

WHEN RECORDED MAIL TO:

Steven E. Tackes

510 W. Fourth Street
Carson City, NV 89703

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. 01906076DKD

APN No.: 142008212005

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of CARSON CITY }

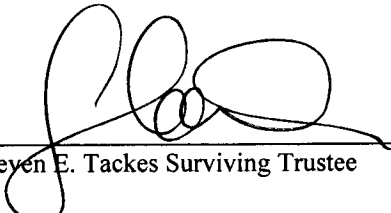
Steven E. Tackes, being duly sworn, deposes and says:

1. Bob E. Petten, the decedent mentioned in attached copy of Certificate of Death, is the same person as Bob E. Petten named as one of the trustee(s) in that certain Corporation Grant, Bargain, Sale Deed dated 8/24/2019, executed by H & S Construction, Inc., a Nevada Corporation to Bob E. Petten and Barbara Petten, Trustees of The Petten Living Trust, dated January 28, 1998, recorded on August 27, 1999 as instrument number 0475426, 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, Steven E. Tackes, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as surviving co- 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: November 6, 2019



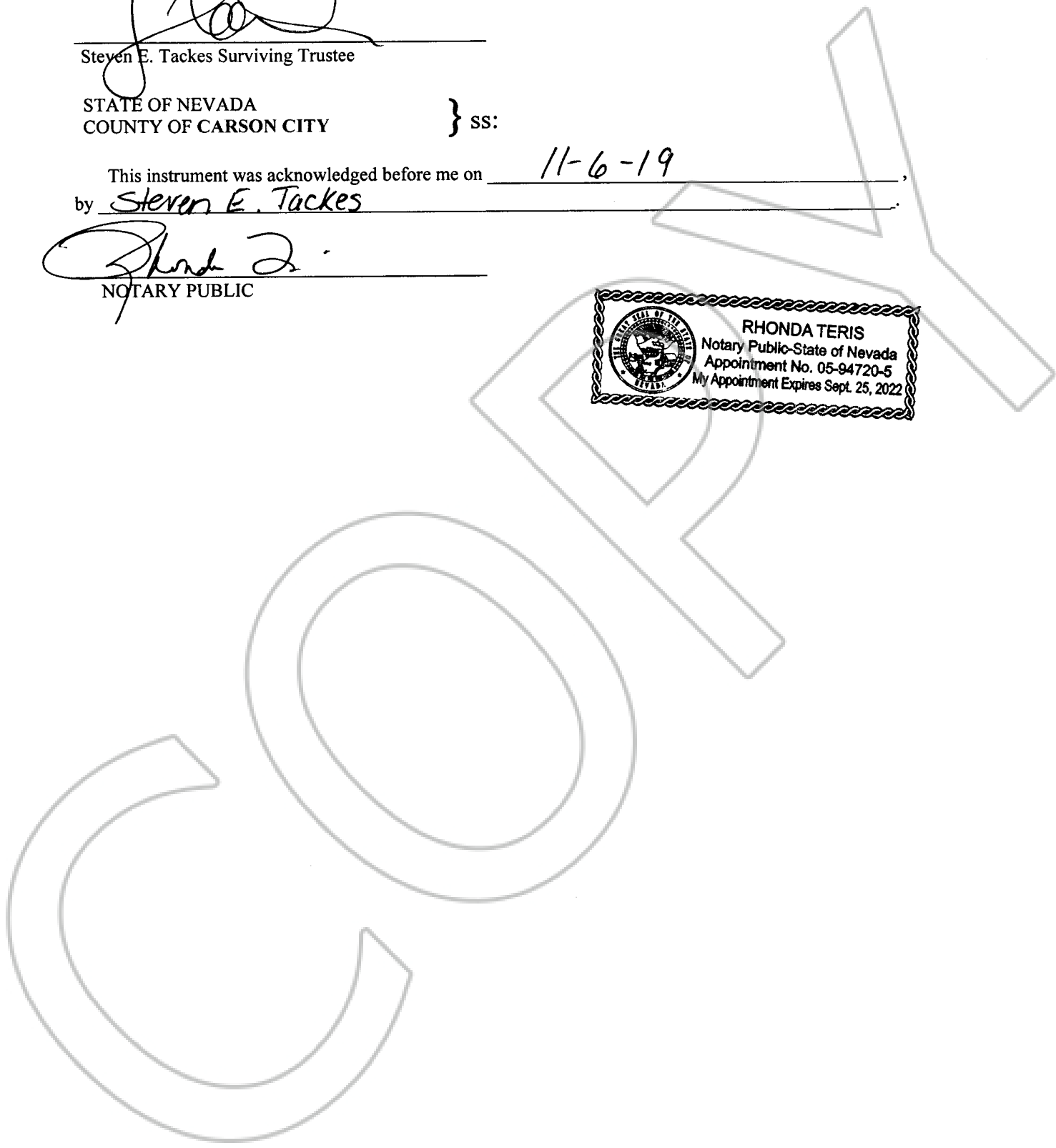
Steven E. Tackes Surviving Trustee

STATE OF NEVADA }
COUNTY OF CARSON CITY } SS:

This instrument was acknowledged before me on 11-6-19,
by Steven E. Tackes



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. 4109941

CERTIFICATE OF DEATH

2019021293
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) Bob E. PETTEN		2. DATE OF DEATH (Mo/Day/Year) October 16, 2019		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 Inpatient)(Specify) 222 E Patriot Blvd Assisted Living Facility		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify. No - Non-Hispanic	7a. AGE-Last birthday (Years) 93	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY DAYS
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) Widowed	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER -7356		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SHERIFF'S DEPUTY		14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1030 Haystack Dr	15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charlie MILLER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bonnie Erma SHACKELFORD		
18a. INFORMANT- NAME (Type or Print) Steven E TACKES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 510 W 4th St Carson City, Nevada 89703			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Nevada Funeral Service Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89104	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD936	20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706		
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) NEWTON GARCIA YCO DO 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) October 30, 2019		21c. HOUR OF DEATH 08:30	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) Newton Garcia Yco DO 255 W Peckham Lane Reno, NV 89509					23b. LICENSE NUMBER DO976
24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 30, 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).)					Interval between onset and death
PART I (a) Heart Failure					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) Atrial Fibrillation					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) Unknown 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 I.					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

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

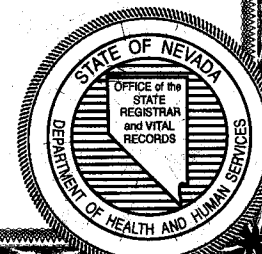
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

OCT 31 2019

STATE REGISTRAR

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



Order No.: 01906076-DKD

EXHIBIT A

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

Lot 6, in Block I, as shown on the Amended Map of SUNRIDGE HEIGHTS, PHASE 5B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 22, 1995, in Book 295, Page 3219, as Document No. 356642.

APN: 1420-08-212-005

