

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

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RPTT:

Recorded By: LH

Book- 603 Page- 0414



0233448

verified Trust OK

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 That as of the date below, the trust has not been revoked nor amended to make any representations contained in this certification incorrect, and that the signatures below are that of the currently acting Successor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

[Signature]
FAWN M. DOTSON, also known as
FAWN M. JOHNSON, Successor Trustee

DATE: _____, 2017

[Signature]
JOSEPH J. BERRUETA, Successor Co-Trustee

DATE: _____, 2017

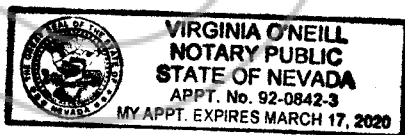
DOROTHY B. SMITH, Successor Co-Trustee

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.



Virginia O'Neill
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)

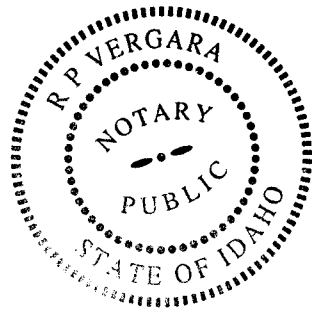
On _____, 2017 personally appeared before me, a notary public, FAWN M. DOTSON, also known as FAWN M. JOHNSON, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustee, who acknowledged to me that she executed the foregoing document as 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. 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. 00-58883-4
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 DEATH

CONDITIONS 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 or Residence) Residence		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient/(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
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	
14c. Ever in US Armed Forces? No		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	
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 Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DENVER J MILLER M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) September 21, 2016		21c. HOUR OF DEATH 11:20	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To Be Completed by CORONERS OFFICE 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) Denver J Miller M.D. 5538 Longley Lane Reno, NV 89511				23b. LICENSE NUMBER 7330	
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				Interval between onset and death	
(a) Acute Cardiopulmonary Arrest				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Cerebrovascular Disease				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Unspecified Severe Protein Calorie Malnutrition				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HONM., 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



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VRS-Rev-20120523a

CERTIFIED COPY OF VITAL RECORDS

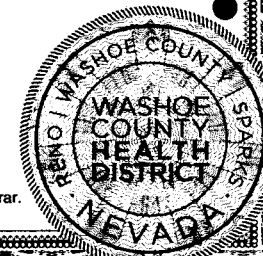
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

OCT 31 2016
DATE ISSUED:

DEPUTY REGISTRAR

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

[Handwritten Signature]



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE