

WHEN RECORDED MAIL TO:
Kelly Richter and Sherry Ackermann,
Co-Successor Trustees of The Teresa
Welty 1995 Trust Dated July 11, 1995
1364 Macenna Lane
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. 01901138DKD

APN No.: 1220-17-614-005

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Kelly Richter & Sherry Ackermann, being duly sworn, deposes and says:

1. Teresa Ann Welty, the decedent mentioned in attached copy of Certificate of Death, is the same person as Teresa Welty named as one of the trustee(s) in that certain Grant Bargain Sale Deed dated December 01, 2003, executed by Teresa A. Welty, an unmarried woman to The Teresa Welty 1995 Trust Dated July 11, 1995, Teresa Welty Trustor and Trustee, recorded on December 9th 2003 as instrument number 0599051, 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, Kelly Richter & Sherry Ackermann, 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
5. interest in or dealing with the above referenced property.

Dated: 3-25-2019

Kelly Richter
Kelly Richter, Co-Successor Trustee

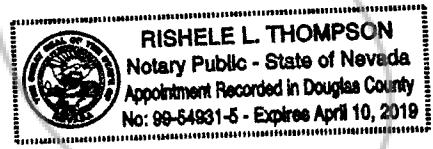
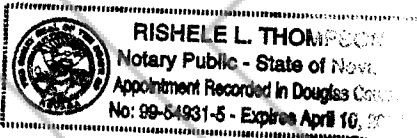
Sherry Ackermann
Sherry Ackermann, Co-Successor Trustee

STATE OF NEVADA }
COUNTY OF CARSON CITY } SS:
Douglas Co

This instrument was acknowledged before me on 3/25/19

by Kelly Richter & Sherry Ackermann

Ron
NOTARY PUBLIC



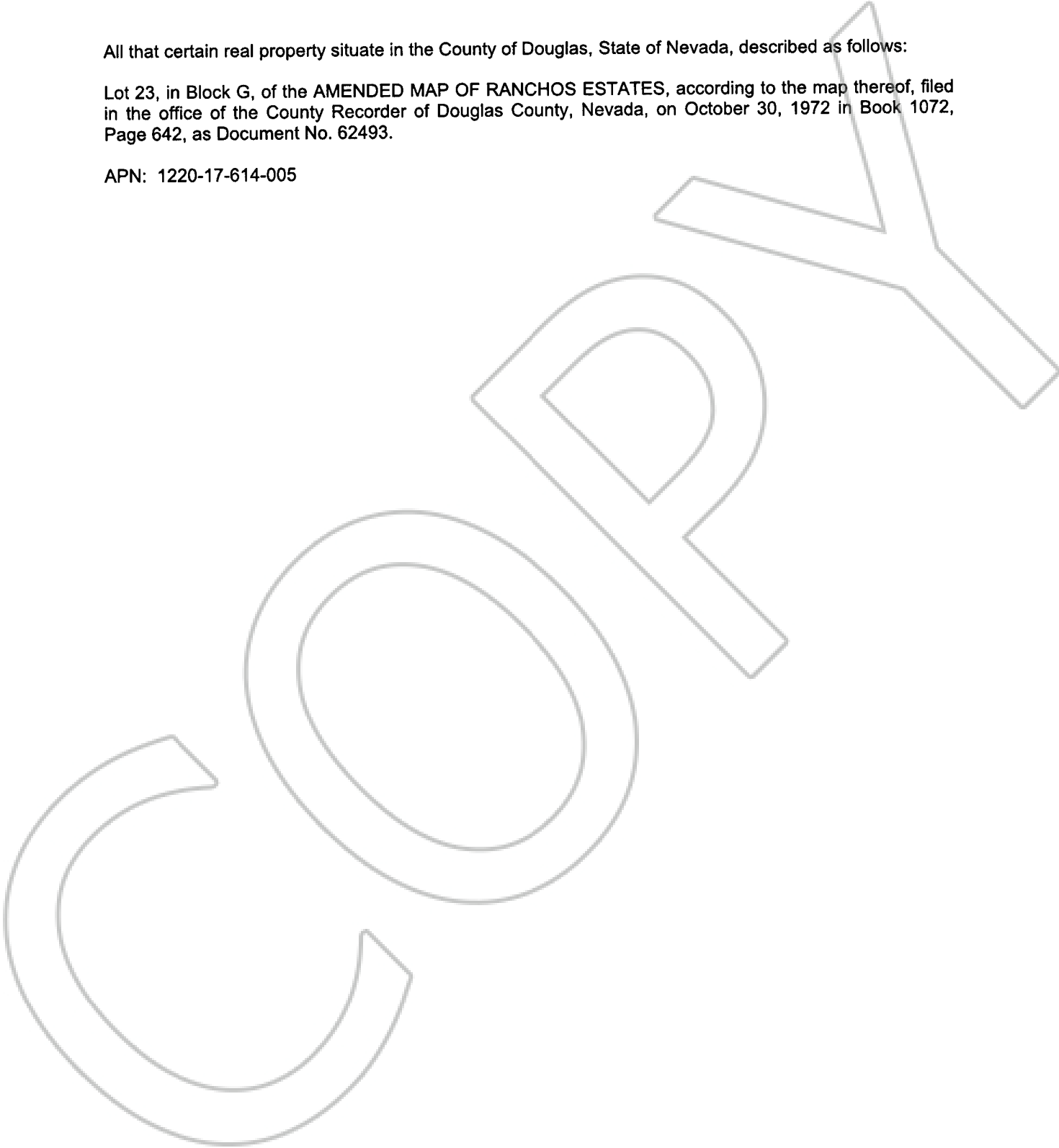
Order No.: 01901138-DKD

EXHIBIT A

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

Lot 23, in Block G, of the AMENDED MAP OF RANCHOS ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on October 30, 1972 in Book 1072, Page 642, as Document No. 62493.

APN: 1220-17-614-005



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4023864

CERTIFICATE OF DEATH

2018011364
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) Teresa Ann WELTY		2. DATE OF DEATH (Mo/Day/Year) June 10, 2018		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 apartment)(Specify) Renown Regional Medical Center Intensive Care Unit (ICU)		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 72	7b. UNDER 1 YEAR MOS DAYS HOURS MIN'S	8. DATE OF BIRTH (Mo/Day/Yr) April 07, 1946
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARITAL STATUS (Specify) Divorced	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER 0723		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Massage Therapy	Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	18a. STREET AND NUMBER 1192 Manhattan Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Anthony ABELE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Agnes YOST		
18a. INFORMANT- NAME (Type or Print) Kelly RICHTER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 400263 Las Vegas, Nevada 89140			
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 Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		
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) BRUCE W DENNEY 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) June 13, 2018		21c. HOUR OF DEATH 10:16		22b. DATE SIGNED (Mo/Day/Yr)	
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) Bruce W Denney MD 236 West Sixth St Reno, NV 89503					23b. LICENSE NUMBER 10809
24a. REGISTRAR (Signature) VICTORIA STEBBINS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 13, 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					Interval between onset and death
(a) Severe Sepsis					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) Pneumonia					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) Undetermined Etiology					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: **6/20/2018**

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

Julie Katchear
STATE REGISTRAR
SIGNATURE AUTHENTICATED

