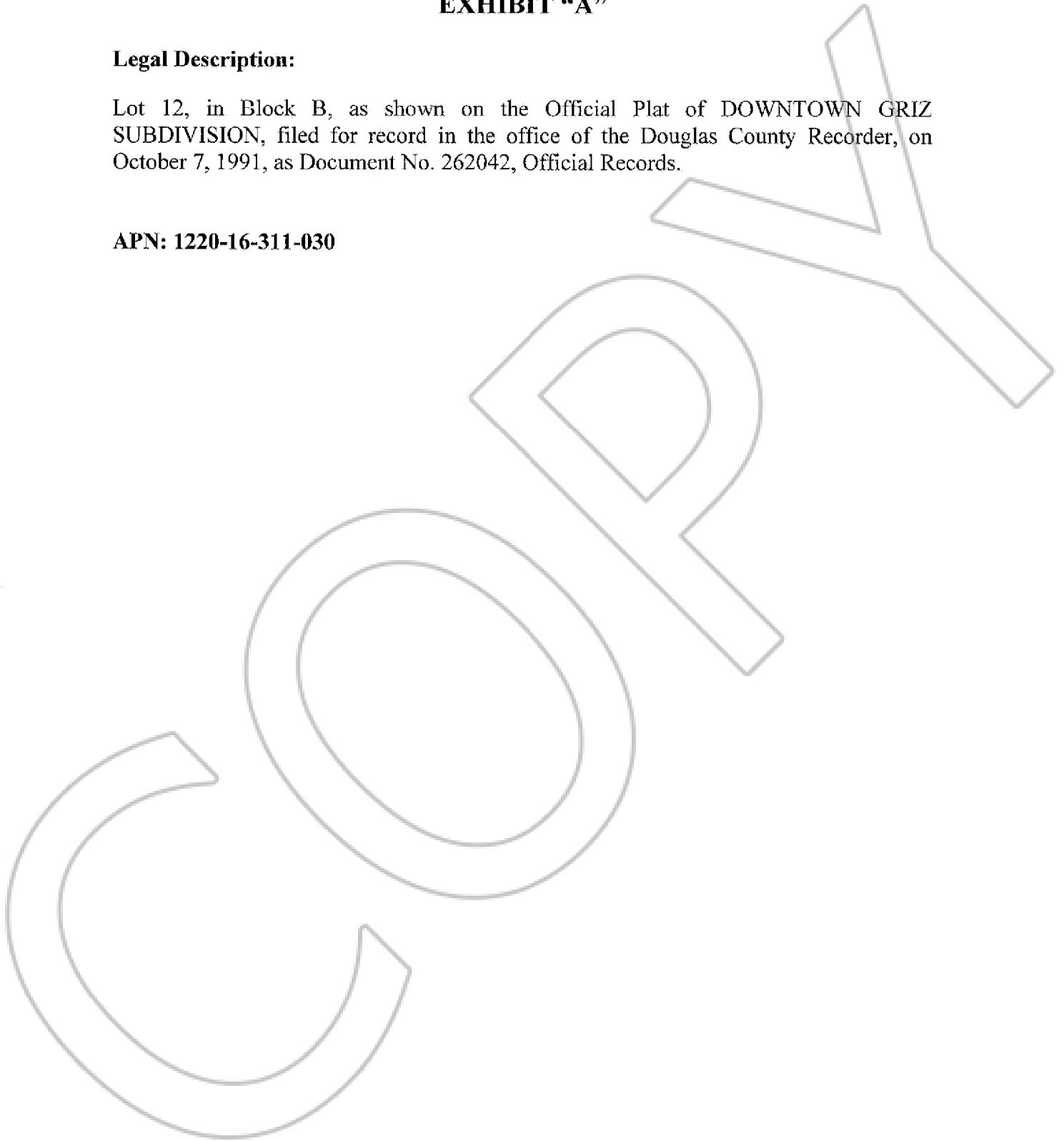


**EXHIBIT "A"**

**Legal Description:**

Lot 12, in Block B, as shown on the Official Plat of DOWNTOWN GRIZ SUBDIVISION, filed for record in the office of the Douglas County Recorder, on October 7, 1991, as Document No. 262042, Official Records.

**APN: 1220-16-311-030**



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

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

**CERTIFICATE OF DEATH**

**2020006824**  
STATE FILE NUMBER

CASE FILE NO. 4137989

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>Robert FELTMAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 02, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>1287 B Chardonnay Drive</b>		3e. If Hosp. or Inst. indicate DCA,OP/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>78</b>		7b. UNDER 1 YEAR MOS    DAYS		7c. UNDER 1 DAY HOURS    MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 28, 1941</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Jeanne MURPHY</b>	
13. SOCIAL SECURITY NUMBER <b>0738</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Electronics</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>1287 B Chardonnay Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harold FELTMAN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen PARVIS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Jeanne FELTMAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1287 B Chardonnay Drive Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Creations</b> <b>1600 Buckeye Rd 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>SIGNATURE AUTHENTICATED</b> <b>NITA SCHWARTZ 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) <b>April 06, 2020</b>		21c. HOUR OF DEATH <b>15:48</b>		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) <b>Nita Schwartz MD 710 W. Washington St. Carson City NV 89703</b>			
23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 07, 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>Cerebral Atherosclerosis</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Unknown Etiology</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				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					
29a. 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	

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CERTIFIED COPY OF VITAL RECORDS

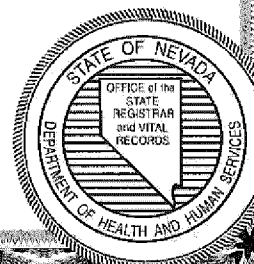
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**4/8/2020**

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

*Wesley T Storey*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE