

*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).*

  
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ANDERSON, DORN & RADER, LTD.

**APN: 009-219-13**

**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:**

Frances M. Ross, Trustee  
1224 East Roland Street  
Carson City, NV 89701

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, FRANCES M. ROSS, 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 September 7, 2005, JOHN B. ROSS and I executed the ROSS LIVING TRUST (the "Trust").

(2) JOHN B. ROSS deceased on August 21, 2019, at Carson City, Nevada, a resident of Carson City, Nevada. Attached hereto is a certified copy of the death certificate of said JOHN B. ROSS.

(3) Said trust appointed me to serve as sole Trustee upon the death of JOHN B. ROSS.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Washoe, State of Nevada, on October 22, 2019.

Frances M. Ross  
FRANCES M. ROSS, Trustee

STATE OF NEVADA )

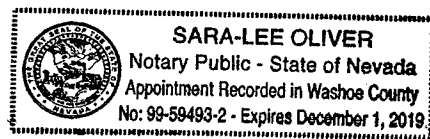
) ss:

COUNTY OF WASHOE )

Signed and sworn to (or affirmed) before me on October 22, 2019, by FRANCES M. ROSS, Trustee.

Sara-Lee Oliver

Notary Public



**EXHIBIT "A"**

**Legal Description:**

Lot 4, as set forth on the Official Plat of SHADOW VALLEY SUBDIVISION PHASE I, filed in the office of the Carson City Recorder on October 29, 1993, Map Book 7, Map No. 2033, official Records of Carson City, Nevada, as Document No. 151768.

**APN: 009-219-13**

**Property Address: 1224 East Roland Street, Carson City, Nevada**

UNOFFICIAL COPY

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

#### VITAL STATISTICS

CASE FILE NO. 4099143

**CERTIFICATE OF DEATH**

2019016838

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>J B ROSS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 21, 2019</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) <b>1224 East Roland Street</b>		3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
DECEDENT	6. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>85</b>	
	9a. STATE OF BIRTH (If not US/CA, name country) <b>Arkansas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>6131</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Inventory Control Manager)		14b. KIND OF BUSINESS OR INDUSTRY <b>FACTURING (PRODUCT NOT SPEC)</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Wilburn Ray ROSS</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary Izzie PITCHFORD</b>			
	18a. INFORMANT - NAME (Type or Print) <b>Frances Mary ROSS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1224 East Roland Street Carson City, Nevada 89701</b>			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr. Carson City NV 89701</b>	
TRADE CALL	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) <b>SIGNATURE AUTHENTICATED</b> <b>REED DOPF MD</b>					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) <b>August 27, 2019</b>		21c. HOUR OF DEATH <b>19:50</b>		22a. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf MD, 907 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13920</b>	
	24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 27, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	PART I (a) <b>Respiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Acute Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Alzheimer's Pattern Dementia</b> DUE TO, OR AS A CONSEQUENCE OF (d)				Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Atherosclerotic Heart Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
	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						

AKA: John B ROSS

000785150

**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.

DATE ISSUED: 8/29/2019

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

*Angela Ramirez*  
 Administrator  
 STATE REGISTRAR

