

**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

Ronald D. Alling, Esq.
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Lake Tahoe, Nevada 89449-3390
APN:1420-18-113-030



KAREN ELLISON, RECORDER

**NOTICE OF APPOINTMENT OF SUCCESSOR TRUSTEE
AND AFFIDAVIT OF DEATH OF TRUSTEE**

WHEREAS JIMMY R. WEAVER and DIANA L. WEAVER, husband and wife, executed The J&D Weaver 2009 Trust, dated November 5, 2009; and

WHEREAS, the said JIMMY R. WEAVER and DIANA L. WEAVER did, by Grant, Bargain and Sale Deed dated November 5, 2009, transfer all right, title and interest in and to that certain real property commonly known as 857 Auburn Court, Carson City, County of Douglas, State of Nevada, unto JIMMY R. WEAVER and DIANA L. WEAVER, Co-Trustees of The J&D Weaver 2009 Trust, dated November 5, 2009, said Deed being recorded on November 10, 2009, in Book 1109, Page 2571, as Document No. 0753750 in the Official Records of Douglas County, Nevada, more particularly described in **Exhibit A** attached hereto;

WHEREAS, the said JIMMY R. WEAVER died on November 11, 2013, being at the time of his death a resident of Douglas County, Nevada;

WHEREAS, the said DIANA L. WEAVER did file a Notice of Death of Co-Trustee, dated December 19, 2013, the same being recorded in the Official Records of Douglas County as Document No. 0835713, Book 1213, Page 3295;

WHEREAS, the said DIANA L. WEAVER died on June 17, 2017, being, at the time of her death, a resident of Douglas County, Nevada, that a true and correct copy of her Death Certificate is attached hereto as **Exhibit B**; and

WHEREAS, pursuant to Article VIII, Section 8.02, Paragraph B(2), DEBORAH SUZANNE STRIPLIN has become Successor Trustees of The J&D Weaver 2009 Trust u/i/d November 5, 2009.

IN WITNESS WHEREOF, Successor Trustee has executed this document at Douglas County, Nevada on this 30 day of June 2017.

Deborah Striplin
DEBORAH SUZANNE STRIPLIN,
Successor Trustee

STATE OF NEVADA)
 :SS.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me Judith E Dupuy, Notary Public, on this 30th day of June, 2017, by Deborah Suzanne Striplin, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SUBSCRIBED and AFFIRMED to before me this 30th day of June 2017.

Judith E Dupuy
NOTARY PUBLIC

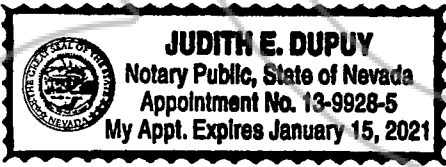


EXHIBIT A

LOT 210, BLOCK C OF SILVERADO HEIGHTS NO. 2, FILED FOR RECORD
IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,
NEVADA, ON 5/20/1979, IN BOOK 579, PAGE 1486, AS DOCUMENT NO.
33717.

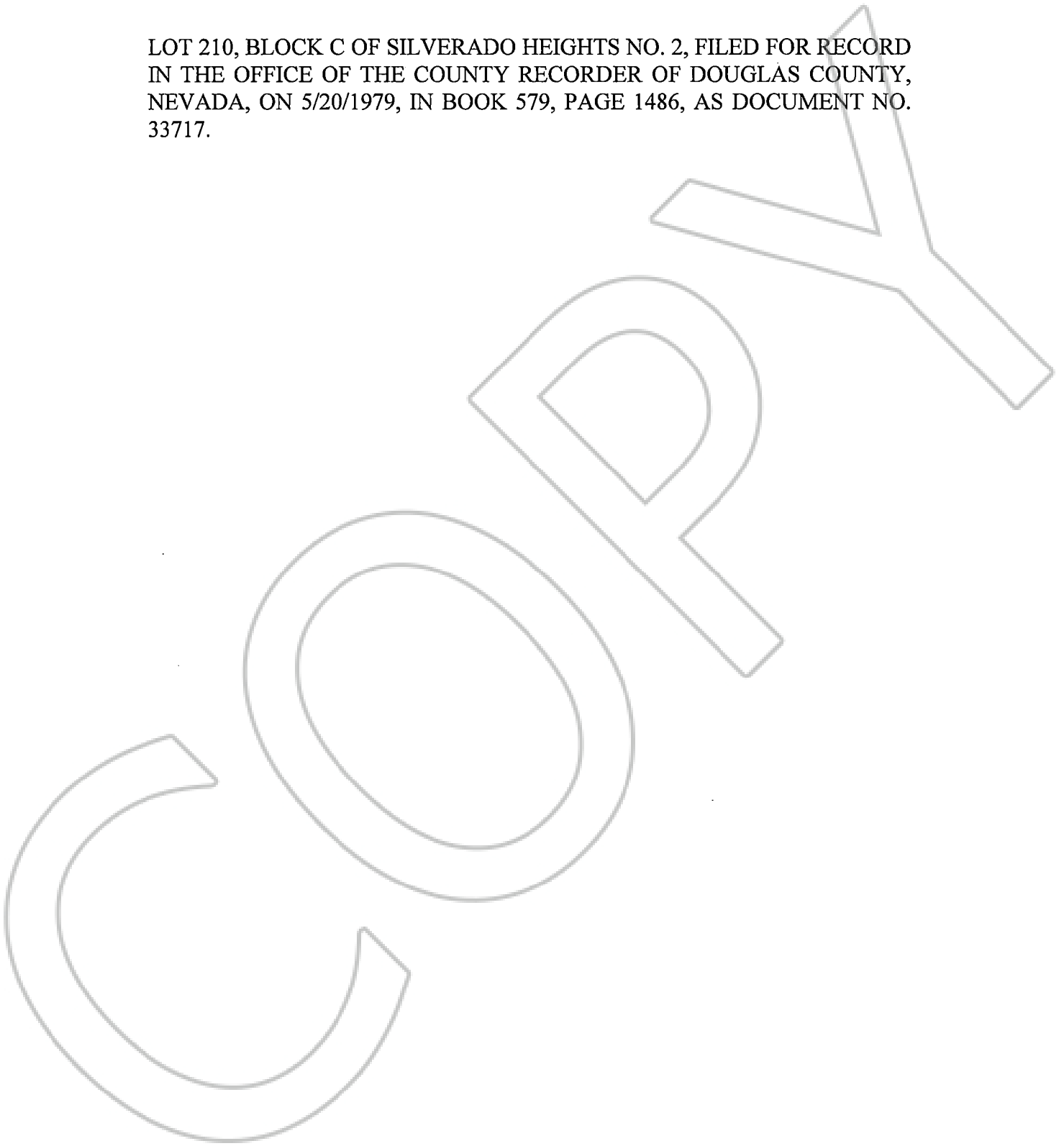


EXHIBIT B

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. 3962437

CERTIFICATE OF DEATH

2017011583
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Diana Louise WEAVER		2. DATE OF DEATH (Mo/Day/Year) June 17, 2017		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Sierra Place Retirement Community Assisted Living Facility		4. SEX Female	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 01, 1943	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
	13. SOCIAL SECURITY NUMBER ██████████-0758		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	14a. Banker (financial Manager)		14b. Banking		Ever in US Armed Forces? No	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
	15d. STREET AND NUMBER 857 Auburn Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Ralph Henry BADDERS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Martha Louise HARKER		
	18a. INFORMANT- NAME (Type or Print) Deborah STRIPLIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 857 Auburn Court Carson City, Nevada 89705			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) DOUGLAS VACEK DO 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) June 21, 2017		21c. HOUR OF DEATH 17:55		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CERTIFIER	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419				23b. LICENSE NUMBER 1125	
	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 22, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I				Interval between onset and death	
	(a) Cardiac Arrest					
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Atherosclerotic Cardiovascular Disease						
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) Hypertension						
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Ischemic Cerebrovascular Accident, Multiple Sclerosis				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No						
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

000678703



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: 6/23/2017

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

Cody P. ...
STATE REGISTRAR
SIGNATURE AUTHENTICATED

