

APN 1220-18-001-015

After Recording Mail to:

Roxanne Stangle, Successor Trustee
Felten Family Trust
P.O. Box 191
Minden, NV 89423

Mail Tax Statements
Same



KAREN ELLISON, RECORDER

The undersigned affirms that this document **does** contain the social security number of a person or persons, as required by NRS 440.380. (NRS 239B.030).

**AFFIDAVIT OF DEATH OF TRUSTEE
AND SUCCESSION OF SUCCESSOR TRUSTEE**

STATE OF NEVADA)
: ss.
COUNTY OF DOUGLAS)

Roxanne Stangle of Minden, Nevada, being first duly sworn, does hereby swear under penalties of perjury under the laws of the State of Nevada that the following statements are true:

(1) By instrument dated March 31, 1993, Harold Felten and Norma C. Felten executed the Declaration of the Felten Family Trust ("Trust"), which was amended by the First Amendment dated October 26, 2005.

(2) The Trust appointed Roxanne Stangle to serve as the Successor Trustee of the Trust upon the death or incapacity of both Harold Felten and Norma C. Felten.

(3) Norma C. Felten died on July 14, 2016, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of Norma C. Felten.

(4) Harold Felten died on November 24, 2018, a resident of Douglas County, Nevada. Attached hereto as Exhibit "B" is a certified copy of the death certificate of Harold Felten.

(5) Pursuant to the terms of the Trust, Roxanne Stangle has assumed all the duties of Successor Trustee.

(6) Roxanne Stangle is authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in any property.

(7) Roxanne Stangle is authorized to act on behalf of the Trust, and is vested with the following powers concerning the management of the Trust property, in addition to the powers now or hereafter conferred under the laws of the State of Nevada, NRS 163.260 to 163.410, inclusive:

(a) To invest the trust estate in any common or preferred stocks, mutual funds, investment trusts, bonds, deeds of trust, notes, real estate, or other property the Trustee in the Trustee's discretion select. The Trustee shall have the full power to invest the Trust funds without being restricted to forms of investments that the Trustee may otherwise be permitted to make by law.

(b) To manage, control, grant options on, purchase, sell (for cash or deferred payments), convey, exchange, partition, divide, improve and repair real and personal Trust property.

(c) To operate any business that the Trustee receives or acquires under the Trust for as long as the Trustee considers advisable.

(d) To retain, purchase, or otherwise acquire unproductive real or personal property.

(e) To hold securities or other property in the Trustee's own name or in a nominee's name, or to hold securities unregistered in such condition that ownership will pass by delivery.

(f) To lease Trust property for terms within or beyond the term of the Trust for any purpose.

(g) To lend money to any person, including the probate estate of either Trustor.

(h) To purchase property at its fair market value, as determined by the Trustee in the Trustee's discretion, from the probate estate of either Trustor.

(i) To carry insurance of the kinds and in the amounts the Trustee considers advisable, at the expense of the Trust, to protect the trust estate and the Trustee personally against any hazard.

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

(9) No other person has a right to the interest of the Trust in the following described real property commonly identified as 998 Hwy 88, Gardnerville, Nevada 89460 and more particularly described as follows:

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

Beginning at a point 64 feet south of the southwest corner of Brockliss Road, where said road intersects Frevert or County Road, being the southeast corner of land described in that deed recorded in Book "V" of Deeds, page 42, Official Records of Douglas County, State of Nevada; thence South 130 feet along Frevert or County Road; thence westerly 216 feet; thence northerly 130 feet to the southwest corner of land recorded in that deed recorded in Book "V" of Deeds, page 42, Official Records of Douglas County, State of Nevada; thence easterly 216 feet to the point of beginning; together with all water and ditch rights used in connection therewith.

Save and except that portion of the hereinabove described premises previously conveyed to the State of Nevada in that deed executed on March ____, 1957 and recorded in the Official Records of Douglas County, State of Nevada in Book C-1 of Deeds, page 352 as Document 12157.

APN: 19-250-02

This legal description was previously recorded on April 9, 1993 in Book 493 at Page 1756 as Document No. 304339.

(9) For the purpose of inducing all persons, organizations, corporations and entities including but not limited to any bank, broker, custodian, insurer, lender, title company, transfer agent, taxing authority, governmental agency, or party to act in reliance upon this Certificate of Trust, Roxanne Stangle hereby represents, warrants and agrees that:

(a) If the Trust is revoked or amended under any circumstances, Roxanne Stangle, her estate, heirs, successors and assigns will hold any person, organization, corporation or entity (hereinafter referred to collectively as "Person") harmless from any loss suffered, or liability incurred by such Person in acting in accordance with the instructions of the Trustee acting under the Trust Agreement or this Certificate of Trust prior to the receipt by such Person of actual notice of any such revocation or amendment.

(b) The powers conferred on the Trustee by the Trust Agreement as set out in this Certificate of Trust may be exercised by the Trustee and the Trustee's signature or act under the authority granted in the Trust Agreement may be accepted by Persons as fully authorized by the undersigned Trustee and with the same force and effect as if he were personally present, competent and acting on his own behalf.

