

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: 1320-30-512-022

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:

YVONNE J. FRENCH, Trustee
1788 Bella Casa Drive
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, YVONNE J. FRENCH, 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 June 17, 2003, MELVYN L. FRENCH and I executed the FRENCH LIVING TRUST (the "Trust").

(2) MELVYN L. FRENCH deceased on April 23, 2020, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said MELVYN L. FRENCH.

(3) Said trust appointed me to serve as sole Trustee upon the death of MELVYN L. FRENCH.

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

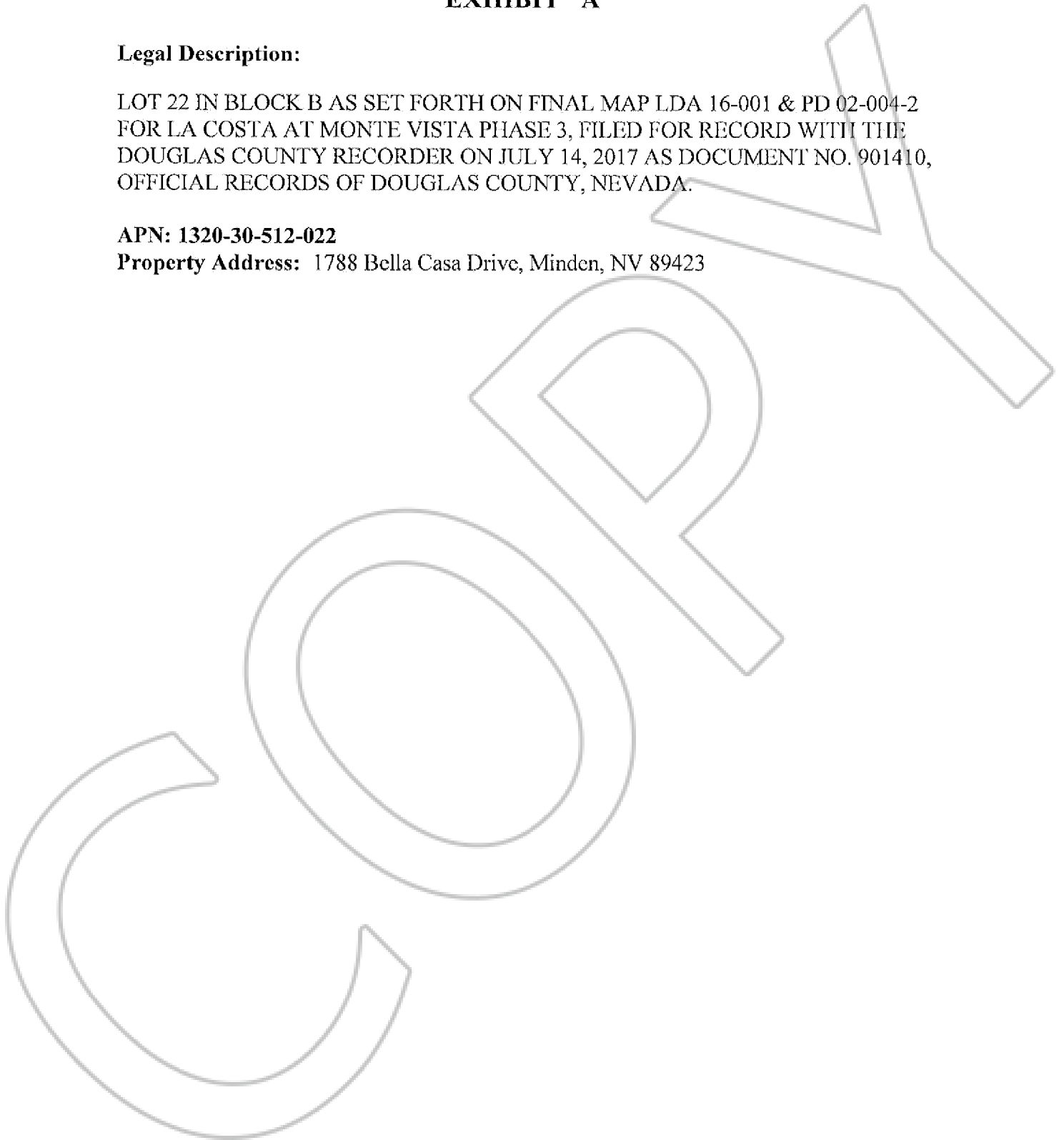
EXHIBIT "A"

Legal Description:

LOT 22 IN BLOCK B AS SET FORTH ON FINAL MAP LDA 16-001 & PD 02-004-2 FOR LA COSTA AT MONTE VISTA PHASE 3, FILED FOR RECORD WITH THE DOUGLAS COUNTY RECORDER ON JULY 14, 2017 AS DOCUMENT NO. 901410, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

APN: 1320-30-512-022

Property Address: 1788 Bella Casa Drive, Minden, NV 89423



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4141387

2020008484
STATE FILE NUMBER

CERTIFICATE OF DEATH

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) Melvyn Lee FRENCH		2. DATE OF DEATH (Mo/Day/Year) April 23, 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 or Inpatient)(Specify) 1788 Bella Casa Dr Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 83	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY DAYS HOURS MINS
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Yvonne EALES
13. SOCIAL SECURITY NUMBER -5511		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Communications Engineering	Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1788 Bella Casa Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lloyd FRENCH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jeanne STRONG		
18a. INFORMANT- NAME (Type or Print) Yvonne FRENCH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1788 Bella Casa Dr Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861	20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706		
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) SIGNATURE AUTHENTICATED NITA SCHWARTZ MD			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 27, 2020		21c. HOUR OF DEATH 01:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703					23b. LICENSE NUMBER 9114
24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 28, 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). PART I (a) Coronary Atherosclerosis					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) DUE TO, OR AS A CONSEQUENCE OF:					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) 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

STATE REGISTRAR

000814684



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:

MAY 06 2020

Wesley T Storey
STATE REGISTRAR

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

