DOUGLAS COUNTY, NV

2022-982758

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ANDERSON, DORN, & RADER, LTD.

KAREN ELLISON, RECORDER

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: 1420-06-401-023

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:

Hailee Simone Lomeli, Trustee 3629 Summerhill Road Carson City, NV 89405

AFFIDAVIT OF DEATH OF TRUSTEE

- I, HAILEE SIMONE LOMELI, 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 July 15, 2010, DONALD B. FERGUSON and SANDRA JEAN FERGUSON executed the FERGUSON FAMILY TRUST (the "Trust").
- (2) DONALD B. FERGUSON deceased on December 30, 2020. SANDRA JEAN FERGUSON deceased on January 21, 2022. Both were residents of Douglas County, Nevada. Attached hereto are a certified copies of the death certificates of DONALD B. FERGUSON and SANDRA JEAN FERGUSON.
- (3) Said trust appointed me to serve as sole Trustee upon the deaths of DONALD B. FERGUSON and SANDRA JEAN FERGUSON.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole 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 sole 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 sole Trustee.

Executed in the County of Washoe, State of Nevada, on March 10, 2022.

HALLEE SIMONE LOMEKI, Trustee

STATE OF NEVADA

ss:

COUNTY OF WASHOE

Signed and sworn to (or affirmed) before me on March 10, 2022, by HAILEE SIMONE LOMELI, Trustee.

Mule Shud Notary Public

JULIE SCHIELD

Notary Public - State of Nevada

Appointment Recorded in Washoe County

No: 99-4151-2 - Expires June 24, 2023

EXHIBIT "A"

Legal Description:

All that real property being a portion of Lot 1 of the Southwest ¼, Section 6, Township 14 North, Range 20 East, M.D.B.&M., Douglas County, Nevada, more particularly described as follows:

Commencing at the South ½ corner of Section 6, Township 14 North, Range 20 East, M.D.B.&M.; thence North 0°11'10" East along the North-South center of Section line a distance of 571.31 feet to the true point of beginning; thence continuing North 0°11'10" East along said North-South center of Section line a distance of 140.25 feet to a point, said point being the Southeast corner of the parcel conveyed to Charles A. Zimmerman, et ux, recorded September 15, 1972, in Book 972, Page 122, Official Records; thence South 89°28'05" West along the Southerly line of the Zimmerman parcel 310.59 feet; thence South 01°12'15" West a distance of 140.25 feet to a point; thence North 89°28'05" East a distance of 310.63 feet to the true point of beginning.

APN: 1420-06-401-023

Property Address: 3629 Summerhill Drive, Carson City, Nevada

Per NRS 111.312, this legal description was previously recorded at Document No. 0767158, Book 0710, Page 3107, on July 16, 2010 in the County records of Douglas County, Nevada.



