DOUGLAS COUNTY, NV

2020-956003

Rec:\$40.00

\$40.00 Pgs=4

11/09/2020 08:30 AM

NATIONAL CLOSING SOLUTIONS KAREN ELLISON, RECORDER

Recording Requested By

National Closing Solutions

And when recorded mail to

Lisa M. Tichenor, Sole Trustee of the Tichenor Family Revocable Trust 2201 Mel Drive, Unit 2 Gardnerville, NV 89410

Escrow no. 17-741210

APN: 1221-06-001-029

(Space above this line for Recorder's use)

AFFIDAVIT OF CHANGE OF TRUSTEE

STATE OF Nevada)
COUNTY OF Douglas) SS.)

Lisa M. Tichenor, of legal age, being first duly sworn, deposes and says:

- 1. The Trust known as The Tichenor Family Revocable Living Trust, executed on 6-29-15, is a valid and existing trust.
- 2. The name(s) of the settlor(s) of the Trust is (are): Lawrence W. Tichenor, Jr. and Lisa M. Tichenor
- 3. The name(s) of the previous trustee(s) of the Trust is (are): Lawrence W. Tichenor, Jr. and Lisa M. Tichenor
- 4. I am all of the currently acting successor trustees.
- 5. The Trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect.
- The legal description of real property in the Trust is attached hereto as Exhibit "A".
- 7. I (we) became the successor trustee(s) by reason of () resignation, () incompetency, () guardianship, (X) death of the prior trustee(s).
 - (X) If checked, a certified copy of the Death Certificate is attached.

Dated: October 28, 2020

.∠Lisa M. Tichenor

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

TYPE OR	ILE NO. 3924408		CERTIFICATI	E OF DEATH			16020271
PRINTIN	1a. DECEASED-NAME (FIRST, MIDD	LE,LAST,SUFFIX)			2. DATE OF DEATH (N-/00/1	TE FILE NUMBER
PERMANENT	Lawrence W	/illiam	TICHE	NOR JR	1 1	الحبيب	3a. COUNTY OF DEATH
BLACK INK	3b. CITY, TOWN, OR LOCATION OF	DEATH 3c. HOSPITAL	OR OTHER INSTITUTION	N -Name(If not either on	November 0	6, 2016	Carson City
	Carson City	Cr	arson Tahoa Ragio	nal Medical Center	Inpatient(Sp	if Inst, indicate ∟ ecify)	OOA, OP/Emer. Rm. 4. SEX
DECEDENT	5. RACE (Specify)	ls Hi	spanic Origin? Specify			Innatio	ent Ma
L. E.	White	No -	Non-Hispanic	(Years)	MOS DAYS	C. UNDER 1 DA	Y 8. DATE OF BIRTH (Mo/Day
. IF DPARI		lot olarisation		1 70			June 02 1046
IF DEATH OCCURRED IN INSTITUTION SEE	9a. STATE OF BIRTH (If not US/CA, name country) New York	9b. CITIZEN OF WH		ATION II MARITAL STATE		VING SPOUSE'S N	NAME (Last name prior to first magings
HANDBOOK	13. SOCIAL SECURITY NUMBER		States 16 PATION (Give Kind of Wo	Marr		Lisa Mar	ie CRAWFORD
REGARDING COMPLETION OF	9360	144. OCCOP			14b. KIND OF BUS		
RESIDENCE ITEMS		COUNTY		acher	Special	Education k	K-12 Forces? No
			1		REET AND NUMBER		15e, INSIDE CITY LIMITS (Specify)
	Nevada 16 FATHER/PARENT - NAME (First	Douglas	Gardne		Mel Drive		OFNO) Yes
PARENTS		Middle Last Surix) 9 William TICHE	NOD	17. MOTHER/F	PARENT - NAME (First	Middle Last	Suffix)
\$100.00E	18a. INFORMANT- NAME (Type or Pri				<u> </u>	Genevieve	
	Lisa M TICH	•	18b. MAILING A	DDRESS (Street or R	F.D. No, City or Town,	State, Zip)	
	19a. BURIAL, CREMATION, REMOVA		- OSMETERNION ASS	2201 Me	el Drive Gardnervil		
SPOSITION	Cremation	L. OTHER (Specify) [19]	CEMETERY OR CREA	MATORY - NAME zhenry's Crematory			V City or Town State
	20a. FUNERAL DIRECTOR - SIGNATU	IDE (Os Barrers Anti-				Cars	on City Nevada 89701
	TAMAR R R		as Such) 20b. FUNER LICENSE N	RAL DIRECTOF 20c. NAI		FACILITY	
1 1		AUTHENTICATED		370	Nep	tune Society	of Reno
RADE CALL	TRADE CALL - NAME AND ADDRESS		<u> </u>		969 West M	loana Lane I	Reno NV 89509
	≥ ₹ 21a. To the best of my knowledge	ne cleath occurred at the	time idate and place on	data il so o			
•	글 cothe cause(s) stated.(Signature	e & Title) SIGNA	ATURE AUTHENTICA	TEN SW	casis of examination and/ date and place and due to	or investigation, in	n my opinion death occurred
	The contract of the contract o	RAIG RAU MD	75.	at the time,	actio of the praces as for done to	the cause(s) state	ed. (Signature & Title)
CERTIFIER	21b. DATE SIGNED (Mo/Day/Y	r) 21c. HOU	R OF DEATH	THE SE	E SIGNED (Mo/Day/Yr)	220	C. HOUR OF DEATH
	OF TACACHIDE 10, 5010	DIDIOLALI STATE OF THE STATE OF	11:50				
	요 분 21d. NAME OF ATTENDING PI 은 병 (Type or Print)	HYSICIAN IF OTHER TH	IAN CERTIFIER	22d. PRO	NOUNCED DEAD (Mo/	Day/Yr) 22s	PRONOUNCED DEAD AT (Ho
		ISIED (DUVEICIAN, AT)	TEMPINO PLUCIO		<u> </u>		
•	23a. NAME AND ADDRESS OF CERTI	in RauMD 1600	Medical Darkway	EDICAL EXAMINER, OR Carson City, NV 89	CORONER) (Type or P	'rint)	23b. LICENSE NUMBER
	24a. REGISTRAR (Signature)			24b. DATE RECEIVE	1703		10991
REGISTRAR		VERALYNN A SIGNATURE AUTHE					DUE TO COMMUNICABLE DISE
CALICEOF			PER LINE FOR (a), (b),	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ember 10, 2016	YE	S NO X
CAUSE OF	DARTI Cordionulmo	narv Arrest	- PER LINE FOR (a), (b),	AND (c))			Interval between onset and c
DEATH	DUE TO, OR AS A CO				·		
CONDITIONS IF	Severe Prote	in Calorie Malr	autrition		1.		Interval between onset and d
ANY WHICH GAVE RISE TO			lutition	<u> </u>			
IMMEDIATE	DUE TO, OR AS A CO	INSEQUENCE OF:		/ /		:	Interval between onset and d
CAUSE >	(C)	<u> </u>					i mastra botabati ditsat and d
UNDERLYING CAUSE LAST	DUE TO, OR AS A CO	INSEQUENCE OF	*	7 7			Interval between onset and o
/ .	(d) Stage IV Live	76.				4.	s and a settled in original and o
7 /	PART II OTHER SIGNIFICANT COND Unknown Etiology	ITIONS-Conditions cont	ributing to death but not r	esulting in the underlying	cause given in Part 1	26 ALITA	DPSY (Specif 27 WAS CASE
/ /	Onknown Ellology		Name and		g.,	Yes or No	o) (Specify Yes or No)
1 1	28a. ACC., SUICIDE. HOM., UNDET. 28b. C CR PENDING INVEST. (Specify)	DATE OF INJURY (Mo/Day/Y	n 28c. HOUR OF IN	HIRV ISM DESCRIPE	HOW INJURY OCCURRED		(Specify Yes or No)
1 1	CR PENDING INVEST. (Specify)	The library of		200. DESCRIBE P	IOW INJURY OCCURRED		
4 1 1			6 P. P. I				
1 1	28e. INJURY AT WORK (Specify 28f. I		and the second s				

STATE REGISTRAR

STREET OR R.F.D. No.

STATE REGISTRAR



building, etc. (Specify)

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 Vitat Records.

DATE ISSUED:

AUG 1 4 2017

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This copy is not valid unless precered on engraved border displaying date, sed and signeture of Registrar.



EXHIBIT "A"

The land described herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 84, of FISH SPRINGS ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 30, 1973, in Book 873, Page 1006 as Document No. 68451.

APN: 1221-06-001-029

