DOUGLAS COUNTY, NV

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**2021-966022** 04/22/2021 01:44 PM

MCDONALD CARANO LLP

KAREN ELLISON, RECORDER

APN: 1219-26-001-055

RECORDING REQUESTED BY & AFTER RECORDING RETURN TO: MARK W. KNOBEL, Esq. McDONALD CARANO LLP 100 West Liberty Street, 10th Floor Reno, Nevada 89501

Mail Future Tax Statements To: SARA H. GROENENDYKE, Trustee P.O. Box 2428 Minden, NV 89423

## AFFIDAVIT OF CHANGE OF TRUSTEES

The undersigned hereby affirms that this document submitted for recording DOES contain the personal information of any person or persons per N.R.S. 440.380

After being duly sworn, SARA H. GROENENDYKE, Trustee of the GROENENDYKE FAMILY TRUST, dated March 2, 1978, as amended, confirms and certifies the following to be true:

- 1. The name of the Trust to which this affidavit applies is the GROENENDYKE FAMILY TRUST, dated March 2, 1978, as amended (the "Trust").
- 2. The Trust was created on March 2, 1978 by EDWARD H. GROENENDYKE, III and SARA H. GROENENDYKE, as Grantors.
- 3. The original Trustees of the Trust are EDWARD H. GROENENDYKE, III and SARA H. GROENENDYKE.
- 4. EDWARD H. GROENENDYKE, III died on September 7, 2020. A copy of EDWARD H. GROENENDYKE, III's death certificate is attached hereto as **Exhibit** "A".

- 5. EDWARD H. GROENENDYKE, III and SARA H. GROENENDYKE, co-Trustees of the GROENENDYKE FAMILY TRUST dated March 2, 1978, as amended, acquired title to and were named as the Grantees in that certain instrument recorded on May 31, 1996, as Document No. 389062 in the Official Records of the Douglas County Recorder, Nevada, covering the real property described on Exhibit "B", attached hereto and made a part hereof situate in the County of Douglas, State of Nevada.
- 6. The current acting Successor Trustee is SARA H. GROENENDYKE who is appointed pursuant to Section 9.5 A. of Article IX of the Trust, which provides, in pertinent part, as follows:
  - "Section 9.5 Successor Trustee.
  - A. Except for the trust established in Section 4.5, if EDWARD H. GROENENDYKE, III is unable, unwilling or ceases to serve as Trustee, then SARA H. GROENENDYKE shall serve as sole Trustee.

Should SARA H. GROENENDYKE predecease EDWARD H. GROENENDYKE, III or is unable, unwilling or cease to serve as Trustee, then EDWARD H. GROENENDYKE, III, ELIZA OCEANUS GROENENDYKE GILSDORF and GWEN WARBURTON shall serve as successor co-Trustees of the Trust. If either ELIZA OCEANUS GROENENDYKE GILSDORF or GWEN WARBURTON is unable, unwilling or cease to serve as trustee, the remaining named individual and EDWARD H. GROENENDYKE, III shall serve as Co-Trustees. If EDWARD H. GROENENDYKE, III, and either ELIZA OCEANUS GROENENDYKE GILSDORF or GWEN M. WARBURTON, is unable, unwilling or ceases to serve as a Co-Trustee, then the remaining named individual (ELIZA OCEANUS GROENENDYKE GILSDORF or GWEN M. WARBURTON, as the case may be) shall serve as sole Trustee. However, the remaining individual trustee shall promptly designate in writing a successor Co-trustee to serve for either EDWARD H. GROENENDYKE, III or the then serving trustee.

Any successor or substitute Trustee needed for this trust shall be chosen, in order of priority, from the following:

- 1. One designated, in writing, by concurrence of the Trustees then serving;
- 2. One designated, in writing, by one of the Trustees when serving alone;
- 3. One designated, in writing, by a majority of the adult beneficiaries currently eligible to receive income or principal distributions;
- 4. In the absence of such designation, then by appointment of the Second Judicial District Court, in and for the County of Washoe, State of Nevada."
- 5. Upon the recording of this Affidavit, title to the property may be held in any of the following ways:
  - (i) "SARA H. GROENENDYKE, Trustee of the GROENENDYKE FAMILY TRUST, dated March 2, 1978, as amended"; or,
  - (ii) "SARA H. GROENENDYKE, Trustee of the GROENENDYKE FAMILY TRUST, dated March 2, 1978"; or,
  - (iii) "SARA H. GROENENDYKE, Trustee of the GROENENDYKE FAMILY TRUST; or,
  - (iv) Such other name as the Trustee designates and certifies.

The rest of this page is intentionally left blank.

All exhibits and schedules are incorporated herein. This Affidavit of Change of Trustee may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument, binding on all of the parties. A facsimile, emailed or portable document format (PDF) copies of signatures or other electronic transmission shall be deemed originals for all purposes hereto and that any party may produce such copies, without the need to produce original signatures to prove the existence of this Affidavit of Change of Trustee.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

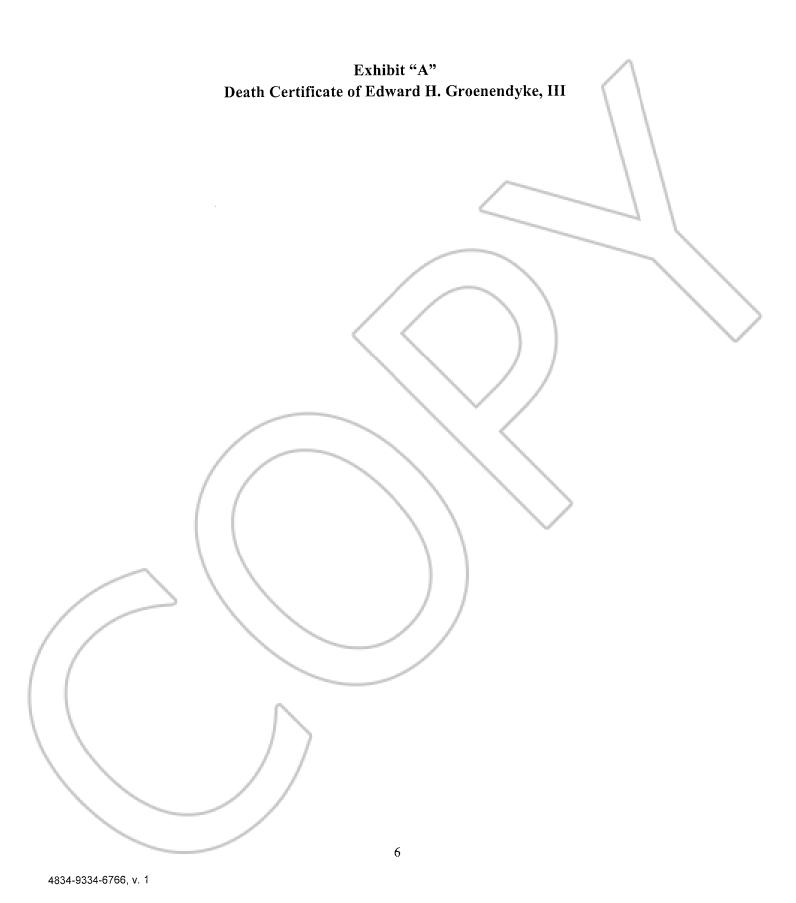
This Affidavit of Change of Trustee is being signed below by the currently acting Trustee of the Trust.

GROENENDYKE FAMILY TRUST, dated March 2, 1978, as amended

ndike Srustee

SARA H. GROENENDYKE, Trustee

| State of Nevada  | )                         | ss:  |               | \ \    |
|--|---------------------------|--|---------------|--------|
| County of Washoe   | )                         | 33.  |               | \ \    |
|  |                           |  |               | int \  |
| Subscribed and sworn to  |                           |  |               | day of |
| GROENENDYKE FAMILY TRU   |                           |  | OENENDYKE,    |        |
| me on the basis of satisfactory evi  |                           | 100  | 75.           | 76.    |
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| MARY ANTONETTE HEF Notary Public - State of  | Nevada                    |  | $\vee$        |        |
| Appointment Recorded in Wast<br>No: 14-14271-2 - Expires July  |                           |  |               |        |
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

