

WHEN RECORDED MAIL TO:
Sandra J. Leigh
955 Chip Creek Ct
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02100673-DKD

APN No.: 1420-18-710-071

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

Sandra J Leigh, Surviving Trustee, being duly sworn, deposes and says:

1. Richard Sanderson Leigh, the decedent mentioned in attached copy of Certificate of Death, is the same person as Richard S Leigh named as one of the trustee(s) in that certain Grant Bargain Sale Deed dated November 22, 2011, executed by Richard S Leigh and Sandra J Leigh husband and wife as joint tenants to Richard S Leigh and Sandra J Leigh, as Trustees of the Family Trust of Richard S Leigh and Sandra J Leigh, dated November 30, 2011, recorded on 12/23/2011 as instrument number 0794790, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Sandra J Leigh, Surviving Trustee, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: March 23, 2021

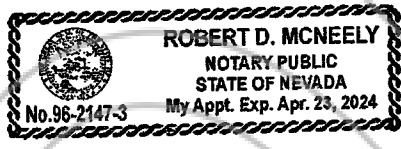
Sandra J. Leigh
Sandra J Leigh, Surviving Trustee

STATE OF NEVADA
COUNTY OF ~~DOUGLAS~~ ^{WPM} } SS:
CARSON CITY

This instrument was acknowledged before me on 3-23-2021,

by SANDRA J. LEIGH

Robert D. McNeely
NOTARY PUBLIC



COPY

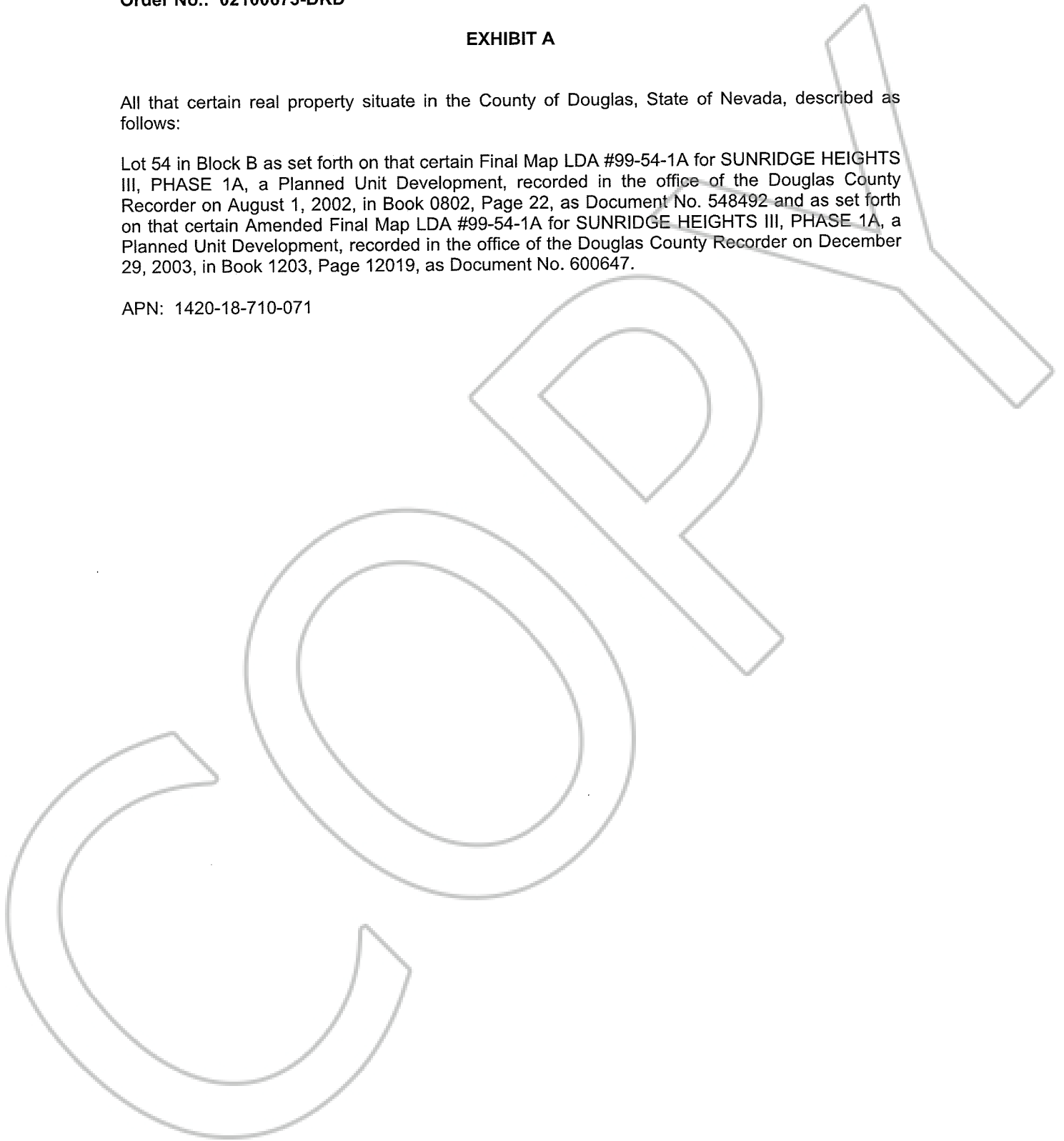
Order No.: 02100673-DKD

EXHIBIT A

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

Lot 54 in Block B as set forth on that certain Final Map LDA #99-54-1A for SUNRIDGE HEIGHTS III, PHASE 1A, a Planned Unit Development, recorded in the office of the Douglas County Recorder on August 1, 2002, in Book 0802, Page 22, as Document No. 548492 and as set forth on that certain Amended Final Map LDA #99-54-1A for SUNRIDGE HEIGHTS III, PHASE 1A, a Planned Unit Development, recorded in the office of the Douglas County Recorder on December 29, 2003, in Book 1203, Page 12019, as Document No. 600647.

APN: 1420-18-710-071



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4148206

CERTIFICATE OF DEATH

2020011296
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

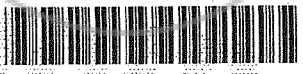
REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Richard Sanderson LEIGH		2. DATE OF DEATH (Mo/Day/Year) June 01, 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) 955 Chip Creek Ct.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 26, 1938		9a. STATE OF BIRTH (if not US/CA, name country) United States		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sandra Jean HOFFMAN	
13. SOCIAL SECURITY NUMBER 3846		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) POLICE OFFICER		14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 955 Chip Creek Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Harry Lionel LEIGH	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Thelma Berniece SANDERSON		18a. INFORMANT- NAME (Type or Print) Sandra Jean LEIGH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 955 Chip Creek Ct. 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) 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	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED REED DOPF MD					
21b. DATE SIGNED (Mo/Day/Yr) June 02, 2020		21c. HOUR OF DEATH 21:10		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 03, 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 (a) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Acute On Chronic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Malignant, Metastatic Lung Carcinoma DUE TO, OR AS A CONSEQUENCE OF: (d) Smoking Tobacco Dependence			
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	

000819165



CERTIFIED COPY OF VITAL RECORDS

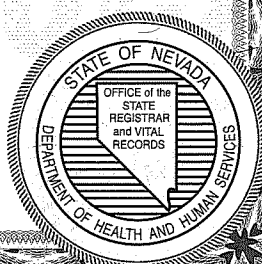
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

6/10/2020

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

Wesley T Storey
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE