

**RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:**

Ronald D. Alling, Esq.  
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276 Kingsbury Grade, Suite 2000  
Post Office Box 3390  
Lake Tahoe, Nevada 89449-3390

APN: 1320-29-212-009 &  
APN: 1220-21-810-217



KAREN ELLISON, RECORDER

Pursuant to *NRS* 440.380, I, the undersigned, affirm that this document submitted for recording does contain personal information of any person or persons.

**NOTICE OF DEATH OF CO-TRUSTEE**

**COMES NOW DAWN A. HENDERSON** and being first duly sworn, deposes and says:

1. She is the sole serving Trustee of The D.W.H. 2013 Trust;
2. That she was a Co-Trustee with WILLIAM P. HENDERSON;
3. That as Trustees, WILLIAM P. HENDERSON and DAWN A. HENDERSON acquired title to certain real property commonly known as 1373 Patricia Way, Gardnerville, APN 1220-21-810-217, by virtue of that Trust Transfer Deed dated September 5, 2013, and recorded September 9, 2013, as Document No. 0830312, Book 0913 at Page 1771, Official Records of Douglas County, Nevada.
4. That as Trustees, WILLIAM P. HENDERSON and DAWN A. HENDERSON acquired title to certain real property commonly known as 1036 Wisteria Drive, Minden, APN 1320-29-212-009, by virtue of that Trust Transfer Deed dated September 5, 2013, and recorded September 9, 2013, as Document No. 0830313, Book 0913 at Page 1773, Official Records of Douglas County, Nevada.
5. That WILLIAM P. HENDERSON died in Douglas County, Nevada, on or about September 7, 2020. The State of Nevada issued a Death Certificate, No. 2020019679, attached hereto as **Exhibit "A"** and incorporated herein by reference.

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5. That pursuant to the trust instrument which states, "In the event of the death of either William P. Henderson or Dawn A. Henderson, or if for any reason whatsoever one of them ceases to serve as a Trustee hereunder, the other shall serve as sole Trustee hereunder," now, therefore, be it known the undersigned is acting as sole Trustee of The D.W.H. 2013 Trust.

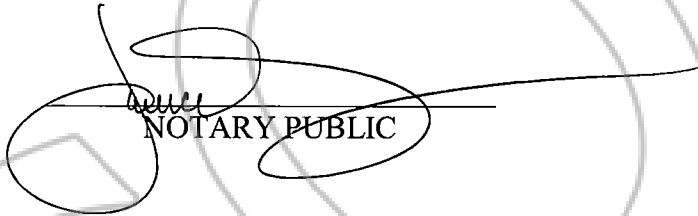
IN WITNESS WHEREOF, Grantor and Trustee has executed this document at Douglas County, Nevada, on this 12 day of NOV, 2020.

  
DAWN A. HENDERSON, Trustee

STATE OF NEVADA     )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on November 12 2020, by Dawn A. Henderson.

WITNESS my hand and official seal.

  
NOTARY PUBLIC



COPY

**EXHIBIT "A"**

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

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

CASE FILE NO. 4166270

**CERTIFICATE OF DEATH**

2020019679  
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>William Pauker HENDERSON</b>		2 DATE OF DEATH (Mo/Day/Year) <b>September 07, 2020</b>		3a COUNTY OF DEATH <b>Douglas</b>	
3b CITY TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>1036 Wisteria Drive</b>		3e If Hosp or Inst indicate DOA,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>73</b>		7b UNDER 1 YEAR <b>MOS</b>		7c UNDER 1 DAY <b>HOURS</b>	
8 DATE OF BIRTH (Mo/Day/Yr) <b>March 12, 1947</b>		9a STATE OF BIRTH (If not US/CA name country) <b>New York</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>Dawn OFFICER</b>	
13 SOCIAL SECURITY NUMBER <b>9853</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Sales / Marketing Director</b>		14b KIND OF BUSINESS OR INDUSTRY <b>GAMING</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY TOWN OR LOCATION <b>Minden</b>	
15d STREET AND NUMBER <b>1036 Wisteria Drive</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>George HENDERSON</b>	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen WINARICK</b>		18a INFORMANT- NAME (Type or Print) <b>Dawn HENDERSON</b>		18b MAILING ADDRESS (Street or R F D No, City or Town, State Zip) <b>1036 Wisteria Drive Minden, Nevada 89423</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> <b>SIGNATURE AUTHENTICATED</b>		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> <b>SIGNATURE AUTHENTICATED</b>		21b DATE SIGNED (Mo/Day/Yr) <b>September 10, 2020</b>		21c HOUR OF DEATH <b>06:00</b>	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b DATE SIGNED (Mo/Day/Yr)	
				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>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>				23b LICENSE NUMBER <b>13920</b>	
24a REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 10, 2020</b>		24c DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <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>Malignant, Metastatic Adenocarcinoma Of The Pancreas</b>					
DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)					
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, HOMICIDE 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

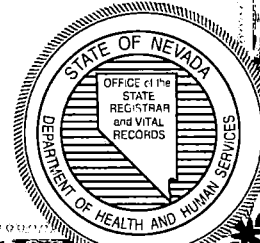
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

9/10/2020

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