

APN: 005-010-24, 005-060-09

Send tax statements to:  
Patsy Johnson Living Trust  
c/o Gina Sullivan  
356 Highway 212  
Bell Fourche, South Dakota 57717

When recorded return to:  
McConnell Law Office, PC  
950 Idaho Street  
Elko, NV 89801

EUREKA COUNTY, NV 2024-253097  
Rec:\$37.00  
\$37.00 Pgs=2 09/18/2024 01:30 PM  
MCCONNELL LAW OFFICE  
KATHERINE J. BOWLING, CLERK RECORDER

**NOTICE OF DEATH OF PATSY RUTH JOHNSON  
ORIGINAL TRUSTEE & TRUSTOR OF THE  
PATSY JOHNSON LIVING TRUST  
Dated February 2, 2018**

**TO WHOM IT MAY CONCERN:**

Please take notice that on the 22nd day of November, 2022, **PATSY RUTH JOHNSON**, Trustor and an original Trustee of the **PATSY JOHNSON LIVING TRUST**, dated February 2, 2018, died in the County of San Bernardino, State of California. A certified copy of the Certificate of Death of **PATSY RUTH JOHNSON**, is attached hereto.

The Successor Trustee of the **PATSY JOHNSON LIVING TRUST**, dated February 2, 2018, is **GINA RUTH SULLIVAN**.

DATED this 20<sup>th</sup> day of August, 2024.

By: 

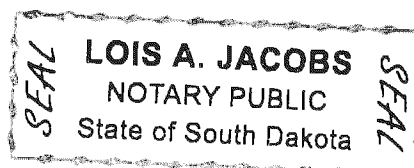
**GINA RUTH SULLIVAN**

STATE OF SD  
COUNTY OF Lawrence

This instrument was acknowledged before me, a notary public, on the 20<sup>th</sup> day of August, 2024, by **GINA RUTH SULLIVAN**.

  
NOTARY PUBLIC

My Commission Expires  
March 9, 2027



CERTIFICATION OF VITAL RECORD

# COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

3052022269307

CERTIFICATE OF DEATH

3202236015568

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
PATSY		JOHNSON	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
RUTH		08/16/1932	
5. AGE Yrs		6. SEX	
90		F	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 hour)	
11/21/2022		0348	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
KS		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SEXP (at Time of Death)	
[X] YES [ ] NO		WIDOWED	
13. EDUCATION - Highest Level/Degree (see instruction on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worked on back)	
GED		[X] YES [ ] NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worked on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worked on back)	
WHITE		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
HOMEMAKER		OWN HOME	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number, or location)	
70		15093 ARCADIAN ST	
21. CITY		22. COUNTY/PROVINCE	
ADELANTO		SAN BERNARDINO	
23. ZIP CODE		24. YEARS IN COUNTY	
92301		45	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		GINA SULLIVAN, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route, number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/GRDP - FIRST	
356 HWY 212, BELLE FOURCHE, SD 57717		-	
29. MIDDLE		30. LAST (BIRTH NAME)	
-		-	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
MILTON		A	
33. LAST		34. BIRTH STATE	
ADAMS		IL	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
RUTH		ZELDA	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
LEFEVER		IL	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
11/23/2022		RES OF GINA SULLIVAN 356 HWY 212, BELLE FOURCHE, SD 57717	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
CREMATE/TRANSIT/RESIDENCE		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		KERN HESPERIA MORTUARY	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD1342		MICHAEL A. SEQUEIRA, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR	
11/23/2022		MICHAEL A. SEQUEIRA, MD	
49. PLACE OF DEATH		50. IF HOSPITAL, SPECIFY ONE	
RESIDENCE - HOSPICE		[ ] P [ ] ERCP [ ] DOA [ ] Hospice [ ] Nursing Home/LTC [X] Decedent's Home [ ] Other	
51. COUNTY		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
SAN BERNARDINO		15093 ARCADIAN ST	
53. CITY		54. CITY	
ADELANTO		ADELANTO	
55. CAUSE OF DEATH		56. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		[ ] YES [X] NO	
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		57. DEATH REPORTED TO CORONER?	
[ ] YES [X] NO		[ ] YES [X] NO	
58. CAUSE OF DEATH (Underlying cause of death)		59. CAUSE OF DEATH (Underlying cause of death)	
MAJOR DEPRESSION		MAJOR DEPRESSION	
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 57		61. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 57	
NO		NO	
62. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 61? (If yes, list type of operation and date)		63. DECEDENT PREGNANT IN LAST YEAR?	
NO		[ ] YES [X] NO [ ] UNK	
64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		65. SIGNATURE AND TITLE OF CERTIFIER	
66. SIGNATURE AND TITLE OF CERTIFIER		67. LICENSE NUMBER	
RAM K KAMATH, MD		A46329	
68. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		69. DATE mm/dd/yyyy	
RAM K KAMATH, MD		11/22/2022	
70. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		71. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
19015 TOWN CENTER DR STE 101, APPLE VALLEY, CA 92308		19015 TOWN CENTER DR STE 101, APPLE VALLEY, CA 92308	
72. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		73. UNLAWFUL AT WORK?	
74. MANNER OF DEATH		[ ] YES [ ] NO [ ] UNK	
75. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		76. INJURY DATE mm/dd/yyyy	
77. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		78. HOUR (24 hour)	
79. LOCATION OF INJURY (Street and number, or location, and city and zip)		79. LOCATION OF INJURY (Street and number, or location, and city and zip)	
80. SIGNATURE OF CORONER / DEPUTY CORONER		81. DATE mm/dd/yyyy	
82. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		82. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
83. STATE REGISTRAR		84. FAX AUTH/LP	
85. CENSUS TRACT		85. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

DATE ISSUED

DEC 12 2022

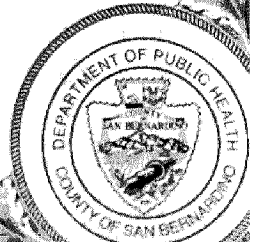
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

*Michael A. Sequeira, MD*  
MICHAEL A. SEQUEIRA, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

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



\* 003111091 \*



## TRUSTEE RESIGNATION

I, Patsy Ruth Johnson, Trustee of The Patsy Johnson Living Trust, U/A dated February 2, 2018, do hereby resign as Trustee as of the date of my signature below:

Before resigning, I appoint Gina Ruth Sullivan as the successor Trustee.

I hereby sign my Resignation as Trustee of the above trust.

Patsy Ruth Johnson Date: Sept 30, 2021  
Patsy Ruth Johnson, Trustee *trustee*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF California  
COUNTY OF San Bernardino  
On September 30, 2021  
before me, Allison M. Slater Notary Public,

personally appeared Patsy Ruth Johnson who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Allison M. Slater (Seal)  
Allison M. Slater

