

APN# N/A

Recording requested by:

Name: PAUL SCHMIDT
Address: 3158 HOBO HOT SPRINGS RD
City/State/Zip: MINDEN, NV 89423



KAREN ELLISON, RECORDER

Mail tax statements to:

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Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B.030).

-OR-

I, the undersigned, hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law _____

(State specific law)

Paul H. Schmidt
Signature (Print name under signature)
Paul H. Schmidt

SUCCESSOR TRUSTEE
Title

DECLARATION TO ACT AS SUCCESSOR TRUSTEE

(Insert Title of Document Above)

Only use the following section if it applies to your document

This document is being re-recorded to _____

This document is being recorded to correct document # _____, and is correcting _____

This page added to provide additional information required by NRS 111.312 Sections 1-4.
(Additional recording fee applies)

DECLINATION TO ACT AS SUCCESSOR TRUSTEE

I, MELINDA SCHMIDT, hereby decline to act as Successor Trustee of the SCHMIDT FAMILY TRUST, dated August 24, 2004, as nominated in said Trust Agreement.

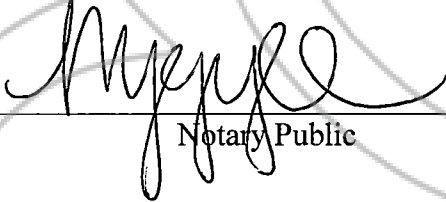
Pursuant to Article One, paragraph B of said Trust Agreement, since I am declining to act as Successor Trustee, PAUL SCHMIDT, shall be nominated to act as Successor Trustee of said Trust Agreement.

Dated this 23 day of April, 2015.


MELINDA SCHMIDT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on April 23, 2015, by MELINDA SCHMIDT.



Notary Public

