



00056737201708998380030034

KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: ROBERT WENNER

Address: P.O. Box 425

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

LIVING WILL TRUST

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

DATE - JUNE 13, 2017

: TO WHOM IT MAY CONCERN. With regard
I, ROBERT L. (LEWIS / "BOB") WENNER
OF SOUND MIND, BODY AND SOUL, GIVE
TESTIMENT OF MY WISHES:

- #1. MY LIFE INSURANCE IS TO BE SPLIT
50% TO CONNIE ELIZABETH (THOMPSON)
WENNER, AND JACOB DONOVAN WENNER
- #2. MY "DEFERRED COMP" (VOYA) ACCOUNT
IS TO BE DIVIDED 50% TO CONNIE
ELIZABETH WENNER AND JACOB WENNER.
- #3. ALL OF MY BANKING ACCOUNTS ARE
TO BE DIVIDED — 40% TO CONNIE WENNER
AND 20% EACH TO MEGAN RAE MORTENSON,
NICHOLAS D. MORTENSON AND JACOB WENNER
- #4. MY 1994 BLACK JEEP IS TO GO TO
NICHOLAS MORTENSON.
- #5. MY CHEVY "EQUINOX" IS TO GO TO
MEGAN R. MORTENSON.
- #6. ALL OTHER VEHICLES (INCLUDING THE MOTORHOME)
AND POSSESSIONS, GO TO CONNIE WENNER, FOR
HER DETERMINATION OF DISTRIBUTION. CONTINUED
PAGE 2.

PAGE #2 - ROBERT L. WENNER, CONTINUED.

THIS IS MY LAST WILL & TESTAMENT
FOR DISTRIBUTION OF MY ESTATE/POSSESSIONS.

I LOVE YOU ALL WITH ALL MY HEART,
PLEASE TAKE CARE OF EACH OTHER. - ♡

ALWAYS & FOREVER, Robert L. Wenner

JUNE 13th, 2019. - DONE

ROBERT L. WENNER

WITNESS:

Karen Pader

6/13/19