



KAREN ELLISON, RECORDER

After Recording Mail to:

Nora Jenkins, Successor Trustee
Neddenriep 1983 Trust
P.O. Box 1533
Minden, NV 89423

Mail Tax Statements
Same

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;
SUCCESSION OF SUCCESSOR TRUSTEE; AND
CERTIFICATE OF TRUST**

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Nora K. Jenkins 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 April 14, 1983, Christopher G. Neddenriep and C. Joyce Neddenriep executed an Revocable Intervivos Trust, the Neddenriep 1983 Trust ("Trust"), which was amended and restated on November 8, 2004, and amended by the Third Amendment dated May 8, 2006, the Fourth Amendment dated September 8, 2011 and the Fifth Amendment dated September 24, 2019.

(2) The Trust appointed Nora K. Jenkins to serve as the Successor Trustee of the Trust upon the death or incapacity of both Christopher G. Neddenriep and C. Joyce Neddenriep.

(3) Christopher G. Neddenriep, the Deceased Spouse, died on June 12, 2005, which death was recorded by Document 2019-935780, on September 27, 2019 in the official records of the Douglas County Recorder. C. Joyce Neddenriep, the Surviving Spouse and Trustee, died on August 14, 2020. Attached hereto as Exhibit "A" is a certified copy of the death certificate of C. Joyce Neddenriep.

(4) Pursuant to the terms of the Trust, Nora K. Jenkins has assumed all the duties of Successor Trustee.

(6) Nora K. Jenkins 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) Nora K. Jenkins 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 the Grantor
- (h) To purchase property at its fair market value, as determined by the Trustee in the Trustee's discretion, from the probate estate of the Grantor.
- (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 following described real property commonly identified as 2882 Del Mar Dr., Minden, Nevada 89423 and more particularly described as follows:

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

LOT 176 IN BLOCK C OF SARATOGA SPRINGS ESTATES UNIT 6, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JUNE 28, 2002 IN BOOK 602, PAGE(S) 10142 AS DOCUMENT NO. 546028.

Per NRS 111.312, this legal description was previously recorded at Document No. 0569777 on March 12, 2003, in Book 0303, Page 05239 of Official Records of Douglas County,

Nevada.

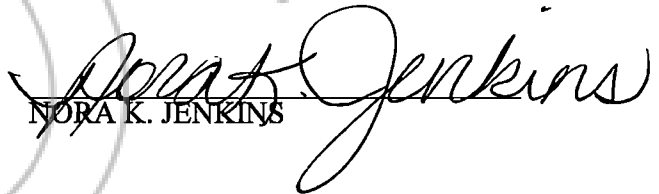
(9) For the purpose of inducing all persons, organizations, corporations and entities including but not limited to any bank, broker, custodian, insurer, lender, title company, transfer agent, taxing authority, governmental agency, or party to act in reliance upon this Certificate of Trust, Nora K. Jenkins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

(a) If the Trust is revoked or amended under any circumstances, Nora K. Jenkins, 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, her heirs or assigns for permitting the Trustee to exercise any such authority.

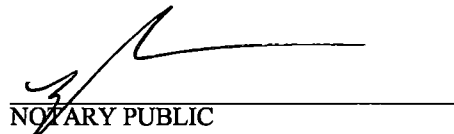
Dated this 4 day of Sept, 2020.

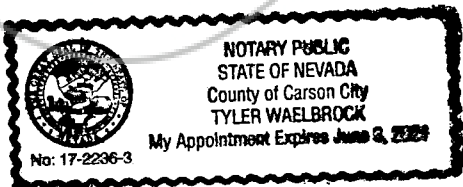

NORA K. JENKINS

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

On 9/4/, 2020, before me, Tyler Waelbrock Notary Public, personally appeared Nora K. Jenkins 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.


NOTARY PUBLIC



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. 4161761

2020018078
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) C Joyce NEDDENRIE		2. DATE OF DEATH (Mo/Day/Year) August 14, 2020		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 90	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER 3520		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	14a. Business Owner		14b. RETAIL		Ever in US Armed Forces? No	
DISPOSITION	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
	15d. STREET AND NUMBER 2882 Del Mar Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
TRADE CALL	16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles T GILBERT				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eleanor F TYLER	
	18a. INFORMANT- NAME (Type or Print) Norie JENKINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1503 Hwy 395 N. Suite A Gardnerville, Nevada 89410			
CERTIFIER	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	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
REGISTRAR	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) AMANDA M GRIFFITH 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)			
CAUSE OF DEATH	21b. DATE SIGNED (Mo/Day/Yr) August 18, 2020		21c. HOUR OF DEATH 12:51		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Amanda M Griffith-DO 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER DO1685	
	24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 24, 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).)					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
PART I					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(a) Cardiopulmonary Arrest					Interval between onset and death	
(b) Ventricular Tachycardia					Interval between onset and death	
(c) Chest Pain					Interval between onset and death	
(d) Myocardial Infarction					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. Unknown Etiology					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.		28h. CITY OR TOWN STATE		

000828593



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: 8/26/2020

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

Wesley T Storey
STATE REGISTRAR