(c) No Person who acts in reliance upon this Certificate of Trust or any representations this Trustee may make as to the fact that the Trustee's powers are then in effect, the scope of the Trustee's authority granted under the Trust Agreement, the Trustor's competency at the time the Trust Agreement was executed, the fact that the Trust Agreement has not been revoked, or the fact that the Trustee continues to serve as Trustee, shall incur any liability to the undersigned, Harold Felten's heirs or assigns for permitting the Trustee to exercise any such authority.

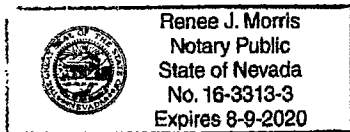
Dated this 15 day of April, 2019.


ROXANNE STANGLE

STATE OF NEVADA)
)
 : ss.
)
COUNTY OF DOUGLAS)

On April 15, 2019, before me, Renee J. Morris, Notary Public, personally appeared Roxanne Stangle, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



Renee J. Morris
NOTARY PUBLIC

COOPER

COPY

EXHIBIT A

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. 3904109

2016013059
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Norma Claire FELTEN		2. DATE OF DEATH (Mo/Day/Year) July 14, 2016		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 998 Highway 88		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	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	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) April 21, 1931		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Harold FELTEN	
PARENTS	13. SOCIAL SECURITY NUMBER 5155		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Receptionist		14b. KIND OF BUSINESS OR INDUSTRY Medical	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 998 Highway 88		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) William PETERSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Blanche FAREI		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Harold FELTEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 998 Highway 88 Gardnerville, Nevada 89460			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
	TRADE CALL - NAME AND ADDRESS					
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DANIEL J COVERLEY		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) DANIEL J COVERLEY			
	21b. DATE SIGNED (Mo/Day/Yr) July 21, 2016		21c. HOUR OF DEATH 22:55		22b. DATE SIGNED (Mo/Day/Yr) July 21, 2016	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 22:55		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 14, 2016	
	22e. PRONOUNCED DEAD AT (Hour) 22:55		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Daniel J Coverley P.O. Box 218 Minden, NV 89423			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER		24a. REGISTRAR (Signature) RHONDA PENA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 22, 2016	
	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) Protein Calorie Malnutrition DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (c) Rib Fractures, Multiple DUE TO, OR AS A CONSEQUENCE OF: (d) Fall			
STATE REGISTRAR	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hip Fracture		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	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

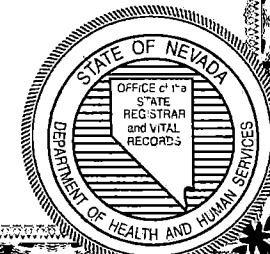
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 7/27/2016

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

Cody Penney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



COPY

EXHIBIT B

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4052223

CERTIFICATE OF DEATH

2018022556
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Harold FELTEN		2 DATE OF DEATH (Mo/Day/Year) November 24, 2018		3a. COUNTY OF DEATH Douglas	
	3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient)(Specify) 998 State Route 88 Home		4 SEX Male	
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 96	
	7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS		8 DATE OF BIRTH (Mo/Day/Yr) July 24, 1922	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA, name country) Nevada		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)			
PARENTS	13 SOCIAL SECURITY NUMBER 5257		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) ENGINEER		14b KIND OF BUSINESS OR INDUSTRY TELEPHONE COMPANY	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d STREET AND NUMBER 998 State Route 88		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Paul Herbert FELTEN			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Lillie TRIELLER		
TRADE CALL	18a INFORMANT- NAME (Type or Prnt) Roxanne STANGLE		18b MAILING ADDRESS (Street or R F D No City or Town, State, Zip) PO Box 191 Minden, Nevada 89423			
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c LOCATION City or Town State Carson City Nevada 89701	
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE		20b FUNERAL DIRECTOR LICENSE NUMBER FD917		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
	TRADE CALL - NAME AND ADDRESS					
REGISTERAR	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title)		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) JUSTIN FRICKE			
	21b DATE SIGNED (Mo/Day/Yr)		21c HOUR OF DEATH		22b DATE SIGNED (Mo/Day/Yr) February 26, 2019	
CAUSE OF DEATH	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERT'FIER (Type or Prnt)		22c HOUR OF DEATH 08:54		22d PRONOUNCED DEAD (Mo/Day/Yr) November 24, 2018	
	22e PRONOUNCED DEAD AT (Hour) 08:54		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Prnt) Deputy Justin Fricke P O Box 218 Minden, NV 89423			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b LICENSE NUMBER 0523		24a REGISTRAR (Signature) ANGELICA RAMIREZ		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 26, 2019	
	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			
STATE REGISTRAR	(a) Atherosclerotic Cardiovascular Disease		Interval between onset and death			
	(b) Hypertension		Interval between onset and death			
(c) Unknown Etiology		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 I				26 AUTOPSY (Specify Yes or No) Yes		
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes						
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.

3/1/2019

DATE ISSUED:

Julie Katchear
SIGNATURE AUTHENTICATED
STATE REGISTRAR

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

