

WHEN RECORDED MAIL TO:
**George Richard Sorich, Surviving
Trustee of The George Richard Sorich
and Linda May Sorich Revocable Trust,
Dated October 26, 2010**

1381 Buckwheat Court
Gardnerville, NV 89410

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. 01900980RLT

APN No.: 1220-01-001-008

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

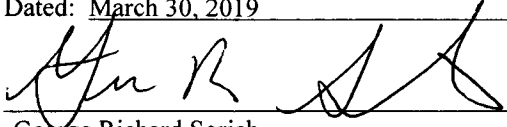
George Richard Sorich, being duly sworn, deposes and says:

1. Linda M. Sorich, the decedent mentioned in attached copy of Certificate of Death, is the same person as Linda May Sorich named as one of the trustee(s) in that certain Quitclaim Deed dated 10-26-10, executed by George Richard Sorich and Linda May Sorich as married joint tenants to George Richard Sorich and Linda Mary Sorich, as Trustees of the George Richard Sorich and Linda May Sorich Revocable Trust, dated October 26, 2010 recorded on October 27, 2010 as instrument number 0772844, 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.

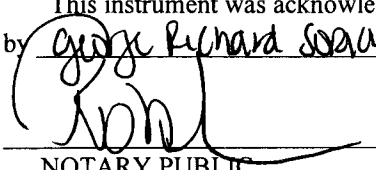
2. That I, George Richard Sorich, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection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

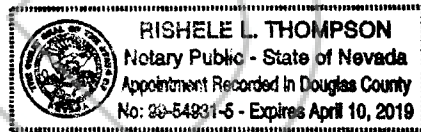
Dated: March 30, 2019


George Richard Sorich

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 3/20/19,
by George Richard Sorich

NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2015020639

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) Linda M SORICH		2. DATE OF DEATH (Mo/Day/Year) November 18, 2015		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 68		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
8. DATE OF BIRTH (Mo/Day/Yr) February 01, 1947		9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) George R SORICH	
13. SOCIAL SECURITY NUMBER 9652		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1381 Buckwheat Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Gladwyn DALEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Arbutus TENNYSON		
18a. INFORMANT- NAME (Type or Print) George R SORICH			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 531 Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Anatomical Donation/Cremation		19b. CEMETERY OR CREMATORY -NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LEWIS NOEL		20b. FUNERAL DIRECTOR LICENSE NUMBER 621		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503	
21. 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) ATHAN ROUMANAS M.D.			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) December 01, 2015		21c. HOUR OF DEATH 13:00		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. SIGNATURE AUTHENTICATED		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Athan Roumanas M.D., 75 Pringle Way #510 Reno, NV 89502	
23b. LICENSE NUMBER 9348		24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 02, 2015	
24c. SIGNATURE AUTHENTICATED		24d. 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) Cardiogenic Shock		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(b) Status Post Aortic Valve Replacement		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(c) Aortic Stenosis		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(d) End Stage Renal Disease		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Peripheral Vascular Disease, Chronic Obstructive Pulmonary Disease				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

3864863

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.

12/2/2015

DEPUTY REGISTRAR

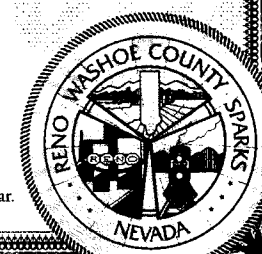
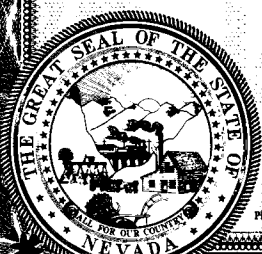
SIGNATURE AUTHENTICATED

DATE ISSUED:

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

PBNC0 (Rev) 4/12

VRS-Rev-20120523a



Order No.: 01900980-RLT

EXHIBIT A

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

Parcel 10-B-3, as set forth on Parcel Map for Den-Mar Associates, filed for record in the Office of the Douglas County Recorder on March 20, 1998, in Book 398, Page 4640, as Document No. 435441, Official Records.

APN: 1220-01-001-008

