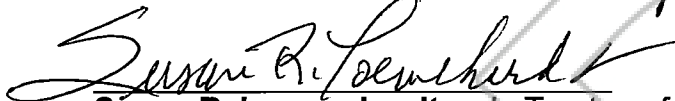


LOT 44 IN BLOCK C, AS SET FORTH ON THE FINAL SUBDIVISION MAP FOR MONTERRA PHASE 1 RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON AUGUST 24, 2005 IN BOOK 0805, PAGE 11150 AS DOCUMENT NO. 653145 OF OFFICIAL RECORDS.

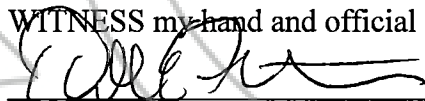
4. **Susan R. Loewenhardt** becomes the sole Trustee of the Trust, under the terms of the **Joseph and Susan Loewenhardt Revocable Living Trust Agreement**, dated July 14, 2014, **Susan R. Loewenhardt** consents to act as the sole Trustee
5. There is no federal estate tax as the result of death of the decedent mentioned in Paragraph 2, above.

DATED This 14 day of September, 2020.


Susan R. Loewenhardt, sole Trustee of
the **Joseph and Susan Loewenhardt**
Revocable Living Trust Agreement,
dated July 14, 2014

STATE OF NEVADA)
COUNTY OF WASHOE) ss

On the 14th day of SEPTEMBER, 2020, before me,
DALE E. FLETCHER JR., a NOTARY PUBLIC, in and for said State, personally
Susan R. Loewenhardt, known to me to be the person whose name is subscribed to the
within instrument, and acknowledged that he executed the same.

WITNESS my hand and official seal.

NOTARY PUBLIC



APN: 1320-29-610-020

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3908701

CERTIFICATE OF DEATH

2016020300
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) Joseph Herman LOEWENHARDT		2. DATE OF DEATH (Mo/Day/Year) August 07, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city) PineNut Mountain Range		3e. If Hosp. or Inst. indicate DOA,OP/Emier. Rm. (Specify) 39.02726N -119.6334W	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 15, 1941		9a. STATE OF BIRTH (if not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 15		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Susan PERRY	
13. SOCIAL SECURITY NUMBER 1504		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Appraiser		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1112 Galante Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Hubert LOEWENHARDT	
17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT- NAME (Type or Print) Sue LOEWENHARDT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1112 Galante Rd. Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GEOFFREY MARSHALL SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		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) November 02, 2016	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH 15:26	
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) Deputy Geoffrey Marshall P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 0430	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 10, 2016		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) Multiple Injuries Due To Blunt Force Trauma DUE TO, OR AS A CONSEQUENCE OF: (b) Due To An Aircraft Glider Crash DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (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) Yes	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED Aircraft Crash		28e. INJURY AT WORK (Specify Yes or No) No	
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Mountain		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 39.02726N -119.60334W Minden Nevada			

STATE REGISTRAR



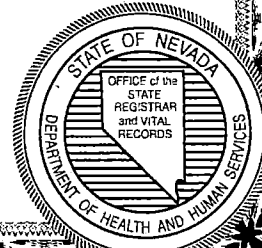
CERTIFIED COPY OF VITAL RECORDS

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: 11/14/2016

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

Cody P. Hines
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a