| CASE FI  | CASE FILE NO. 4166348  |  |  | CERTIFICATE OF DEATH   |  |                                  |   | 2020020246<br>STATE FILE NUMBER                       |  |  |
|--|--|--|--|--|--|----------------------------------|---|---|--|--|
| PRINTIN  | PRINT IN PERMANENT EGWARD H  |  |  | COCNENDARE   |  |                                  | ATH (MolDay/Year)   Isa COUNTY OF DEATH |   |  |  |
|  |  |  |  |  |  |                                  | r 07, 2020                              | Douglas   |  |  |
| BLACK INK  | 35 CITY TOWN, OR LOCATIO   | ON OF DEATH 30 HO  | SPITAL OR OTHER  | INSTITUTION NO   | no(If not other, give  | e street at lac if Hos           | p or Inst Indicate CO                   | A.OP/Emer. Rm.   4. SEX                               |  |  |
| DECEDENT   | Gardnerville   | numbe  | 485  | Green Acres  | Drive  | Inpatient                        | (Specify) Home                          | Male  |  |  |
|  | 5 RACE (Specify)   | M.11.  | 8. Hispanic Origin? Specify 7a. AGE-Last britings 7b. Ut<br>No Non-Hispanic (Years) 70   |  |  | MCS   CAYS                       | HOURS I MINS                            | E DATE OF BIRTH (Mo/Day/Yr)                           |  |  |
|  |  | /hite  | 78 !   |  |  | 3.77.3                           | August 23, 1942                         |   |  |  |
| IF DEATH<br>OCCURRED IN<br>INSTITUTION SEE       | 9a. STATE OF BIRTH (II not US<br>Iname country) Californ   | 1.5  | OF WHAT COUNTR   | The second second  | 11 MARITAL STATU<br>Marrie   | ।\$ (डेक्स्टर्स्स) । १८ जा<br>१८ | JRVIVING SPOUSE'S NA                    | ME (Laut name progrip first mamage)                   |  |  |
| HANDBOOK   | 13 SOCIAL SECURITY NUMBER 13 SOCIAL SECURITY NUMBER 13 SOCIAL SECURITY NUMBER 13 SOCIAL SECURITY NUMBER 15 SOCIAL SECURITY NUMBER 15 SOCIAL SECURITY NUMBER 16 SOCIAL SECURITY NUMBER 16 SOCIAL SECURITY NUMBER 17 SOCIAL SECURITY NUMBER 17 SOCIAL SECURITY NUMBER 18 SOCIAL SECURITY | nited States 16  |  |  | Sala HARRISUN  |                                  |   |   |  |  |
| REGARDING<br>COMPLETION OF<br>RESIDENCE<br>ITEMS | - <del>6</del> 205   | DCCUPATION (Give Kind of Work Done Curry Must of RANCHER |  |  | 145 KIND OF BUSINESS OR INDUSTRY Ever In US Armed FARMING Forces? No |                                  |   |   |  |  |
| ITEMS  | 15a RESIDENCE STATE  | 15h COUNTY   | 15¢ CFTY   | TOWN OR LOCA   | TION 150 STE   | REET AND NUMBE                   | R                                       | ISO INSIDE CITY<br>LIGHT'S (Species Yes               |  |  |
| L  | Nevada   | Douglas  |  | Gardnerville   | 485 G  | reen Acres D                     | )rive                                   | of No. No.  |  |  |
| PARENTS  | 16 FATHER/PARENT - NAME  |  |  |  | 17 MOTHER/P  | ARENT NAME (I                    | First Middle Last St                    | lų(r)   |  |  |
| FANER  |  | d Henry GROE   | NENDYKE JR   |  | 4  | Jar                              | e Elizabeth PC                          | DND   |  |  |
|  | 18a INFORMANT- NAME (Type  |  | 180  | MAIUNG ADDRE   | SS (Straet or A.)  | F.D. No. City or Tov             | vn, Stale, Zip)                         |   |  |  |
|  |  | RONENDYKE  |  | V : : : /  |  | ill Road Gardn                   | erville, Nevada 8                       | 9460  |  |  |
| DICEOCITION                                      | 1993 BURIAL CREMATION, RE  |  | кіў) 136. СЕМЕТЕЯ  |  |  |                                  | 15¢ LOCATION                            |   |  |  |
| DISPOSITION                                      | Crema  |  |  | 7  | emation Servic   |                                  |   | n City Nevada 89701                                   |  |  |
|  | 206 FUNERAL DIRECTOR - SI  | GNATURE (Or Porson<br>LAWRENCE                           |  | 205 FUNERAL DII<br>LICENSE NUMBEI  | RECTOF 200 NAM   |                                  |   |   |  |  |
|  | -,   |  |  | FD304  |  |                                  | mn Funerals & C                         |   |  |  |
| TRADE CALL                                       | TRADE CALL - NAME AND AD   | TURE AUTHENTIC   | ATED   |  |  | 131314.                          | ompa Ln Carson                          | Cay NV 89701  |  |  |
| TRADE CALL                                       | - 04 F W L 1 F X   |  | se u the liese date s  | and minutes and disa   | 75n Oo Ibo I   | Karana and an anal anal and      |   | Tychinion death occurred                              |  |  |
|  | to the cause(s) stated.(S  | ignature & Teta)   | SIGNATURE AU   |  | at the time of   | late and place and ou            | e to the cause(s) stated                | ಗಳಲ್ಲಿ ಭಾಗತರಾ Death Documed<br>  (Skorentare & Title) |  |  |
|  |  | JEFFREY BA   |  | <u> </u>   | 3  |                                  |   |   |  |  |
