

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: 1320-29-213-024

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:

PATRICIA A. LONG, Trustee
1744 Bougainvillea Drive
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, PATRICIA A. LONG, also known as PATRICIA ANN LONG, 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 November 16, 1999, DENNIS F. LONG and I executed the LONG LIVING TRUST ("Trust").
- (2) DENNIS F. LONG deceased on July 6, 2023, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said DENNIS F. LONG.
- (3) Said trust appointed me to serve as sole Trustee upon the death of DENNIS F. LONG.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

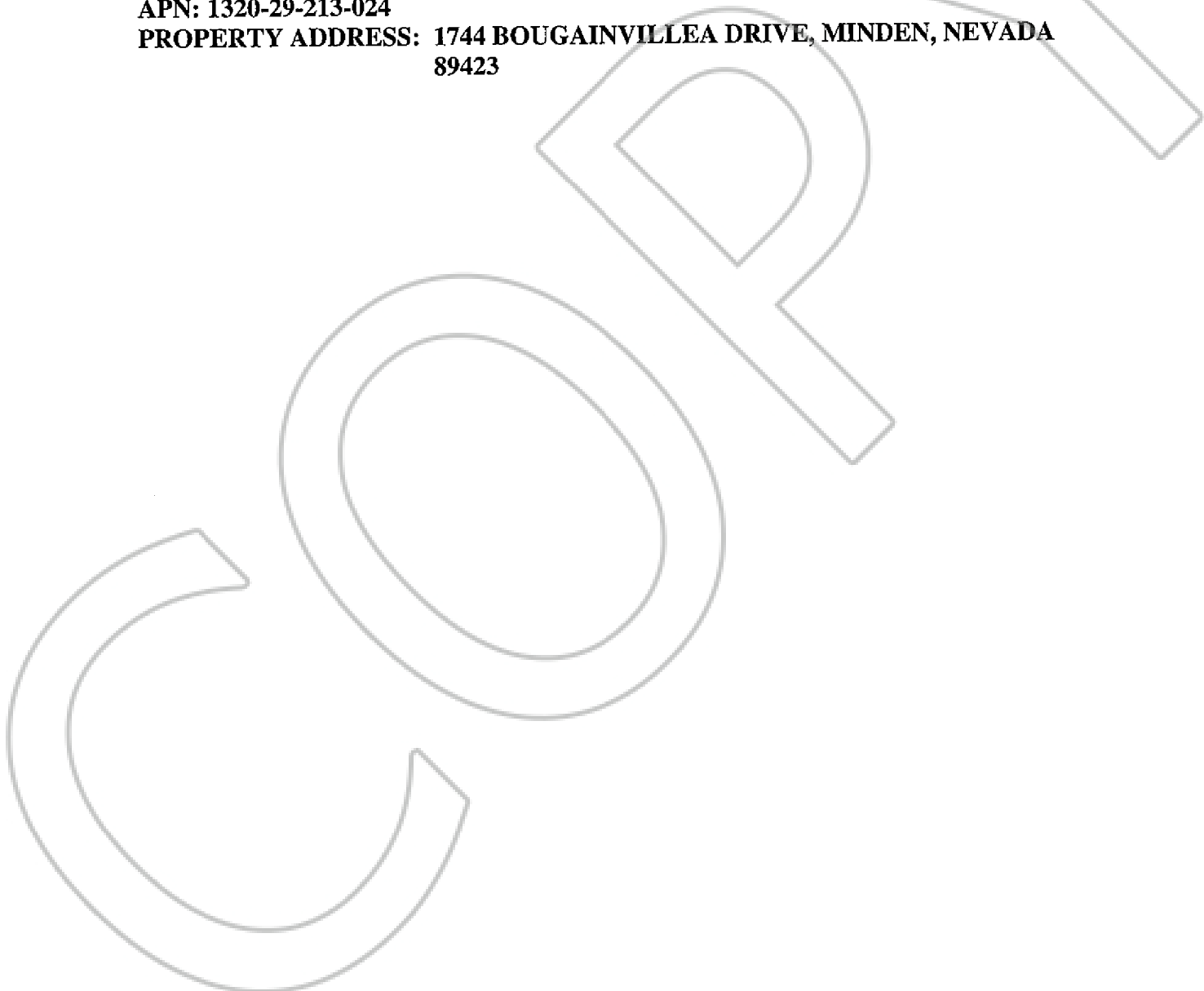
EXHIBIT "A"

LEGAL DESCRIPTION:

LOT 40, IN BLOCK C, AS SHOWN ON OFFICIAL MAP OF WINHAVEN UNIT NO. 2, PHASE A, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 14, 1990, IN BOOK 990, PAGE 1934, AS DOCUMENT NO. 234654.

APN: 1320-29-213-024

**PROPERTY ADDRESS: 1744 BOUGAINVILLEA DRIVE, MINDEN, NEVADA
89423**



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4358811

CERTIFICATE OF DEATH

2023014883
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) Dennis Fredric LONG		2. DATE OF DEATH (Mo/Day/Year) July 06, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street or number) 1744 Bougainvillea Dr		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS _____ DAYS _____ HOURS _____ MINS _____		7c. UNDER 1 DAY HOURS _____ MINS _____	
8. DATE OF BIRTH (Mo/Day/Yr) September 06, 1945		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Patricia Ann GALLAGHER	
13. SOCIAL SECURITY NUMBER 4929		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Glazier		14b. KIND OF BUSINESS OR INDUSTRY Glass	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1744 Bougainvillea Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Everett Eugene LONG	
16. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Lucille ULLMAN		17a. INFORMANT - NAME (Type or Print) Patricia Ann LONG		17b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1744 Bougainvillea Dr Minden, Nevada 89423	
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		18c. LOCATION City or Town State Minden Nevada 89423	
19a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		19b. FUNERAL DIRECTOR LICENSE NUMBER FD854		19c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423	
20a. 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) SIGNATURE AUTHENTICATED REED DOPF MD			
21b. DATE SIGNED (Mo/Day/Yr) July 11, 2023		21c. HOUR OF DEATH 10:08		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City NV 89703		23b. LICENSE NUMBER 13920		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 11, 2023	
24c. REGISTRAR (Type or Print) SIGNATURE AUTHENTICATED		24d. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)		24e. 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) Respiratory Arrest		Interval between onset and death			
(b) Acute On Chronic Respiratory Failure		Interval between onset and death			
(c) Malignant, Metastatic Lung Carcinoma		Interval between onset and death			
(d) Smoking Tobacco Dependence		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 Emphysema, Liposarcoma		25. 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) NATURAL		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 - All home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

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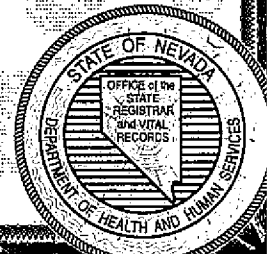
CERTIFIED COPY OF VITAL RECORDS

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.

Cody Tharing
STATE REGISTRAR

DATE ISSUED: 7/11/2023

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE