

APN# 1420-33-213-012

Recording Requested by:

Name: LIFELINE ESTATE SERVICES, INC.
Address: 3708 LAKESIDE DRIVE, SUITE 202
City/State/Zip: RENO, NEVADA 89509

When Recorded Mail to:

Name: LIFELINE ESTATE SERVICES, INC.
Address: 3708 LAKESIDE DRIVE, SUITE 202
City/State/Zip: RENO, NEVADA 89509

Mail Tax Statement to:

Name: Debra P. Savage
Address: 1274 Lariat Ct.
City/State/Zip: Minden, NV 89423

Affidavit Regarding Death of Initial Co-Trustee
And Assumption of Trusteeship By Successor
Trustee
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380
(State specific law)

Ashley Harp Signature Legal Admin. Assistant Title

Ashley Harp
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(for Recorder's use only)

APN # 1420-33-213-012

RECORDING REQUESTED

AND RETURN TO:

Lifeline Estate Services, Inc.
3708 Lakeside Dr. STE 202
Reno, NV 89509

MAILTAX STATEMENTS TO:

Debra P. Savage, Trustee
1274 Lariat Ct.
Minden, NV 89423

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE(S)
AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE**

The following described real estate in Washoe County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HERETO.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and profits thereof.

The undersigned, DEBRA P. SAVAGE, hereby declares that, MARK S. SAVAGE, died on October 11, 2015, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as MARK S. SAVAGE, named as one of the initial Trustee in that certain Declaration of Trust titled the SAVAGE FAMILY TRUST DATED JANUARY 7, 2010.

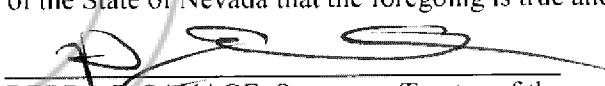
Declarant further declares that she is the Successor Trustee named in the Declaration of trust and that she hereby assumes the position of Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 4 th day of Feb, 2020, in the City of
Reno, County of Washoe, State of Nevada.

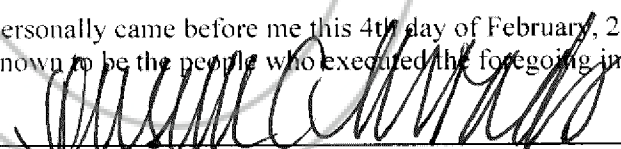
VERIFICATION

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.


DEBRA P. SAVAGE, Successor Trustee of the
SAVAGE FAMILY TRUST DATED JANUARY 7,
2010

STATE OF NEVADA)
) SS:
COUNTY OF WASHOE)

Personally came before me this 4th day of February, 2020, the above named DEBRA P. SAVAGE, to me known to be the people who executed the foregoing instrument and acknowledged the same.


