

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. Richard Lewis Herman, the decedent mentioned in attached copy of Certificate of Death, is the same person as Richard L. 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

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 H. GIOFFRE

Lee B. Baum
NOTARY PUBLIC

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

COPY

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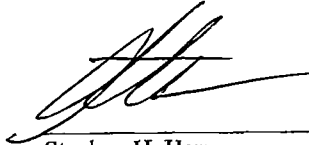
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Dated: 4/1/18


SIGNED IN COUNTERPART

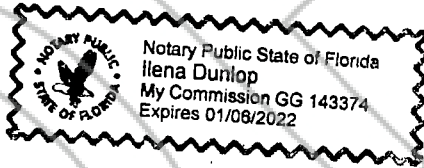
Tracy H. Gioffre, Successor Trustee


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


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

CASE FILE NO. 4004250

2018003078
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) Richard Lewis HERMAN		2. DATE OF DEATH (Mo/Day/Year) February 13, 2018		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 no. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Continuecare Hospital of Carson Tahoe, Inc. Inpatient		4. SEX Male		
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 69	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 25, 1948
	9a. STATE OF BIRTH (If not US/CA, name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARITAL STATUS (Specify) Widowed	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-0324		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Medical Photographer		14b. KIND OF BUSINESS OR INDUSTRY U. S. Government		Ever in US Armed Forces? Yes	
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) Alva Lewis HERMAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence ROYCE				
18a. INFORMANT- NAME (Type or Print) Tracy H GIOFFRE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3115 Albemarle Road Wilmington, Delaware 19808					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Waiton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921	20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1814 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) JOSEPH W HEPLIN JR 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) February 16, 2018		21c. HOUR OF DEATH 16:22	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
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) Joseph W Heplin Jr MD 1800 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 15218		
24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 16, 2018		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							
(a) Cardiopulmonary Arrest				Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Respiratory Failure				Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:							
(c) Congestive Heart Failure				Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:							
(d) Hypertension				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. Pneumonia; Unknown Etiology					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

VRS-Rev-20120523a



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.

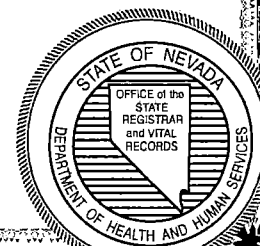
DATE ISSUED:

FEB 16 2018

STATE REGISTRAR

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

