

WHEN RECORDED MAIL TO:

David Brush, Surviving Trustee  
4099 Carmel View rd #155  
San Diego CA 92130

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02005903DKD

APN No.: 1022-09-002-050

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of Douglas }

David Brush, Surviving Trustee, being duly sworn, deposes and says:

1. Jean Evelyn Patton, the decedent mentioned in attached copy of Certificate of Death, is the same person as Jean Evelyn Patton, named as one of the trustee(s) in that certain Grant Bargain Sale Deed dated February 2<sup>nd</sup> 2018, executed by Jean E Patton to Jean Evelyn Patton and David Brush, Trustees of the J&J Patton Trust, dated August 23, 2017, and any amendments thereto, recorded on 02/06/2018 as instrument number 2018-910119, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, David Brush, Surviving Trustee, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

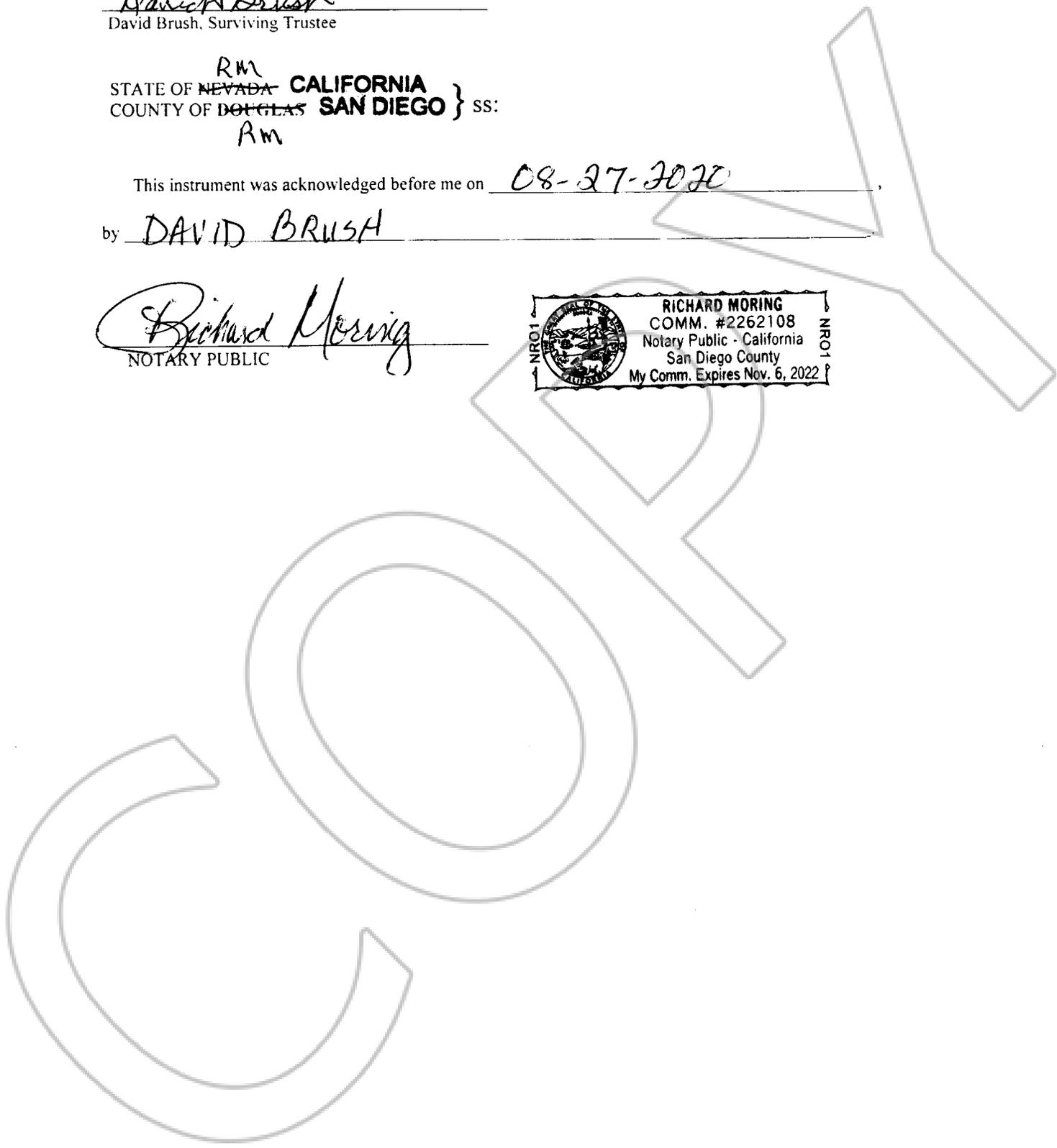
Dated: August 25, 2020

David Brush  
David Brush, Surviving Trustee

RM  
STATE OF ~~NEVADA~~ CALIFORNIA } SS:  
COUNTY OF ~~DOUGLAS~~ SAN DIEGO }  
RM

This instrument was acknowledged before me on 08-27-2020,  
by DAVID BRUSH

Richard Moring  
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. 4121180

**CERTIFICATE OF DEATH**

2019025742  
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>Jean Evelyn PATTON</b>			2. DATE OF DEATH (Mo/Day/Year) <b>December 28, 2019</b>			3a. COUNTY OF DEATH <b>Douglas</b>											
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>1385 Topaz Ranch Drive</b>			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>			4. SEX <b>Female</b>								
5. RACE (Specify) <b>White</b>			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) <b>95</b>			7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS			7c. UNDER 1 DAY HOURS   MINS			8. DATE OF BIRTH (Mo/Day/Yr) <b>May 12, 1924</b>		
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>14</b>			11. MARITAL STATUS (Specify) <b>Widowed</b>			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)					
13. SOCIAL SECURITY NUMBER <b>9950</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of						14b. KIND OF BUSINESS OR INDUSTRY <b>RETAIL</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>Wellington</b>			15d. STREET AND NUMBER <b>1385 Topaz Ranch Drive</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>					
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Fred Ivan BRUSH</b>						17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Leila ELY</b>											
18a. INFORMANT- NAME (Type or Print) <b>David BRUSH</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>4019 Carmel View Unit 155 San Diego, California 92130</b>											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>						19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>			19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>								
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</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>REED DOPF 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>December 30, 2019</b>						21c. HOUR OF DEATH <b>08:55</b>			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
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) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>									23b. LICENSE NUMBER <b>13920</b>								
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 02, 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).)									Interval between onset and death								
PART I																	
(a) <b>Respiratory Arrest</b>																	
DUE TO, OR AS A CONSEQUENCE OF									Interval between onset and death								
(b) <b>Acute Respiratory Failure</b>																	
DUE TO, OR AS A CONSEQUENCE OF									Interval between onset and death								
(c) <b>Dementia Of Unspecified Pattern</b>																	
DUE TO, OR AS A CONSEQUENCE OF									Interval between onset and death								
(d) <b>Etiology is Not Specified</b>																	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.									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											



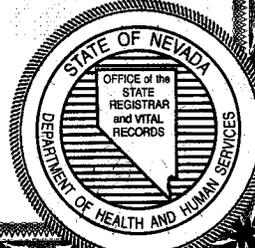
CERTIFIED COPY OF VITAL RECORDS

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: 1/6/2020

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

*Blaise Satariano*  
ADMINISTRATOR



**Order No.: 02005903-DKD**

**EXHIBIT A**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 15 in Block O, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

APN: 1022-09-002-050

