

16-
APN: 1319-10-110-007



KAREN ELLISON, RECORDER

When Recorded Return To:

Susan Marene Wornow, Trustee
1051 Camellia Court
Minden, NV 89423

Send Tax Statements To:

Dean Hitchcock
Tanya Hitchcock
12555 Broili Drive
Reno, NV 89511

Property address:

223 Limousin Court, Genoa, NV 89411

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)

Michael S. Gregg

Signature

Attorney
Title

Michael S. Gregg, Esq.

Print name

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

Susan Marene Wornow, the undersigned, being of legal age, being first duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. My name is Susan Marene Wornow and I reside at 1051 Camellia Court, Minden, Nevada 89423.

2. Lowell R. Wornow, the decedent referred to in the attached certified copy of Certificate of Death, is the same person as Lowell Roger Wornow, who is named as a Trustee of Lowell Roger Wornow and Susan Marene Wornow Family Trust dated March 2, 1999, (the "Trust"), a trust created under a trust agreement dated March 2, 1999.

3. The trust agreement appoints me to serve as Trustee of the Trust upon the death or incapacity of Lowell Roger Wornow, and I have now assumed the responsibilities as Trustee because of the death of Lowell Roger Wornow on June 10, 1999.

5. I am authorized under the terms of the Trust to act as Trustee with respect to the real property described below, which is part of the trust estate:

The Trust is the grantee named in that certain Grant, Bargain and Sale Deed recorded as Document No. 0707658, on August 16, 2007, of the Official Records of the County of Douglas, State of Nevada, regarding the real property located in the County of Douglas, State of Nevada, described as follows:

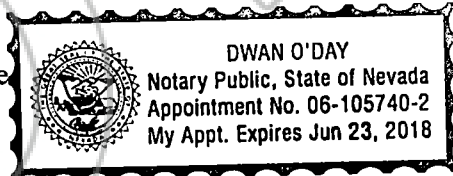
Lot 7, as shown on the map of GENOA HEIGHTS, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 29, 1998, as Document No. 226870.

Executed on February 3, 2016, at Reno, Nevada.

Susan Marene Wornow
Susan Marene Wornow

State of Nevada)
) ss.
County of Washoe)

Subscribed and sworn to (or affirmed) before me on this 3rd day of February, 2016, by Susan Marene Wornow personally known to be or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me



Dwan O'Day
Notary Public

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On this 3rd day of February, 2016, before me, a Notary Public, personally appeared Susan Marene Wornow, known to me (or proved) to be the person who executed the foregoing document, and acknowledged to me that she executed the same for the purposes therein stated.

Dwan O'Day
Notary Public



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 97 IMAGE 423

1398

99 007067

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

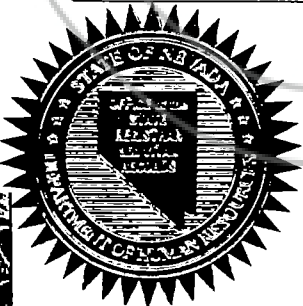
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Lowell R. WORNOW		DATE OF DEATH (Month, Day, Year) 2. June 10, 1999		STATE FILE NUMBER COUNTY OF DEATH 3a. Washoe									
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient		SEX 4. Male							
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. Native American		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 57		UNDER 1 YEAR MOS : DAYS 7b. :		UNDER 1 DAY HOURS : MINS 7c. :		DATE OF BIRTH (Mo., Day, Yr.) 8. August 12, 1941			
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A		Decedent's Education. Specify highest grade completed. 10. 15		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Susan M. Smyth					
SOCIAL SECURITY NUMBER 13. ██████████-1076		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Civil Engineer		KIND OF BUSINESS OR INDUSTRY 14b. United States Government									
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Minden		STREET AND NUMBER 15d. 1051 Camellia Ct		INSIDE CITY LIMITS (Specify Yes or No) 15e. YES					
FATHER—NAME First Middle Last 16. Norman Wornow		MOTHER—MAIDEN NAME First Middle Last 17. Gertrude Sax		INFORMANT—NAME (Type or Print) 18a. Susan M. Wornow									
MAILING ADDRESS 18b. 1051 Camellia Court		LOCATION 19c. Fernley, Nevada		CITY OR TOWN Minden, Nevada						STATE 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Veteran's Memorial Cemetery		Northern Nevada									
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. James Hill		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217		NAME AND ADDRESS OF FACILITY 20c. 1380 Hwy. 395 FitzHenry's Carson Valley Funeral Home Gerdnerville, Nevada 89410									
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 06/14/99		21c. HOUR OF DEATH 21c. 2235		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) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b.		22c. HOUR OF DEATH 22c.		22d. ON				22e. AT	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23a. Steven Schiff, M.D.		343 Elm Street		Reno, NV		89503		23b. 3821					
REGISTRAR 24a. (Signature) Yvonne Bigler		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 14, 1999		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Lung Ca DUE TO, OR AS A CONSEQUENCE OF.												Interval between onset and death	
(b)												Interval between onset and death	
(c)												Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. NO		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO									
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.							
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.		STREET OR R.F.D. No.		CITY OR TOWN		STATE			

STATE REGISTRAR

No. 145764



This is to certify that the above is a true and correct copy of the certificate on file in this office.

MAY 12 2003

Date Issued:

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT