

DOC # 0233449

07/24/2017

08:07 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- 0420

APN: 001-101-02
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



0233449

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.
3. 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:

Lot 3 of Block 36 of the TOWN OF EUREKA, County of Eureka, State of Nevada, as the same appears on the official map on file in the office of the County Recorder, Eureka County, Nevada.


APN: 1-101-02

4. 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.

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 That as of the date below, the trust has not been revoked nor amended to make any representations contained in this certification incorrect, and that the signatures below are that of the currently acting Successor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

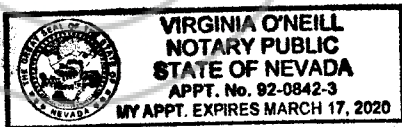

JOSEPH J. BERRUETA, Successor Co-Trustee

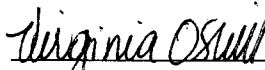
DATE: _____, 2017

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

Lot 3 of Block 36 of the TOWN OF EUREKA, County of Eureka, State of Nevada, as the same appears on the official map on file in the office of the County Recorder, Eureka County, Nevada.

APN: 1-101-02

4. 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.

5. 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.

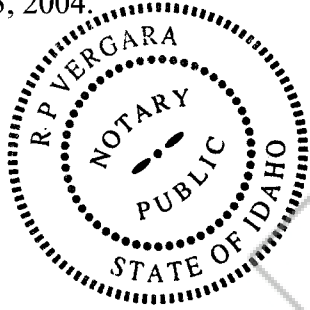
WASHOE COUNTY)

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.



[Signature]
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

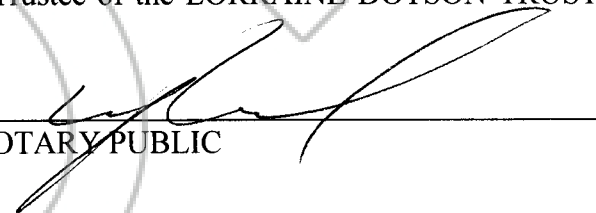
STATE OF IDAHO)
 : ss.
CANYON COUNTY)

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. 00-59863-4
MY APPT. EXPIRES DECEMBER 16, 2019

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 3915783

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 Inpatient)(Specify) Residence 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 HOURS MINS |
| 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 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of | | 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 | | | |
| 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) DENVER J MILLER M.D. SIGNATURE AUTHENTICATED | | | 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) | | 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 | | | | | |
| (a) Acute Cardiopulmonary Arrest Interval between onset and death Minutes | | | | | |
| (b) Cerebrovascular Disease Interval between onset and death Months | | | | | |
| (c) Unspecified Severe Protein Calorie Malnutrition Interval between onset and death Months | | | | | |
| (d) Unspecified Severe Protein Calorie Malnutrition Interval between onset and death Months | | | | | |
| 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, 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 | |

STATE REGISTRAR



0233449

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VRS-Rev-20120523a

CERTIFIED COPY OF VITAL RECORDS

OCT 31 2016

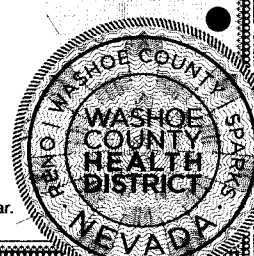
DEPUTY REGISTRAR

[Signature]

DATE ISSUED:
REV 10/15

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



HOLD UP TO LIGHT TO VIEW WATERMARK

HOLD UP TO LIGHT TO VIEW WATERMARK