Susan C. Rhoads, Notary Public
Washoe County, Nevada
My Commission 04/01/2021

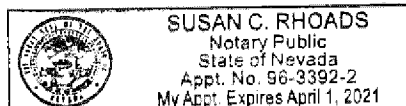
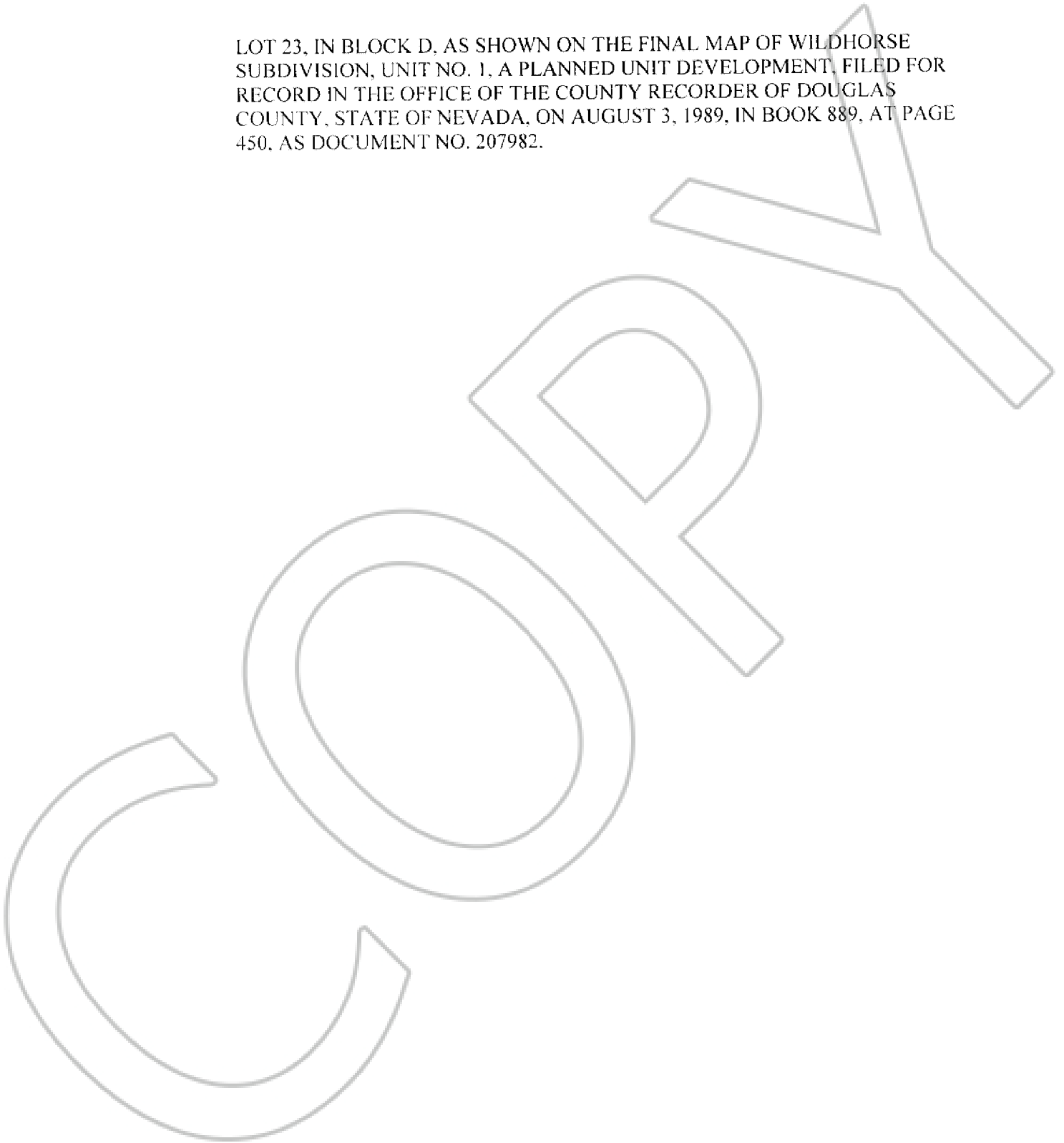


EXHIBIT "A"

LOT 23, IN BLOCK D, AS SHOWN ON THE FINAL MAP OF WILDHORSE
SUBDIVISION, UNIT NO. 1, A PLANNED UNIT DEVELOPMENT, FILED FOR
RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS
COUNTY, STATE OF NEVADA, ON AUGUST 3, 1989, IN BOOK 889, AT PAGE
450, AS DOCUMENT NO. 207982.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015017460
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

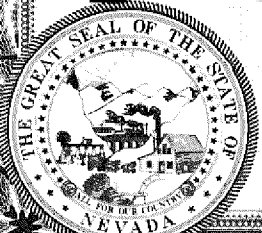
CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Mark Steven SAVAGE		2. DATE OF DEATH (Mo/Day/Year) October 11, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or 1274 Lariat Court Inpatient (Specify):		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 57		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 09, 1957		9a. STATE OF BIRTH (If not U.S.A.) Maryland		9b. CITIZEN OF WHAT COUNTRY? United States	
10. EDUCATION 11		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Debra SHINPAUGH	
13. SOCIAL SECURITY NUMBER [REDACTED]-1023		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Carpenter		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1274 Lariat Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Norman SAVAGE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Karen BENNETT		
18a. INFORMANT- NAME (Type or Print) Karen STONE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3007 Chubasco Way Carson City, Nevada 89701		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 854		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #83 Carson City NV 89708	
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) STEVEN L PHILLIPS M.D. 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 12, 2015		21c. HOUR OF DEATH 09:35		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)
22e. PRONOUNCED DEAD AT (Hour)			23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502		
23b. LICENSE NUMBER 6596			24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 12, 2015		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) Cardiac Arrest				Interval between onset and death Minutes	
(b) Atherosclerotic Heart Disease				Interval between onset and death Years	
(c) Hypertension				Interval between onset and death Years	
(d) Adenocarcinoma Of Unknown Primary				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) 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

3857414



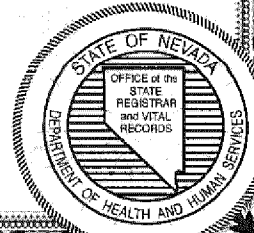
600694 CERTIFIED COPY OF VITAL RECORDS

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: 10/16/2015

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

R. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523e

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE