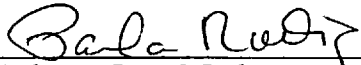


*This document does not contain  
a social security number.*

  
Anderson, Dorn & Rader

APN: 1320-29-114-017

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Ste, 860  
Reno, Nevada 89521

**WHEN RECORDED MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Ste, 860  
Reno, Nevada 89521

**MAIL TAX STATEMENT TO:**

Gerry B. Myers, Trustee  
MYERS 1991 LIVING TRUST  
1154 Wisteria Drive  
Minden NV 89423

---

**AFFIDAVIT OF DEATH OF TRUSTEE**

I, GERRY B. MYERS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated December 20, 1991, RONALD E. MYERS and GERRY B. MYERS executed the MYERS 1991 LIVING TRUST, dated December 20, 1991, also known as the RONALD E. MYERS and GERRY B. MYERS 1991 DECLARATION OF TRUST, dated December 20, 1991, (the "Trust").

(2) RONALD E. MYERS deceased on November 21, 2020, at Minden Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said RONALD E. MYERS.

(3) Said trust appoints me to serve as Trustee upon the death of RONALD E. MYERS.

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

Executed on February 10, 2021 at Reno, Nevada.

*Gerry B. Myers*  
\_\_\_\_\_  
GERRY B. MYERS

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 NEVADA                                     )  
  ) ss:  
COUNTY OF WASHOE                            )

Signed and sworn to (or affirmed) before me on February 10, 2021, by GERRY B. MYERS.

*Sara-Lee Oliver*  
\_\_\_\_\_  
Notary Public

SARA-LEE OLIVER  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 19-4701-02 - Expires December 1, 2023

## **EXHIBIT "A"**

### **Legal Description**

All that real property situated in the unincorporated area of County of Douglas, State of Nevada, bounded and described as follows:

Lot 300, as set forth on the Official Plat of WINHAVEN, UNIT NO. 3, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 18, 1992 as Document No. 295672.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

**APN: 1320-29-114-017**

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

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

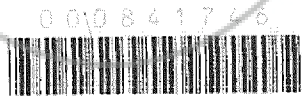
CASE FILE NO. 4179901

2020026120  
STATE FILE NUMBER

**CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Ronald Ernest MYERS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 21, 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 Inpatient(Specify)) <b>Carson City ALF Nursing Home</b>		4. SEX <b>Male</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>84</b>	
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 17, 1936</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>18</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Gerry Bernadine HAKET</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████-3174</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Business</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1154 Wisteria Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ralph Elmer MYERS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mae Loretta LOFGREN</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Gerry Bernadine MYERS</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1154 Wisteria Dr. Minden, Nevada 89423</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmerelda Place Minden NV 89423</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>B A BOTTENBERG DO</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>November 23, 2020</b>		21c. HOUR OF DEATH <b>11:42</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE 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>B A BOTTENBERG DO 550.W Washington #1 Carson City, NV 89706</b>				23b. LICENSE NUMBER <b>DO674</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 30, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Pneumonitis</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Covid-19 Coronavirus</b> DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Senile Dementia, Coronary Artery Disease, Hyperlipidemia, Hypertension, Paroxysmal Atrial Fibrillation</b>					
STATE REGISTRAR	26a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
	26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) <b>No</b>			
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



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: **DEC 02 2020**

*Jan J. [Signature]*  
STATE REGISTRAR  
Interim Administrator

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

