

APN: 001-095-04
RETURN RECORDED DEED TO:
ALICIA G. JOHNSON, ESQ.
JOHNSON LAW PRACTICE, PLLC
611 Sierra Rose Drive, Suite A
Reno, NV 89511

GRANTEE/MAIL TAX STATEMENTS TO:
Fawn M. Dotson, Trustee
5 Bitterbrush Rd
Reno, NV 89523

DOC # 0233448

07/24/2017

08:06 AM

Official Record

Recording requested By
JOHNSON LAW PRACTICE

Eureka County - NV

Lisa Hoehne - Recorder

Fee: \$19.00

Page 1 of 6

RPTT:

Recorded By: LH

Book- 603 Page- 0414



0233448

verified Trust att

The person executing this document hereby affirms
that this document submitted for recording does
contain the social security number of a deceased
person pursuant to NRS 440.350

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss.
WASHOE COUNTY)

FAWN M. DOTSON, also known as FAWN M. JOHNSON of Reno, Nevada,
JOSEPH J. BERRUETA of Napa, Idaho, and DOROTHY B. SMITH of Fallon, Nevada, being
first duly sworn, do depose and say:

1. That the LORRAINE DOTSON TRUST DATED AUGUST 3, 2004
was entered into on August 3, 2004, and amended on January 12, 2006, by LORRAINE
DOTSON;

2. That LORRAINE DOTSON died on September 14, 2016. A copy of the
death certificate is attached hereto as Exhibit "1" and incorporated herein.

That after the death of LORRAINE DOTSON, FAWN M. DOTSON, also
known as FAWN M. JOHNSON, JOSEPH J. BERRUETA, and DOROTHY B. SMITH are the
Successor Co-Trustees of the Trust, the owner of that certain parcel of real property situate in
Eureka County, State of Nevada, and more particularly described as follows:

Easterly Portion of Lot 9, Block 56, 1782 Square Feet.

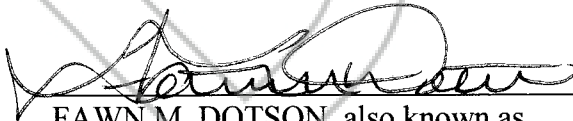
Commonly referred to as: Sadler Lane Small Parcel

3. That FAWN M. DOTSON, also known as FAWN M. JOHNSON, JOSEPH J. BERRUETA and DOROTHY B. SMITH are the Successor Co-Trustees of the Trust.

4. That as of the date below, the trust has not been revoked nor amended to make any representations contained in this certification incorrect, and that the signatures below are that of the currently acting Successor Co-Trustees.

This Affidavit may be signed in any number of counterparts, each of which is an original and all of which taken together form one single document.

DATE: July 10, 2017


FAWN M. DOTSON, also known as
FAWN M. JOHNSON, Successor Trustee

DATE: _____, 2017

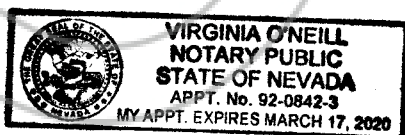

JOSEPH J. BERRUETA, Successor Co-Trustee


DATE: _____, 2017

DOROTHY B. SMITH, Successor Co-Trustee

STATE OF NEVADA)
: SS.
WASHOE COUNTY)

On July 10, 2017 personally appeared before me, a notary public, FAWN M. DOTSON, also known as FAWN M. JOHNSON, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustee, who acknowledged to me that she executed the foregoing document as Trustee of the LORRAINE DOTSON TRUST DATED AUGUST 3, 2004.




NOTARY PUBLIC

Easterly Portion of Lot 9, Block 56, 1782 Square Feet.

Commonly referred to as: Sadler Lane Small Parcel

3. That FAWN M. DOTSON, also known as FAWN M. JOHNSON, JOSEPH J. BERRUETA and DOROTHY B. SMITH are the Successor Co-Trustees of the Trust.

4. That as of the date below, the trust has not been revoked nor amended to make any representations contained in this certification incorrect, and that the signatures below are that of the currently acting Successor Co-Trustees.

This Affidavit may be signed in any number of counterparts, each of which is an original and all of which taken together form one single document.

DATE: _____, 2017

FAWN M. DOTSON, also known as
FAWN M. JOHNSON, Successor Trustee

DATE: _____, 2017

JOSEPH J. BERRUETA, Successor Co-Trustee

DATE: 5-31, 2017

Dorothy B. Smith Co Trustee
DOROTHY B. SMITH, Successor Co-Trustee

STATE OF NEVADA)

: ss.

WASHOE COUNTY)

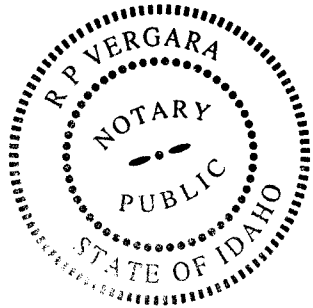
On _____, 2017 personally appeared before me, a notary public, FAWN M. DOTSON, also known as FAWN M. JOHNSON, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustee, who acknowledged to me that she executed the foregoing document as Trustee of the LORRAINE DOTSON TRUST DATED AUGUST 3, 2004.

NOTARY PUBLIC



STATE OF IDAHO)
 : ss.
CANYON COUNTY)

On June 19, 2017 personally appeared before me, a notary public, JOSEPH J. BERRUETA, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustee, who acknowledged to me that he executed the foregoing document as Trustee of the LORRAINE DOTSON TRUST DATED AUGUST 3, 2004.



R. P. Vergara
NOTARY PUBLIC *Comm exp 8-13-2022*

STATE OF NEVADA)
 : ss.
CHURCHILL COUNTY)

On _____, 2017 personally appeared before me, a notary public, DOROTHY B. SMITH, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustee, who acknowledged to me that she executed the foregoing document as Trustee of the LORRAINE DOTSON TRUST DATED AUGUST 3, 2004.

NOTARY PUBLIC



STATE OF IDAHO)
 : ss.
CANYON COUNTY)

On _____, 2017 personally appeared before me, a notary public, JOSEPH J. BERRUETA, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustee, who acknowledged to me that he executed the foregoing document as Trustee of the LORRAINE DOTSON TRUST DATED AUGUST 3, 2004.

NOTARY PUBLIC

STATE OF NEVADA)
 : ss.
CHURCHILL COUNTY)

On May 31, 2017 personally appeared before me, a notary public, DOROTHY B. SMITH, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustee, who acknowledged to me that she executed the foregoing document as Trustee of the LORRAINE DOTSON TRUST DATED AUGUST 3, 2004.

NOTARY PUBLIC



WENDY T. GREENWELL
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 00-59883-4
MY APPT. EXPIRES DECEMBER 16, 2019

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 3915793

CERTIFICATE OF DEATH

2016017078

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
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lorraine B DOTSON		2. DATE OF DEATH (Mo/Day/Year) September 14, 2016		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Residence		3d. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday 84		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
8. DATE OF BIRTH (Mo/Day/Yr) March 22, 1932		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Owner		14b. KIND OF BUSINESS OR INDUSTRY Restaurant	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER Residence		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph John BERRUETTA		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie ETCHEPARE			
18a. INFORMANT- NAME (Type or Print) Fawn DOTSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5 Bitterbrush Rd. Reno, Nevada 89523			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD HEARN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 228		20c. NAME AND ADDRESS OF FACILITY John Sparks Memorial Cremation 644 Pyramid Way Sparks NV 89431	
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 DENVER J MILLER M.D.		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) September 21, 2016		21c. HOUR OF DEATH 11:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Denver J Miller M.D. 5538 Longley Lane Reno, NV 89511		23b. LICENSE NUMBER 7330		23c. DEATH DUE TO COMMUNICABLE DISEASE/ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) SANDI BRIDGES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2016		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) Acute Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Cerebrovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Unspecified Severe Protein Calorie Malnutrition DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death Minutes Interval between onset and death Months Interval between onset and death Months Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOMIC., 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	

STATE REGISTRAR



0233448

Book 603

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VRS-Rev-20120523a

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.OCT 31 2016
DATE ISSUED:

REV 10/15

DEPUTY REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

