

APN: 1220-01-001-026

WHEN RECORDED RETURN TO:
JOEL W. LOCKE, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
Mark Richman, Trustee
1917 Catherine Court
Gardnerville, NV 89410

The party executing this document hereby affirms that this document submitted for recording does contain the social security number of any person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss.
CARSON CITY)

MARK RICHMAN, being first duly sworn, deposes and says:

1. That the RICHMAN FAMILY TRUST was created on August 27, 2008.
2. That MARK RICHMAN and SANDRA RICHMAN were the Grantors and Trustees of said Trust.
3. That Grantor and Trustee, SANDRA RICHMAN, died on September 8, 2015 ("Decedent"), and a certified copy of her death certificate issued by the State of Nevada is attached hereto as Exhibit "1."
4. That after the death of Decedent, the sole and currently acting Trustee of said Trust is MARK RICHMAN.
5. That said Trust is the owner of all that certain real property situate in Douglas County, state of Nevada, commonly known as 1917 Catherine Court, Gardnerville, Nevada 89410, being Assessor's Parcel Number 1220-01-001-026, as more particularly described in that certain Grant, Bargain, Sale Deed, dated February 24, 2012, recorded in the Official Records of Douglas County, state of Nevada, as Document No. 798419, on March 7, 2012, and being more particularly described as follows:

Being a portion of the Northeast ¼ of Section 1, Township 12 North, Range 20 East, M.D.B.&M.

Parcel 9-D-4, on Parcel Map for WALTER MOLINE, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 22, 1993, in Book 693, Page 4652, as Document No. 310409.

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6. That as of this date, the said trust has not been revoked and Affiant is the Trustee thereof.
7. That this Affidavit has been executed in Carson City, Nevada.
8. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

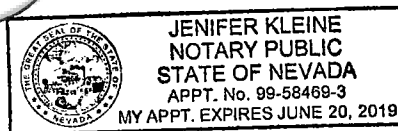
Further Affiant sayeth naught.

DATED 5/2, 2016.


MARK RICHMAN, Trustee

On May 2nd, 2016, personally appeared before me, a notary public, MARK RICHMAN, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.


NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2015016210

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) Sandra RICHMAN		2. DATE OF DEATH (Mo/Day/Year) September 08, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 1917 Catherine Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 65		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 17, 1950		9a. STATE OF BIRTH (If not U.S.A.) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name): Mark RICHMAN	
13. SOCIAL SECURITY NUMBER 0460		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Event Planner		14b. KIND OF BUSINESS OR INDUSTRY College	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1917 Catherine Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Peter ROCCO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice MAZZOTTI		
18a. INFORMANT- NAME (Type or Print) Mark RICHMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1917 Catherine Court Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) STEPHEN BLOOMFIELD 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 16, 2015		21c. HOUR OF DEATH 15:55		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) Stephen Bloomfield M.D. 5250 Neil Rd Ste #207 Reno, NV 89502				23b. LICENSE NUMBER 3741	
24a. REGISTRAR (Signature): VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 23, 2015		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				Interval between onset and death	
(a) Metastatic Breast Cancer DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hyperlipidemia DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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;				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

3852452

596956

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.

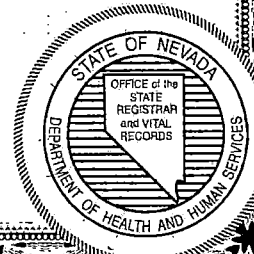
DATE ISSUED:

9/23/2015

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE