

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).

[Handwritten Signature]

ANDERSON, DORN & RADER, LTD.

APN: 1420-33-410-054

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:

Irene C. Patrias, Trustee
2606 Wildhorse Lane
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

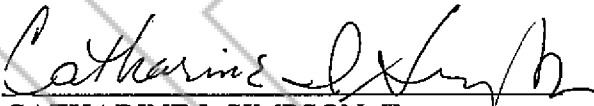
We, IRENE C. PATRIAS and CATHARINE I. SIMPSON, Trustees of the PATRIAS LIVING TRUST dated November 18, 1988, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated November 18, 1988, GARY D. PATRIAS and IRENE C. PATRIAS executed the PATRIAS LIVING TRUST ("Trust").
- (2) GARY D. PATRIAS deceased on May 7, 2021, at Carson City, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said GARY D. PATRIAS.
- (3) Said trust appointed IRENE C. PATRIAS to serve as sole Trustee upon the death of GARY D. PATRIAS. IRENE C. PATRIAS reserved the right to amend or revoke the Trust Agreement in whole or in part and by amendment dated July 13, 2021, IRENE C. PATRIAS appointed herself and CATHARINE I. SIMPSON 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 Washoe, State of Nevada, on July 13, 2021.


 IRENE C. PATRIAS, Trustee


 CATHARINE I. SIMPSON, Trustee

STATE OF NEVADA)
) ss:
 COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on July 13, 2021, by IRENE C. PATRIAS and CATHARINE I. SIMPSON, Trustees.


 Notary Public



EXHIBIT "A"

Legal Description:

LOT 76, AS SET FORTH ON THE FINAL MAP ENTITLED WILDHORSE ANNEX UNIT NO. 2, A PLANNED UNIT DEVELOPMENT, RECORDED OCTOBER 10, 1994 IN BOOK 1094, PAGE 1490, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA, AS DOCUMENT NO. 348105.

APN: 1420-33-410-054

Property Address: 2606 Wildhorse Lane, Minden, Nevada

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4212155

CERTIFICATE OF DEATH

2021011532
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) Gary Dean PATRIAS		2. DATE OF DEATH (Mo/Day/Year) May 07, 2021		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify: No - Non-Hispanic	
7a. AGE - Last birthday (Years) 79		7b. UNDER 1 YEAR MOS - DAYS		7c. UNDER 1 DAY HOURS - MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 06, 1941		9a. STATE OF BIRTH (If not US/CA, name country) Minnesota		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) Irene MEISINGER	
13. SOCIAL SECURITY NUMBER ██████████-2078		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Quality Control Manager		Electronics		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2606 Wildhorse Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Sylvester PATRIAS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edna Marie WYMAN		18a. INFORMANT - NAME (Type or Print) Irene PATRIAS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2606 Wildhorse Lane Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Oak Hill Cemetery		19c. LOCATION: City or Town State Plattsmouth Nebraska 68048	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		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 Roby Funeral Home 348 Ave A Plattsmouth NE 68048					
21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG RAU MD 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) May 12, 2021		21c. HOUR OF DEATH 15:45		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Hany Ghali MD		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 13, 2021		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) Cardiorespiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) Septic Shock				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) Acute Pulmonary Embolus				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (d) Acute Kidney Injury				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Unknown Etiology				26. AUTOPSY (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	

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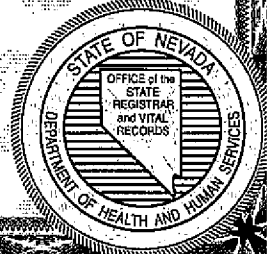
CERTIFIED COPY OF VITAL RECORDS

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: **5/14/2021**

Blaise Satariano
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE