

WHEN RECORDED MAIL TO:
Tracy H. Gioffre, Successor Trustee and
Stephen H. Herman, Successor Trustees
of the Richard L. Herman Revocable
Trust Under Agreement dated 11-6-08
3115 Albemarle Road
Wilmington, DE 19808



KAREN ELLISON, RECORDER

The undersigned hereby affirms that this document
submitted for recording includes a death certificate
which contains a social security number as required
by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01801132RLT

APN No.: 1420-28-111-020

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Tracey H. Gioffre and Stephen H. Herman, being duly sworn, deposes and says:

1. Gracia Margheim Herman, the decedent mentioned in attached copy of Certificate of Death, is the same person as Gracia M. Herman named as one of the trustee(s) in that certain Grant Bargain and Sale Deed dated 9-30-14, executed by Richard Herman and Gracia Herman, husband and wife as joint tenants to Richard L. Herman Revocable Trust under Agreement Dated 11-6-08, Richard L. Herman, Trustee and Gracia M. Herman Revocable Trust Under Trust Agreement dated 11-6-08, Gracia M. Herman Trustee, recorded on 9-30-14 as instrument number 2014-850142, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Tracy H. Gioffre and Stephen H. Herman, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: 4/11/18

SIGNED IN COUNTERPART

SIGNED IN COUNTERPART

Tracy H. Gioffre
Tracy H. Gioffre, Successor Trustee

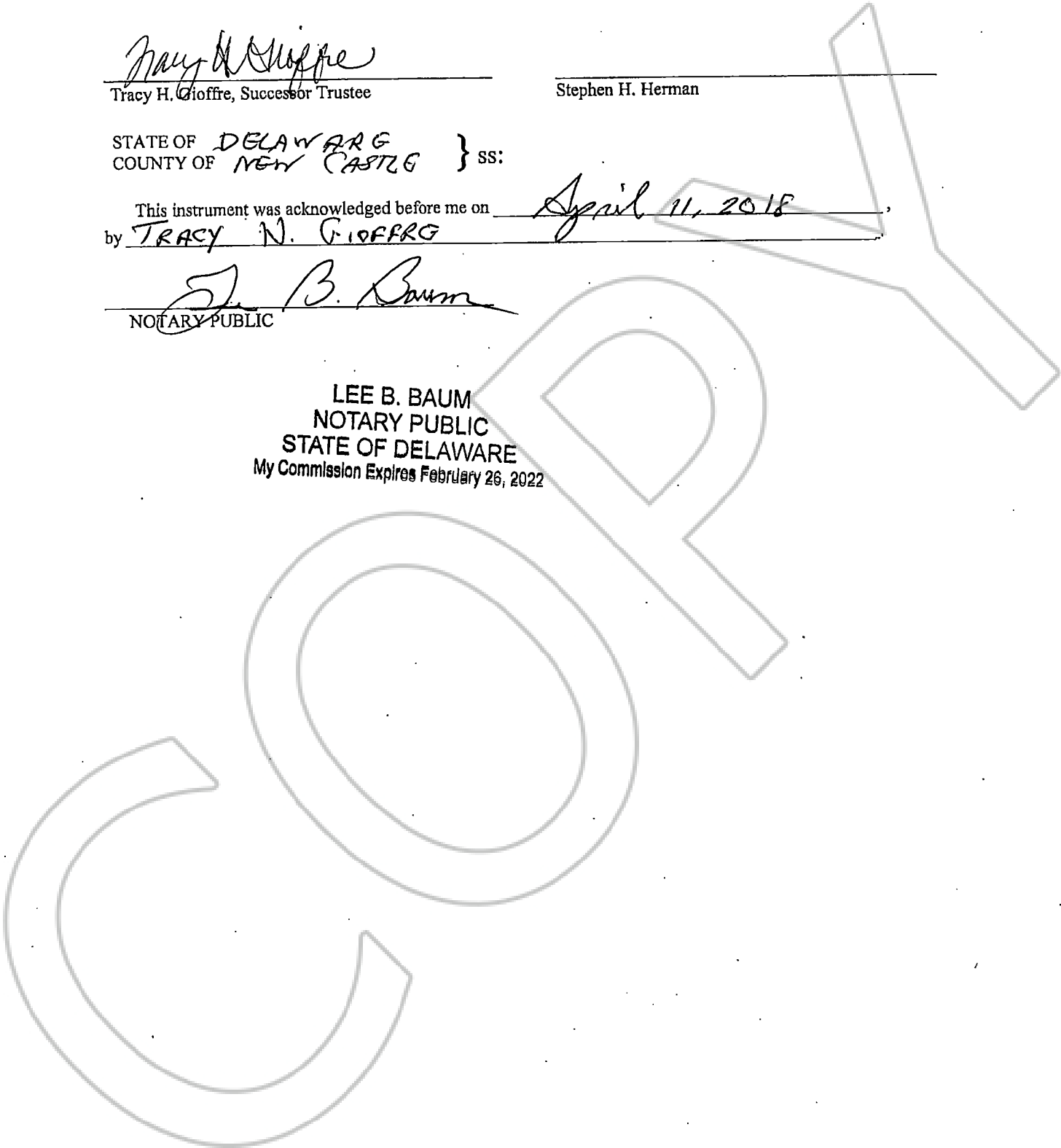
Stephen H. Herman

STATE OF DELAWARE }
COUNTY OF NEW CASTLE } SS:


This instrument was acknowledged before me on April 11, 2018,
by TRACY N. GIOFFRE

Lee B. Baum
NOTARY PUBLIC

LEE B. BAUM
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires February 26, 2022



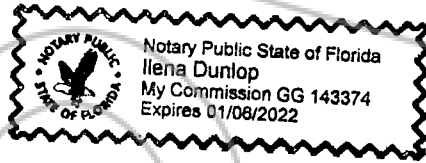
Tracy H. Gioffre, Successor Trustee


Stephen H. Herman
m. H.

STATE OF Florida }
COUNTY OF Orange } SS:

This instrument was acknowledged before me on 4/11/18,
by Stephen M. Herman

Ilena Dunlop
NOTARY PUBLIC



COOPER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3988149

CERTIFICATE OF DEATH

2017021238
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

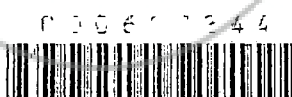
REGISTRAR

**CAUSE OF
DEATH**

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gracia Margheim HERMAN		2. DATE OF DEATH (Mo/Day/Year) November 14, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 2967 Hot Springs Road inpatient(Specify)		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Home	
4. SEX Female		5. RACE (Specify) White		8. DATE OF BIRTH (Mo/Day/Yr) March 27, 1945	
6. HISPANIC ORIGIN? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY HOURS MINS		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Richard L HERMAN	
9a. STATE OF BIRTH (If not US/CA, name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████-6716		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Executive Secretary		14b. KIND OF BUSINESS OR INDUSTRY Chemical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2967 Hot Springs Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lawrence MARGHEIM			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eunice BARND		
18a. INFORMANT - NAME (Type or Print) Richard L HERMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2967 Hot Springs Road Minden, Nevada 89423			
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) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD823		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) JEFFREY W SANDERS MD 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) November 15, 2017		21c. HOUR OF DEATH 21:25		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jeffrey W Sanders MD 1200 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 9437	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 15, 2017		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) Squamous Cell Carcinoma Of The Lung, Spindle Cell Type With Metastases				11 Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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



CERTIFIED COPY OF VITAL RECORDS

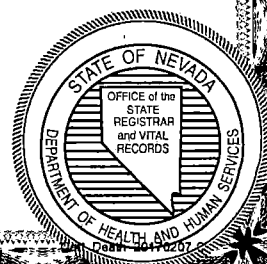
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 11/22/2017

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Order No.: 01801132-RLT

EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 2 as set forth in the official plat map of SARATOGA SPRINGS ESTATES UNIT NO. 2, filed in the office of the Douglas County Recorder on May 23, 1994 in Book 594 at Page 3894 as Document No. 338088 and amended by document recorded July 8, 1994 in Book 794 at Page 1165 as Document No. 341498 of Official Records.

APN: 1420-28-111-020

