

WHEN RECORDED MAIL TO:
**Gregory V. Holst, Successor Trustee of
the D. Gerald Bing Trust dated 1/17/00
F/K/A D. Gerald Bing Trust Jr. dated
1/17/00
P.O BOX 489
Gardnerville, NV 89410**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02204582-RLT

APN No.: 1121-05-516-010

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Gregory V. Holst, being duly sworn, deposes and says:

1. Dana Gerald Bing, Jr., the decedent mentioned in attached copy of Certificate of Death, is the same person as D Gerald Bing, Jr. named as one of the trustee(s) in that certain Grant Bargain and Sale Deed dated 1-08-2019, executed by Francis J. Murray Successor Trustee of the Blackbird Trust dated November 2, 1956 to D. Gerald Bing Jr., Trustee of the D. Gerald Bing Jr., Trust dated 1-17-2000 , recorded on 3-13-19as instrument number 2019-926639, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Gregory V. Holst, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: December 1, 2022

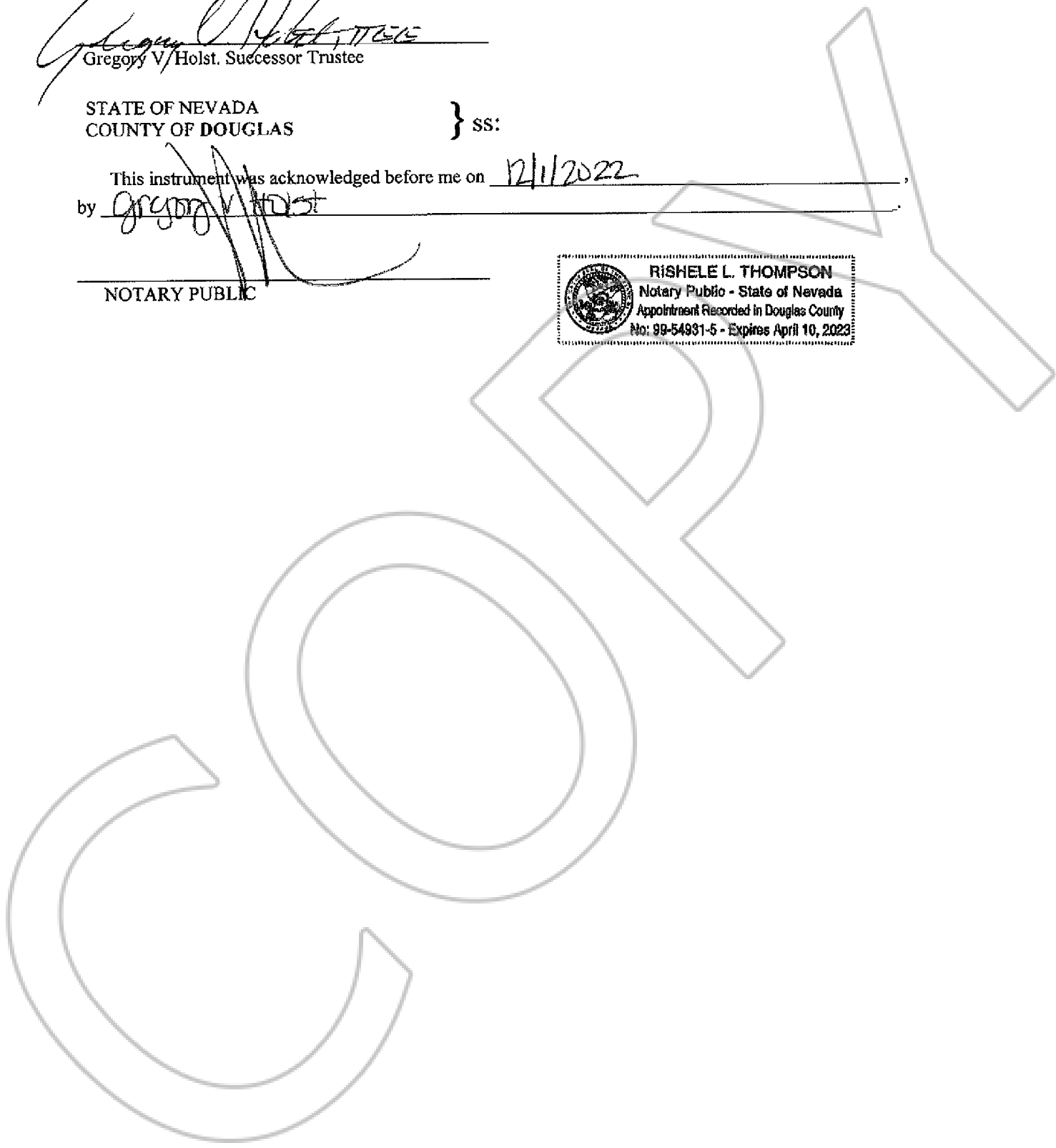
Gregory V. Holst, Trustee
Gregory V. Holst, Successor Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on 12/1/2022
by Gregory V. Holst

NOTARY PUBLIC

 **RISHELE L. THOMPSON**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 99-54931-6 - Expires April 10, 2023



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4253240

CERTIFICATE OF DEATH

2021030898
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) Dana Gerald BING JR		2. DATE OF DEATH (Mo/Day/Year) December 08, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1580 Fifth Green Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 83	
9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) September 24, 1938	
13. SOCIAL SECURITY NUMBER ██████████1666		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1580 Fifth Green Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Dana Gerald BING SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Idamyrle KLEPINGER		
18a. INFORMANT - NAME (Type or Print) Jamey TAYLOR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 7240 Pah Rah Drive Sparks, Nevada 89436			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) NORMA M FINKES		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
20a. SIGNATURE AUTHENTICATED					
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) JEFFREY BASA MD			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) December 09, 2021			21c. HOUR OF DEATH 00:21		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		
21e. SIGNATURE AUTHENTICATED			22c. HOUR OF DEATH		
21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
21g. SIGNATURE AUTHENTICATED			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV: 89706				23b. LICENSE NUMBER 8079	
24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 13, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Lung Cancer				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (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	

AKA: D Gerald BING



CERTIFIED COPY OF VITAL RECORDS

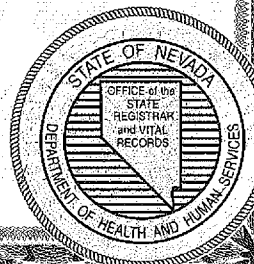
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **12/15/2021**

[Signature]

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

Order No.: 02204582-RLT

EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 214 as set forth on Record of Survey of PINEVIEW DEVELOPMENT, UNIT NO. 6, being filed for record in the office of the Douglas County Recorder on September 26, 2005 in Book 0905, Page 9644, as Document No. 655937, Official Records.

APN: 1121-05-516-010