(STATE OF NEVADA) CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

CASE FILE NO. 4187892 /

CERTIFICATE OF DEATH

2020030856

TYPE OR		1.5	* *	rilater description	STATE FILE	NUMBER	, PA, C. (1997)		
PRINT IN	1a. DECEASED NAME (FIRST MIDDLE LAS	rit desired belief to the control of		2, DATE OF DEATH (Mo	/Day/Year) 3a. C	OUNTY-OF DEATH			
PERMANENT BLACK INK	Donald Bruce	The state of the s	(GUSON	December 30,		Carson City	1		
BLAGIC IIVIC	3b. CITY, TOWN, OR LOCATION OF DEATH	(3c HOSPITAL OR OTHER INSTI	TUTION -Name(If not either,			mer. Rm. 4. SEX			
DECEDENT	Carson City	Carson Tahoe R	egional Medical Cent	Br Inpatient(Speci	Inpatient		ale		
DECEDENT	5. RACE (Specify)	6. Hispanic Origin? Spe		da 7b. UNDER 1 YEAR 7c.	UNDER 1 DAY 8. D	ATE OF BIRTH (Mo/Da	y/Yr)		
	White	No Non-Hispa		33	DUR\$ MINS	November 21, 19:	37		
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not US/CA, 2000 9b.	CITIZEN OF WHAT COUNTRY TO	EDUCATION 11 MARITAL ST	ATUS (Specify)::: 12. SURVIVI	NG SPOUSE'S NAME (Las	t name prior to first marriage	a)		
NSTITUTION SEE					Sandra F	25 (1 27)0000 2270000			
REGARDING COMPLETION OF		USUAL OCCUPATION (Give King	- Products prompt many searches			Ever in US Ar			
RESIDENCE	9272 15a. RESIDENCE - STATE: 115b, COUNT	,	OWNER 15d. 15d.	STREET AND NUMBER	BUSINESS	Forces? No			
	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	and the production	- Silved Landings		4000	15e. INSIDE CIT LIMITS (Specify or No) Yes	Yes		
				29:Summer Hill Driv		or No) "Yes	3 (100		
PARENTS	16. FATHER/PARENT - NAME (First Middle	FERGUSON	17. MOTHE	R/PARENT NAME (First I	HUFFSTICKL	CD A THE	Nation 1		
}	18a. INFORMANT- NAME (Type or Print)		INCADDECC /Crost	r.R.F.D. No. City or Town, St		CALLET ACTUAL CONTRACT	Post a St		
	\Sandra FERGUSO			mer Hill Drive Carson		705			
	19a. BURIAL, CREMATION, REMOVAL, OTI-	2-1 Marketine per 6-0	CREMATORY - NAME			or Town State			
SPOSITION	Cremation		ruckee Meadows Cre			Nevada 89431	W. W.		
	20a. FUNERAL DIRECTOR - SIGNATURE (C	r Person Acting as Such) = 20b.	FUNERAL DIRECTOF 20c.	NAME AND ADDRESS OF F	ACILITY/	TANGALAT A MARY ALTO			
/	HARRISON CODY	BILLIAN	NSE NUMBER	. Neva	da Funeral Servi		Victoria.		
A ar . w	SIGNATURE AUTH	ENTICATED	FD943	3094 Research V	Vay #63 Carson C	ity NV 89706			
RADE CALL	TRADE CALL - NAME AND ADDRESS	A STATE OF THE STA	- Carrier - Carr			The Part Carlo	Ze w		
	돛 21a. To the best of my knowledge, dea 으 to the cause(s) stated (Signature & Tit	th occurred at the time, date and p	ace and due 22a Or	n the casis of examination and/or me, date and place and due to the			1		
	STEPHE STEPHE	N.L. PERRY MD	8.5	Prince of the state of the stat	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.7. 1.7.1.	. 1,		
CERTIFIER	21b, DATE SIGNED (Mo/Day/Yr)		© % 22b. [DATE SIGNED (Mo/Day/Yr)	1.00000000	R OF DEATH	742.		
jar i alljedj	高美 December 31, 2020 16:16 高光 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 温度、22d. PRONOUNCED DEAD (Mo/DayYrr) 22a-PRONOUNCED								
	으 및 (Type or Print)	IAN IPOTHER THAN CERTIFIER	□ 0 5 220.1 □ 0 5	-KONOONCED DEAD (MO/I	ay/17) 226, FRO	TOURCEO DEAD AT (noui)		
	23a. NAME AND ADDRESS OF CERTIFIER	PHYSICIAN, ATTENDING PHYSI	CIAN, MEDICAL EXAMINER	OR CORONER) (Type or Pr	int) 23b, L	CENSE NUMBER			
High i		Perry MD 1600 Medical				6526	ata a		
REGISTRAR	24a. REGISTRAR (Signature)	LAISE SATARIANO		EIVED BY REGISTRAR		COMMUNICABLE DI	SEASE		
		ATURE AUTHENTICATED	(Mo/Day/Yr)	January 13, 2021	YES L	NO X			
CAUSE OF	25. IMMEDIATE CAUSE (ENTER C	NLY ONE CAUSE PER LINE FOR	(a), (b), AND (c).)			erval between onset and	death :		
DEATH	PARTI (a) Cardio-Pulmonal	· The secondary / A majoration transferor constitute	The second second	All The Land	1 1	nutes			
	DUE TO, OR AS A CONSE			A real function between the control of the control	Anna Anna Ana	sval between onset and	death		
CONDITIONS IF ANY WHICH	Large Left-sided	The record Type were present				Days			
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CAUSE > STATING THE >	DUE TO OR AS A CONSE		11000 000000	Page 1		Weeks erval between onset an			
CAUSE LAST	Etiology Unknow		pristrice control sector secto		a Zentan	el ast notweett of the set	U 00001		
	TAMEN (O) COME COMP METER CONTRACT	ar morning that and	history for the code		Zetania.	Specif 27. WAS CASE	1211		
7 /	PART II OTHER SIGNIFICANT CONDITION Severe Sepsis, Recuirent Staph Au	reus Bacteremia, Type 2 Diabetes	Left-sided Rib Fractures	lying cacso giver ture artists	Yes or No)	REFERRED TO CO	A		
a. 834	28a, ACC: SUICIDE, HOM: UNDET Date of	DE:INJRIRY (Mo/Day/Yr) 1285 H/	OUR OF INJURY (28d, DESC	RIBE HOW INJURY OCCURRED	SAST LIBED N	lo i l'oser, resulta	"Yes		
	28a, ACC:, SUICIDE, HOM., UNDET. 28b. DATE OR PENDING INVEST. (Specify)	The state of the s	EDITOR DEGO	THE THOUSE IN COUNTY COUNTY CO		The second secon	T W		
			A CONTROL OF THE CONT	24- 2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			··· Ng		
r \ Fil	28e. INJURY AT WORK (Specify 28f. PLAC		et, factory, office 28g LOC	ATION STREET OR R	F.D. No. CITY OF	R TOWN S	TATE		
1	Yes or No) pullding, e	lc: (Specify)				no the man inch	optava _e v some Z		
				American Company of the Company	r gifler di		1 83 1		

