

APN# 1320-29-119-012

Recording Requested by:

Name: Lifeline Estate Services, Inc
Address: 3708 Lakeside Dr #202
City/State/Zip: Reno, NV 89509

When Recorded Mail to:

Name: Lifeline Estate Services, Inc
Address: 3708 Lakeside Dr #202
City/State/Zip: Reno, NV 89509

Mail Tax Statement to:

Name: Tereva Taylor-Renfroe
Address: 5785 Greeley Ave.
City/State/Zip: Silver Springs, NV 89429

Affidavit Regarding Death of Initial
Trustee and Assumption of Trusteeship
by Successor Trustee.
(Title of Document)

(for Recorder's use only)

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)

TJR
Signature

Office manager
Title

Tiffany Rushing
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.

APN # 1320-29-119-012
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services, Inc.
3708 Lakeside Drive, Suite 202
Reno, Nevada 89509

MAIL TAX STATEMENT TO:
Teresa Taylor-Renfree
5785 Greeley Ave.
Silver Springs, NV 89429

**AFFIDAVIT REGARDING DEATH OF INITIAL TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE**

The undersigned, TERESA TAYLOR-RENFREE, hereby declares that, HELEN V. TAYLOR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HELEN V. TAYLOR, named as one of the initial Trustee in that certain Declaration of Trust titled HELEN V. TAYLOR LIVING TRUST DATED AUGUST 12, 2005.

Parcel 1:

Unit 376 as shown on the Final Map No. 1008-9 for WINHAVEN, UNIT NO. 9, A PLANNED UNIT DEVELOPMENT, filed for record in the Office of the County Recorder of Douglas County, Nevada on July 8, 1999 in Book 799 of Official Records at Page 1253, as Document 472099.

Parcel 2:

A non-exclusive easement for use, enjoyment ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

TOGETHER WITH, all and singular, the tenements, hereditaments and appurtenances thereunto belonging, or in anywise appertaining, and the remainder and remainders, reversion and reversions, rents, issues and profits thereof.

TO HAVE AND TO HOLD, all and singular, the said premises, together with the appurtenances, unto the Grantees, their heirs and assigns forever.

Dated: May 14, 2020

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

Declarant further declares that he is the Successor Trustee named in the Declaration of and that he hereby assumes the position as Sole-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.

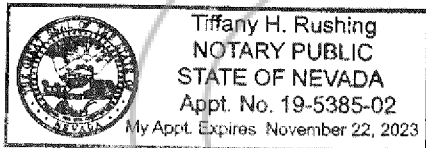
Executed on this 14 th day of May, 2020, in the City of
Reno, County of Washoe, State of Nevada.

Teresa Taylor Renfree
TERESA TAYLOR-RENFREE, Successor Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On May 14, 2020, before me, Tiffany H. Rushing, a Notary Public in and for said County and State, personally appeared TERESA TAYLOR-RENFREE, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the same in his authorized capacity, and that by his 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



Tiffany H. Rushing
Tiffany H. Rushing, Notary Public
Washoe County, Nevada
My Commission Expires November 22, 2023

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

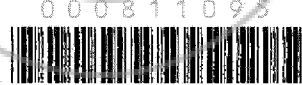
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4142379

CERTIFICATE OF DEATH

2020008621
STATE FILE NUMBER

| | | | | | | |
|--|--|---|---|---|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Helen Virginia TAYLOR | | 2. DATE OF DEATH (Mo/Day/Year) April 29, 2020 | | 3a. COUNTY OF DEATH Lyon | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Silver Springs | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 5785 Greeley Avenue | | 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 HOURS MINS | | 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) November 24, 1934 | | 9a. STATE OF BIRTH (if not US/CA, name country) Virginia | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| | 10. EDUCATION 13 | | 11. MARITAL STATUS (Specify) Widowed | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | |
| PARENTS | 13. SOCIAL SECURITY NUMBER 5170 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SECRETARY | | 14b. KIND OF BUSINESS OR INDUSTRY Aerospace | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Lyon | | 15c. CITY, TOWN OR LOCATION Silver Springs | |
| DISPOSITION | 15d. STREET AND NUMBER 5785 Greeley Avenue | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| | 16. FATHER/PARENT - NAME (First Middle Last Suffix) James Blain PURDOM | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elva Mae REED | | |
| TRADE CALL | 18a. INFORMANT- NAME (Type or Print) Teresa T RENFREE | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5785 Greeley Avenue Silver Springs, Nevada 89429 | | | |
| | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME La Paloma Reno | | 19c. LOCATION City or Town State Reno Nevada 89511 | |
| CERTIFIER | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RYAN BOWEN SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD810 | | 20c. NAME AND ADDRESS OF FACILITY Simple Cremation Sparks 1016 N Rock Blvd, Ste 102 Sparks NV 89431 | |
| | TRADE CALL - NAME AND ADDRESS | | | | | |
| REGISTRAR | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOPF 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) April 29, 2020 | | 21c. HOUR OF DEATH 08:15 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| CAUSE 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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 13920 | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 29, 2020 | | 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).) | | | | | |
| ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE | PART I (a) Respiratory Arrest | | Interval between onset and death | | | |
| | (b) Acute Respiratory Failure | | Interval between onset and death | | | |
| DATE ISSUED: | (c) Malignant Glioblastoma Of Brain | | Interval between onset and death | | | |
| | (d) | | Months | | | |
| 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 | | |
| 26a. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (Specify) | | 26b. DATE OF INJURY (Mo/Day/Yr) | | 26c. HOUR OF INJURY | | |
| 26d. INJURY AT WORK (Specify Yes or No) | | 26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | | 26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | | |

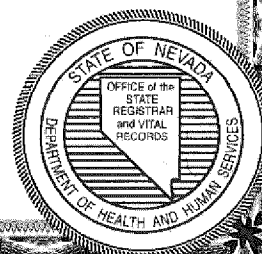


CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED:

This copy is not valid unless 5/1/2020 on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE