

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.

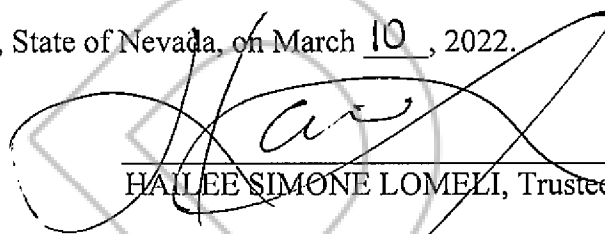
(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(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.



HAILEE SIMONE LOMELI, 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.



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 $\frac{1}{4}$, Section 6, Township 14 North, Range 20 East, M.D.B.&M., Douglas County, Nevada, more particularly described as follows:

Commencing at the South $\frac{1}{4}$ corner of Section 6, Township 14 North, Range 20 East, M.D.B.&M.; thence North $0^{\circ}11'10''$ East along the North-South center of Section line a distance of 571.31 feet to the true point of beginning; thence continuing North $0^{\circ}11'10''$ 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 $89^{\circ}28'05''$ West along the Southerly line of the Zimmerman parcel 310.59 feet; thence South $01^{\circ}12'15''$ West a distance of 140.25 feet to a point; thence North $89^{\circ}28'05''$ 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
VITAL STATISTICS

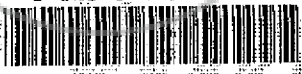
CASE FILE NO. 4187892

CERTIFICATE OF DEATH

2020030856
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Donald Bruce FERGUSON			2. DATE OF DEATH (Mo/Day/Year) December 30, 2020		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		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No= Non-Hispanic		7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) November 21, 1937		9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY? United States	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sandra HELSER			
	13. SOCIAL SECURITY NUMBER 9272		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS		Ever in US Armed Forces? No	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 3629 Summer Hill Drive	
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First, Middle, Last Suffix) Clarence FERGUSON			17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) Catherine HUFFSTICKLER		
DISPOSITION	18a. INFORMANT- NAME (Type or Print) Sandra FERGUSON			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3629 Summer Hill Drive Carson City, Nevada 89705				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706			
	SIGNATURE AUTHENTICATED							
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN L. PERRY MD							
	21b. DATE SIGNED (Mo/Day/Yr) December 31, 2020		21c. HOUR OF DEATH 16:16		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)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Stephen L Perry MD, 1600 Medical Pkwy Carson City, NV 89703					23b. LICENSE NUMBER 6526		
CAUSE OF DEATH	24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 13, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	SIGNATURE AUTHENTICATED							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
	PART I (a) Cardio-Pulmonary Arrest						Minutes	
(b) Large Left-sided Empyema						9 Days		
(c) Staph Aureus Endocarditis						2 Weeks		
(d) Etiology Unknown								
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Severe Sepsis, Recurrent Staph Aureus Bacteremia, Type 2 Diabetes, Left-sided Rib Fractures						26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes								
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.

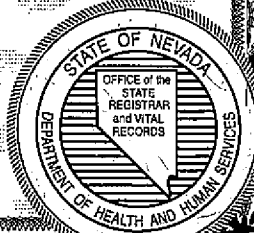
DATE ISSUED:

1/15/2021

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



Blaise Satariano
STATE REGISTRAR



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO.: 4263048

CERTIFICATE OF DEATH

2022002023
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) Sandra Jean FERGUSON		2. DATE OF DEATH (Mo/Day/Year) January 21, 2022		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 address and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst., indicate DOA OP/Emer. Rm. Inpatient (Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 84	
9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY? United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER [REDACTED] 9132		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3629 Summerhill Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		11. MARITAL STATUS (Specify) Widowed	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Leroy HELSER		17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Larena M FREDINBERG			
18a. INFORMANT - NAME (Type or Print) Hailee Hill SIMONE LOMELI		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3629 Summerhill Road Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City, NV - 89705	
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					
21b. DATE SIGNED (Mo/Day/Yr) January 29, 2022		21c. HOUR OF DEATH 07:55			
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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 31, 2022		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).)				Interval between onset and death	
PART I (a) Cardiorespiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Respiratory Distress Syndrome					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Covid-19					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Rheumatoid Arthritis					
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, HON., 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

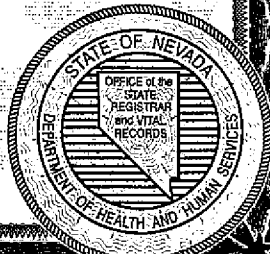
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[Signature]

DATE ISSUED: 2/4/2022

STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE