

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)



KAREN ELLISON, RECORDER

APN: 1420-33-410-019

After Recording, Return and Mail Tax Statements to:

CATHY L. BAKER
7724 Callow Street NE
Albuquerque, NM 87109

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF TRUSTEE

CATHY L. BAKER, of legal age, being first duly sworn, deposes and says:

1. By instrument dated October 30, 2019, PATRICK T. RICHARDS executed the PATRICK T. RICHARDS REVOCABLE LIVING TRUST.
2. Said Trust appointed me to serve as sole Successor Trustee upon the death or incapacity of PATRICK T. RICHARDS.
3. PATRICK T. RICHARDS deceased on November 16, 2020, at Douglas County, Nevada a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said PATRICK T. RICHARDS.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
5. The following described real property is part of the Trust estate: See Exhibit "B" attached and is commonly known as 2636 Sweet Clover Court.
6. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the described property.
7. No other person has a right to the interest of the Trust in the described property.
8. The described property shall be transferred to me as Successor Trustee.

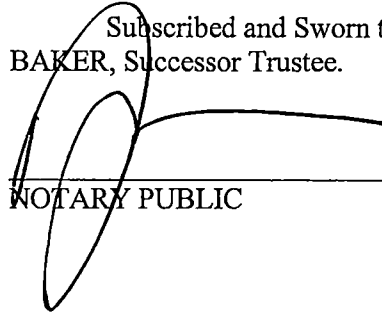
Executed this February 1, 2021, at Albuquerque, New Mexico.

Cathy L Baker, Trustee
CATHY L. BAKER, Successor Trustee

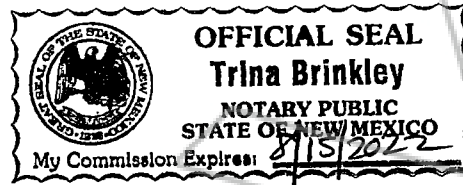
-LOOSE JURAT CERTIFICATE ATTACHED-

State of New Mexico)
County of Bernalillo)

Subscribed and Sworn to before me on February 1, 2021, by CATHY L. BAKER, Successor Trustee.



NOTARY PUBLIC



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH
OF TRUSTEE

DATED _____, 2021

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4179302

CERTIFICATE OF DEATH

2020025619
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) Patrick Thomas RICHARDS		2 DATE OF DEATH (Mo/Day/Year) November 16, 2020		3a. COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Minden		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 2636 Sweet Clover Court		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
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) January 11, 1946	
9a STATE OF BIRTH (If not US/CA, name country) Arizona		9b CITIZEN OF WHAT COUNTRY United States		10.EDUCATION 14	
11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13 SOCIAL SECURITY NUMBER [REDACTED] 2162		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY Computers	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2636 Sweet Clover Court		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Thomas M RICHARDS			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Shirley JOHNSON		
18a INFORMANT- NAME (Type or Print) Carin RICHARDS		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) PO Box 1388 Minden, Nevada 89423			
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) TAMAR R BEAULAC		20b FUNERAL DIRECTOR LICENSE NUMBER FD870		20c NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St Suite 4-E Reno NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) DOUGLAS VACEK DO SIGNATURE AUTHENTICATED					
21b DATE SIGNED (Mo/Day/Yr) November 19, 2020		21c. HOUR OF DEATH 06:18		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419		23b LICENSE NUMBER 1125		22d PRONOUNCED DEAD (Mo/Day/Yr)	
24a REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 20, 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)) PART I				Interval between onset and death	
(a) Cardiac Arrest				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF Electrolyte Abnormality				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF Metastatic Bladder Papillary Adenocarcinoma				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF				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 Chronic Obstructive Pulmonary Disease				26 AUTOPSY (Specify Yes or No) No	
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 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: **11/25/2020**

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

Wesley T Storey
STATE REGISTRAR

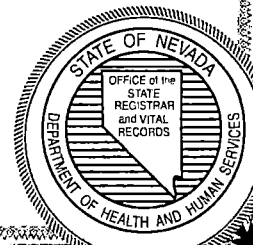


EXHIBIT B

Lot 33 as set forth on that Final Map entitled WILDHORSE ANNEX UNIT NO. 2, a Planned Unit Development, recorded October 10, 1994, in Book 1094, Page 1490, Official Records of Douglas County, State of Nevada, as Document No. 348105.

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