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This is a true and exact reproduction placed on file in the office of the S

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:

1/15/2021

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







DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE F	ILE NO. 4263048	CERTI	IFICATE OF DEAT		2022002022
		TOTAL THE PROPERTY OF THE PROP	ii da	~	2022002023
PRINT IN	1a: DECEASED-NAME (FIRST,MIDDL	E,LAST,SUFFIX)	that there exists never convice	2. DATE OF DEATH (Mo/Day/Ye	
PERMANENT	Sandra Je	an de de de	FERGUSON	Tabla tata last ere al	
BLACK INK	3b. CITY, TOWN, OR LOCATION OF D		And the state of t	January 21, 2022	Carson City
	1.				ate UOA OP/Emer. Rm. 4, SEX
DECEDENT	/ Garson City on	Carson Tal	hoe Regional Medical Cen	rener Water Table	patient Female
DE 9232111	5. RACE (Specify)	6. Hispanic Origi	in? Specify 7a. AGE-Last birt	hda) 75. UNDER 1 YEAR 7c. UNDER	1 DAY: 8. DATE OF BIRTH (Mo/Day/Yr)
4. 20	White	No - Non	-Hispanio: :: (Years)::::::::::::::::::::::::::::::::::::	MOS DAYS HOURS	MINS January 20, 1938
IF DEATH	9a. STATE OF BIRTH (If not US/CA,	9b: CIT/ZEN OF WHAT: COUNT			SE'S NAME (Last name prior to first marriage)
OCCURRED IN INSTITUTION SEE	name country) Illinois	United States	RY 10 EDUCATION 11 MARITALS WK	bewood	
HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER		ve Kind of Work Done During Most	of 14b: KIND OF BUSINESS OR	INDUSTRY: In the second
COMPLETION OF	: 0400	•	AGE THERAPIST	PERSONAL CARE	
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. C			STREET/AND NUMBER	JERVICES FOICES/ 10
		r en la lace de la lace de	at the second se	iting / /m.s.	15e, INSIDE CITY LIMITS (Specify Yes or No) Yes
		Carson City		29 Summerhill Road	
PARENTS	16. FATHER/PARENT - NAME (First A	relation to the co	17. MOTHE	RIPARENT NAME: (First Middle II	
17.112.1110		roy HELSER		Larena M FRE	DINBERG
	18a. INFORMANT- NAME (Type or Prin	7		r R.F.O. No: City or Town, State, Zip)	
	Hallee Hill SIMON	No. of Control of Cont	3629 Sur	nmerhill Road Carson City. N	levada 89705
	19a, BURIAL, CREMATION, REMOVAL	, OTHER (Specify) 19b, CEMETE	RY OR CREMATORY - NAME	19c. LOC	ATION City or Town State
ISPOSITION	Cremation		Truckee Meadows Cre		Sparks Nevada 89431
# (\$ ¹ 11	20a. FUNERAL DIRECTOR - SIGNATU	RE (Of Rerson Acting as Such)	206 FUNERAL DIRECTOR 200	NAME AND ADDRESS OF FACILITY	
	HARRISON CO	DY BILLIAN	CIGENSE NUMBER	Nevada Fun	
44	SIGNATURE A	NUTHENTICATED /-	FD943, 🧺		Carson City NV- 89706
TRADE CALL	TRADE CALL - NAME AND ADDRESS			. A	The trace of the second
	~ ≥ 21a. To the best of my knowledge	e, death occurred at the time, date	and place and due :: :: 229 Or	the basis of examination and/or investiga	tion in municipal doubless
	2 to the cause(s) stated (Signature	& Title) SIGNATURE A	UTHENTICATED _ a rel	me, date and place and due to the cause(s) stated. (Signature & Title)
Ti tigarki		RAIG RAU MD			
CERTIFIER		210 HOUR OF DEA	10 2000	DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
	ਰ ਵੱ January 29, 2022	07:5			
		IYSICIAN IF OTHER THAN CERT	IFIER & 8 8 .22d. 1	PRONOUNCED DEAD (Mo/Day/Yr)	22e PRONOUNCED DEAD AT (Hour)
	은당 (Type or Print)				
	23a: NAME AND ADDRESS OF CERTI	FIER (PHYSICIAN, ATTENDING F	PHYSICIAN, MEDICAL EXAMINER	OR CORONER) (Type or Print):	23b. LICENSE NUMBER
		g :Rau MD ::1600 Medical	Parkway Carson City, NV		10991 \
REGISTRAR	24a: REGISTRAR (Signature)	DARAN GRISSOM	24b DATE REC	IVED BY REGISTRAR 24c DE	ATH DUE TO COMMUNICABLE DISEASE
and the second second		SIGNATURE AUTHENTICATE		January 31, 2022	YES X NO .
CAUSE OF	25. IMMEDIATE CAUSE (ENT	ER ONLY ONE CAUSE PER LIN	FOR (a), (b), AND (c),)		Interval between onset and death
DEATH	PARTI Cardiorespira		Name of the contract of		
	DUE TO, OR AS A CO	NSEQUENCE OF: \		SELECT CHEST CHARLES FOR	interval between onset and death
CONDITIONS IF	🖣 🛴 Acute Respira	atory Distress Syndro	ome -		and the same and between prize and death
ANY WHICH GAVE RISE TO	DUE TO, OR AS A CO	- man in the same of the same	Table Tarisii - marte - sinet - as table	- heritania fahir the cut	ATT TAKEN
IMMEDIATE CAUSE	Covid-19	MASEQUENCE OF			Interval between onset and death
STATING THE	DUE TO, OR AS A CO				
UNDERLYING CAUSE LAST		NSEQUENCE OF:		· · · · · · · · · · · · · · · · · · ·	Interval between onset and death
	Rheumatoid	Arthritie .555 fill fill	and the second of the second o		y t
	Rheumatoid /				
	(d) Rheumatoid		death but not resulting in the under		AUTOPSY (Specifize, WAS CASE)
	Rheumatoid /		death but not resulting in the under		AUTOPSY (Special 27, WAS CASE)
	(d) Rheumatoid / PART.II: OTHER SIGNIFICANT COND UNKNOWN Etiology 288. ACC., SUICIDE HOM, UNDET. 1285. C	ITIONS-Conditions contributing to			AUTOPSY (Specifize, WAS CASE)
	(d) Rheumatold / PART II OTHER SIGNIFICANT COND Unknown Etiology	ITIONS-Conditions contributing to			AUTOPSY (Special 27, WAS CASE)



28e. INJURY AT WORK (Specify

Yes or No)

0 0 0 9 1 3 4 0 6

CERTIFIED CORY OF VITAL RECORDS

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

2/4/2022

28f. PLACE OF (NUURY: At home, farm, street, factory, office building, etc. (Specify):

STATE REGISTRAR

289 LOCATION STREET OR R.F.D. No.

CITY OR TOWN

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



STATE