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KAREN ELLISON, RECORDER

I the undersigned hereby affirms that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.350

APN: 1320-33-312-024

RECORDING REQUESTED BY:

Kalicki Collier, LLP
401 Ryland Street, Ste 200
Reno, NV 89502

WHEN RECORDED MAIL TO:

Kalicki Collier, LLP
401 Ryland Street, Ste 200
Reno, NV 89502

MAIL TAX STATEMENTS TO:

Eric Neusel & Carl Neusel
3160 Bunch Way
Carson City, NV 89706

AFFIDAVIT OF SUCCESSOR CO-TRUSTEE

We, Eric Neusel and Carl Neusel, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated November 30, 1999, Robert H. Neusel and Shirley A. Neusel executed the Neusel Living Trust ("Trust").

(2) Said trust appointed Eric Neusel and Carl Neusel to serve as Successor Co-Trustees upon the death or incapacity of Shirley A. Neusel.

(3) Shirley A. Neusel died on July 10, 2017, at Carson City, Nevada, a resident of Douglas County, Nevada. A certified copy of the death certificate attached hereto as **Exhibit "A"**.

(4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Co-Successor Trustees.

(5) The following described real property is part of the trust estate: See **Exhibit "B"** attached.

DOCUMENT IS SIGNED IN COUNTER PART.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to Eric Neusel and Carl Neusel as Successor Co-Trustees.

Dated this 16 day of April, 2018.

Eric J. Neusel

Eric Neusel, Successor Co-Trustee

Dated this _____ day of April, 2018.

Carl Neusel, Successor Co-Trustee

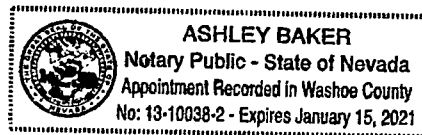
STATE OF NEVADA

COUNTY OF Washoe

On April 16, 2018, before me, Ashley Baker, personally appeared Eric Neusel, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.

Ashley Baker
Signature of Notary



(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to Eric Neusel and Carl Neusel as Successor Co-Trustees.

Dated this ____ day of April, 2018.

Eric Neusel, Successor Co-Trustee

Dated this 18 day of April, 2018.

Carl Neusel

Carl Neusel, Successor Co-Trustee

STATE OF NEVADA

COUNTY OF

On _____, before me, _____, personally appeared Eric Neusel, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of SANTA CLARA)

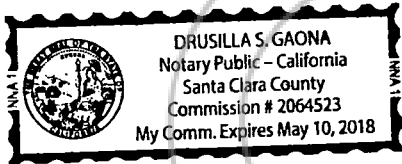
On APRIL 18, 2018 before me, DRUSILLA S. GAONA, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared CARL ROBERT NEUSEL
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Drusilla S. Gaona
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AFFIDAVIT OF SUCCESSOR CO-TRUSTEE Document Date: 4/18/18
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

EXHIBIT "A"

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

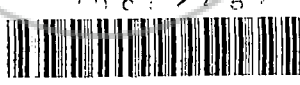
CASE FILE NO. 3966570

CERTIFICATE OF DEATH

2017012935
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Shirley Ann NEUSEL			2. DATE OF DEATH (Mo/Day/Year) July 10, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 1469 Edlesborough Circle		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Female
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 85	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) July 01, 1932
	9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARITAL STATUS (Specify) Widowed	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████-2546		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1469 Edlesborough Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix)			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ann			
PARENTS	18a. INFORMANT - NAME (Type or Print) Carl NEUSEL			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 847 Los Alamos Livermore, California 94550			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423		
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
	TRADE CALL - NAME AND ADDRESS						
TRADE CALL	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED NITA SCHWARTZ MD			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) July 12, 2017		21c. HOUR OF DEATH 11:00		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703					23b. LICENSE NUMBER 9114	
CERTIFIER	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 12, 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).)						
CAUSE OF DEATH	PART I					Interval between onset and death	
	(a) Colorectal Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
	(b) 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 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:

JUL 20 2017

STATE REGISTRAR

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

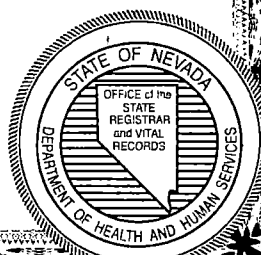


EXHIBIT B

The real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 19, in Block B, as shown in the Final Subdivision Map FSM-1006-3 of Chichester Estates Phase 3, filed in the Office of the County Recorder of Douglas County, State of Nevada, on September 11, 1997, in Book 997, at Page 2121, as Document No. 421409, of Official Records.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.