

A.P.N. 1419-11-001-005

When recorded mail to:
Sandra G. Lawrence, Esq.
DYER LAWRENCE, LLP
2805 Mountain Street
Carson City, Nevada 89703



KAREN ELLISON, RECORDER

Grantees' Address:
Mail Tax Statements to:
John B. Richardson
3550 Mont Blanc Court
Carson City, Nevada 89705

The undersigned hereby affirm that this document, including exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

The undersigned hereby affirm that this document, including exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 Medical Cert of Death Signature/Contents.

AFFIDAVIT- DEATH OF TRUSTEE

STATE OF NEVADA)
CARSON CITY) ss.

Stephen Richardson, residing at 17099 Forest Hills Drive, Victorville, California, being first duly sworn, does hereby swear under penalty of perjury under the laws of the State of Nevada, that the following statements are true:

1. Diane E. Richardson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as a party in the Richardson Family Trust Dated May 11, 2005, as a Trustor and Trustee of said Trust.
2. Diane E. Richardson acted as Trustee under the Richardson Family Trust agreement and she did serve in that capacity until her death.
3. The current acting Trustees are Stephen Richardson and John B. Richardson, Co-Trustees. The undersigned is a Co-Trustee of the Richardson Family Trust with all rights and powers to act on behalf of said Trust.
4. The parcel of real property situated in the County of Douglas, State of Nevada, is a part of the trust estate of the Richardson Family Trust Dated May 11, 2005, and

more particularly described as follows, to-wit:

LOT 29 AS SHOWN ON THAT CERTAIN MAP ENTITLED "ALPINE VIEW ESTATES, NO. 2.", FILED IN THE OFFICE OF THE COUNTY RECORDER ON NOVEMBER 1, 1972 UNDER FILE NO. 62567.

SUBJECT TO ALL EASEMENTS, COVENANTS, CONDITIONS, RESERVATIONS, LEASES AND RESTRICTIONS OF RECORD, ALL LEGAL HIGHWAYS, ALL RIGHTS OF WAY, ALL ZONING BUILDING AND OTHER LAWS, ORDINANCES AND REGULATIONS, ALL RIGHTS OF TENANTS IN POSSESSION, AND ALL REAL ESTATE TAXES AND ASSESSMENTS NOT YET DUE AND PAYABLE.

BEING THE SAME PROPERTY CONVEYED BY DEED RECORDED IN DOCUMENT NO. 0573418, OF THE DOUGLAS COUNTY, NEVADA RECORDS.

APN: 1419-11-001-005

Also known as 3550 Mont Blanc Court, Carson City, Nevada.

5. This Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above-described real property and any other real property of the trust located in the County of Douglas, Nevada.

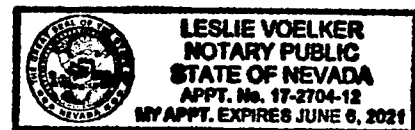
Dated this 16 day of July, 2019.

Stephen Richardson
Stephen Richardson, Co-Trustee of the Richardson Family Trust dated May 11, 2005

STATE OF NEVADA }
CARSON CITY } ss:

On the 16 day of July, 2019, personally appeared before me, a Notary Public, Stephen Richardson, personally known or proven to me to be the person whose name is subscribed to the above instrument, AFFIDAVIT - DEATH OF TRUSTEE, and who acknowledged that he executed the instrument.

Leslie Voelker
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4086007

CERTIFICATE OF DEATH

2019011262
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) Diane Erla RICHARDSON		2. DATE OF DEATH (Mo/Day/Year) June 06, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3550 Mont Blanc Court		3a.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) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 11, 1936		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) John B RICHARDSON	
13. SOCIAL SECURITY NUMBER ██████████-██████-2013		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Office Manager / Receptionist		14b. KIND OF BUSINESS OR INDUSTRY Medical Office	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3550 Mont Blanc Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Earl Albert WEATHERILL	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence WALTERS		18a. INFORMANT- NAME (Type or Print) Stephen RICHARDSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 17099 Forest Hills Drive Victorville, California 92392	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) MARY MAUL 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) June 07, 2019			21c. HOUR OF DEATH 18:45		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		
			22c. HOUR OF DEATH		
			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) Mary Maul MD 5250 Neil Rd Ste #207 Reno, NV 89502				23b. LICENSE NUMBER 5735	
24a. REGISTRAR (Signature) BREECE D FLORES			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 10, 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					
(a) Acute Cerebral Vascular Accident				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Atrial Fibrillation				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Arteriosclerotic Heart Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Acute Thromboembolism				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.					
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	



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.

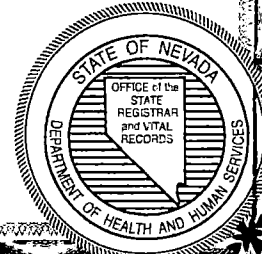
6/14/2019

DATE ISSUED:

Lee Shugh
Interim Administrator

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