| CERTIFIER  | September 15, 2  |  | to HOUR OF DEATH<br>14:45  | 27 27%   | atherme of 22b DATE  | SIGNED (Mo/Day)                  | Yr) 22c                                 | HOUR OF DEATH   |  |  |
|  | September 15, 2<br>불률 21g NAME OF ATTEND   |  |  |  | 8 3 224 PAO  | NOUNCED DEAD (                   | 11 72 - 00 22                           | COOLGINGER DELD . T.                                  |  |  |
|  | 은통 (Type or Print)   | and rindiarent rig                                       | Livery servine CERTING   | , EA   | B 3 249 P (NO)   | MODWIED DEAD (                   | MOIDBYITTI 226                          | PRONOUNCED DEAD AT (Hour)                             |  |  |
|  | 23a. NAME AND ADDRESS OF   | CERTIFIER (PHYSIC)                                       | IAN, ATTENDING PH  | YSICIAN MEDICA   | L EXAMINER, OR   | CORONER) Type                    | or Pinnt)   2                           | 30 LICENSE HUMBER                                     |  |  |
|  | Dr. Je   | ffrey Basa MO 2  | 874 N. Carson  | Street, Ste 200  | Carson City, i   | NV 89706 🔪                       |   | 8079  |  |  |
| REGISTRAR  | 24a REGISTRAR (Signature)  | WESLE  | Y T STOREY   |  | St. 17 St.   | D BY REGISTRAR                   |   | JE TO COMMUNICABLE DISEASE                            |  |  |
|  |  |  | AUTHENTICATED  |  |  | ember 16, 2020                   | ) YES                                   | NO X  |  |  |
| CAUSE OF   | 25 IMMEDIATE CAUSE   |  | E CAUSE PER LINE!  | EOR (a), (b), AND (  | (c) )  |                                  | \$<br>•                                 | Interval between onset and death                      |  |  |
| DEATH  | 101  | ilmonary Emb   |  |  |  |                                  | :                                       | ·   |  |  |
|  |  | S A CONSEQUENCE  | OF   |  |  |                                  |   | Interval between onset and death                      |  |  |
| CONDITIONS IF<br>ANY WHICH                       | <b>2</b> 3,000 ™.  | n Etiology   | ,****.   |  |  |                                  |   |   |  |  |
| GAVE RISE TO<br>IMMEDIATE<br>CAUSE               | S DUE TO GRA   | AS A CONSEQUENCE   | OF   |  | 7 7  |                                  |   | Interval between onset and death                      |  |  |
| CAUSE >  | (c)  | - N  | <b>N</b>   |  |  |                                  |   |   |  |  |
| STATING THE UNDERLYING CAUSE LAST                | DUE TO, OR A   | S A CONSEQUENCE  | OF.  | and the same of th | /  | ~                                | 1                                       | interval between caset and death                      |  |  |
| / /  | ( <b>d</b> )   |  |  |  |  |                                  | 1                                       |   |  |  |
| / /  | PART II OTHER SIGNIFICANT  | CONDITIONS-Conditi                                       | ions contributing to de  | ealh but not resultin  | g in the underlying  | cause given in Part              | 10.0.0                                  | PSY (Specif 27, WAS CASE<br>REFERRED TO CORONER       |  |  |
| / /  |  |  | The state of the s | -  |  |                                  | res or No)                              | No (Specify Yes a No) No                              |  |  |
|  | SHALACC , SUICIDE, HOM , UNDET<br>OR PERCANC DIMEST (SOCON)  | 285 CATE OF ULICAY                                       | (Matteyrn) 28  | E HOUR OF INJURY   | 788 DESCRIBE M   | OW INJURY OCCURR                 | FD                                      | 1 140   |  |  |
|  | 1-2 Holy State State and Edition   |  |  |  |  |                                  |   |   |  |  |
| \  | 28e INJURY AT WORK (Specify  | DEL BLACE DE LE  | IBV ALDON CO   | eleant for   |  | .,                               |   |   |  |  |
| \ \  | Yes or No.)  | cuiting, etc. (Specif                                    | JRY-Alhome, fami, (<br>1)  | suem, ractory, offici  | 28g LOCATION   | N STREET O                       | RRF.D No CIT                            | OR TOWN STATE   |  |  |
| 76   |  |  |  |  | - 1 A 1 W 1 Y 7  | the second second                |   |   |  |  |





## 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 Register and Vital Records.

DATE ISSUED:

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



## EXHIBIT "B" APN: 1219-26-001-055 Legal Description

That property situated in the County of Douglas State of Nevada, and legally described as follows:

Parcel 2A further shown on division of land into large parcels for DON and TONI ROOKER, recorded in the Office of the Douglas County Recorder on January 10, 1992, in Book 192, Page 1050, as Document No. 268706 of Official Records.

This legal description is taken from Document No: 389062 recorded on recorded on May 31, 1996, in the official records of the Douglas County Recorder's Office, State of Nevada.

