APN# 1319-33-002-025 Recording Requested by/Mail to:	DOUGLAS COUNTY, NV Rec:\$40.00 \$40.00 Pgs=7 TOIYABE TITLE KAREN ELLISON, RECORD	2021-968419 06/02/2021 08:53 AM
Name: Toiyabe Title	(
Address: 6774 S. McCarran Blvd.	,	\ \
City/State/Zip: Reno, NV 89509		\ \
		\ \
Mail Tax Statements to: Name: Maverick Springs		7 /
Address: 6770 S. McCarran Blvd.		
City/State/Zip: Reno, NV 89509		
		
Affidavit of Successo	r Trustee	
Title of Document (red	quired)	
(Only use if applicable		
The undersigned hereby affirms that the docum DOES contain personal information as required	N N	•
XAffidavit of Death - NRS 440.380(1	L)(A) & NRS 40.525(5)	
Judgment – NRS 17.150(4)		
Signature	-1	
Otto Aguirre		
Printed Name		
This document is being (re-)recorded to correct document #		, and is correcting

APN: 1319-33-002-025

ESCROW NO.: 2112756

RECORDING REQUESTED BY:

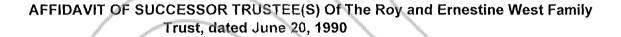
Toiyabe Title 6774 S McCarran Blvd Ste 102A Reno, Nevada 89509-6131

WHEN RECORDED MAIL TO

Toiyabe Title

6774 S McCarran Blvd Ste 102A

Reno, Nevada 89509-6131



I/We, Robert D. Cassese, am/are of legal age, being first duly sworn, deposes and says:

- Roy West and Ernestine West, the decedents named in the attached certified copy of the Certificate of Death, are the same persons named in that Trustees Deed dated September 5, 2008, and recorded October 17, 2008 as Document No. 0731585, in the County of Douglas, State of Nevada;
- 2) This Affidavit of Successor Trustee(s) is in connection with that real property described in a legal description attached hereto and made a part hereof as Exhibit "A".
- 3) That I/We, Robert D. Cassese, am/are the named Successor Trustee(s) under the above referenced Trust, which was in effect at the time of the death of the decedent named in Paragraph 1 above, and which has not been revoked and I/We hereby consent to act as such.
- 4) There are no federal estate taxes as a result of the decedent's death mentioned in Paragraph 1 above.

I/We, Robert D. Cassese, declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated: April 21, 2021

Revasser TTE Robert D. Cassese-Co-Successor Trustee

State of CACCOUNTY of County of CACCOUNTY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Signed and sworn to (or affirmed) before me on this 4-22 by Cassele , 2021 -who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public

CHERYL LEDERLE COMM. # 2280736 WOTARY PUBLIC CALIFORNIA W STANISLAUS COUNTY MY COMM. EXP. MAR. 28, 2023

AMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

Section 1	STATE FILE NUMBER: LOS BLACK AND ON THE PROPERTY SALVON NUMBER: STATE FILE NUMBER: LOS BLACK AND ON THE PROPERTY OF A STRUCTURE AND ADDRESS OF A STRUCTURE
	ROY LEE LANGUE LEE
OHAL DA	ROY LEE WEST SR 12/15/1918 91 FORE OF SERVICE STREET SPECIAL STREET SPECIAL STREET SPECIAL SPE
rs pens	R. SHITH STATE FOR COLUMN TO SOCIAL RECUPETY MUMBER 1.5. EVER IN U.S. ADMED ROCCEST 1.2.
ECEDEN	18. DOCUMENT HOW IN LINE WAS DECEDENT MONINCLUTHOUND HARSON OF MAN IN SECURE AND A STATE WAS DECEDENT MONINCLUTHOUND HARSON OF MAN IN SECURE AND A STATE WAS DECEDENT MONINCLUTHOUND HARSON OF MAN IN SECURITIES AND A STATE WAS DECEDENT MAN IN
	17. USAN DECEMBER 1 SUPERVISOR OF PARKS 18. VANS AND RECREATION 19. VANS WE COULD AND THE CONTROL OF PARKS 10. VANS AND RECREATION 20. DECEMBER 1 SUPERVISOR OF PARKS 20. DECEMBER 1 SUPERVISOR OF STREET OF SUPERVISOR OF SU
SUAL DENCE	900 EAST STANLEY BLVD #266 21.007 72.004F1/4F004N065 73.20-0095 \$4.75AM3 IN COUNTY 75. \$101LF004E0N COUNTY
# 15 E	LIVERMORE ALAMEDA 94550 5 CA
1 A	TO PRODUCTS MAKE RELITIONSHIP ROY WEST JR, SON 13. MODILE 14. MODILE 15. M
ВБР АМО ОРБСАТО	ERNESTINE MEDLIN 31. NAME OF TATHERPARKET FROT SALERITH STATE 32. MICROLE SALERITH STATE 34. MICROLE SALERITH STATE 34. MICROLE SALERITH STATE 34. MICROLE SALERITH STATE 34. MICROLE SALERITH STATE 35. MICROLE SALERITH STATE 36. MICROLE SALERITH STATE 36. MICROLE SALERITH STATE 36. MICROLE SALERITH STATE 37. MICROLE SALERITH STATE 36. MICROLE SALERITH STATE 37. MICROLE SALERITH STATE 36. MICROLE SALERITH STATE 37. MICROLE SALERITH S
CUSES	ANDREW LEE WEST TX 33. MINIOLE 37. CAST BIRTH VALUE 32. DESTRICT 34. MINIOLE 32. DESTRICTIONS
3.5	PEARLIE ALABAMA NOLLEY AR JE DEPOSITION DATE MANAGEORY 19, PLACE OF FAUL DISPOSITION OAKHILL MEMORIAL PARK
OREGTO	10/12/2010 300 CURTNER AVENUE, SAN JOSE, CA 95125 44. TYPE OF DISTRIBUTION ALL DISTRIBUTION
DEAL P	CR/BU. INOT EMBALMED AL NAME OF FUNDALIZABILAHUENT AS INCREMENTED AS SIDMANUE OF LOCAL REGISTRAT. AT ANY OF THE MANUSCRIPT AS SIDMANUE OF LOCAL REGISTRAT. AT ANY OF THE MANUSCRIPT AS SIDMANUE OF LOCAL REGISTRAT.
E	CALLAGHAN MORTUARY FD416 MUNTU DAVIS, M.D. 10/12/2010 10: FD416 MUNTU DAVIS, M.D. 10/12/2010
PLACE DI DEATH	HACIENDA CARE CENTER P Grace DOA Residence Construction Construction
Ell-Wi.	107. CAUSE OF GEATH Control of c
	TABLEDIATE CAUSE IN CONGESTIVE HEART FAILURE OF THE SECOND SECON
Ę	Sectionistis, Stat Convention, State Convention (State Convention) (Sectionistis)
SE OF DE	UNDERLYNDE CALET [Glosses of Calette of Cale
on i	IN COMPRESSION CONTRIBUTION TO DEATH BUT NOT RESIDENCE ON THE UNIQUE ON THE UNIQUE OF THE CONTRIBUTION TO DEATH BUT NOT RESIDENCE ON THE UNIQUE ON THE UNIQUE OF THE UNIQU
	TO ALCO MAN DESCRIPTION AND AND THE RESIDENCE OF THE PROPERTY
2 d	14. COSTAT THAT TO PLEET OF MINORAL DIFFERSH MODILIPED 118. SCHOOLING AND TOTE OF SENTINGER. 110. LICENSE MANGER 117. DATE INCOMPANY 110. LICENSE MANGER 117.
HYSIDA	Designed Services Decoding Cast Complete PETER PAUL WONG M.D. G17444 10/11/2010 18 TYPE ATTENDED OF PETER PAUL WONG M.D. SETTER PAUL WONG M.D.
* 5	10/08/2010 5725 W LAS POSITAS BLVD # 100, PLEASANTON, CA 94588
7360	TOTS PEACE OF INLAMY (e.g., horne, construction size, viocacid sizes, idea)
CORONER'S USE ON	124, DESCRIBE HOW HARP DECLARAGE (CAM) WHEN MUSICAL RELY)
CORONE	125. LOCATEM DE BUILDIN Storm and explose, or faculties, and eith, ever big.
	125, SCHARLINE OF CONOMER / DEPUTY BOROMER 127, DATE INVAMESTY. 128 TYPE MAJES, TITLE OF COPCINER / DEPUTY BOROMER
STA REGIS	TE A B C C C E INTERNATION INTO THE THAT IN THE THE THAT IN THE THE THE THAT IN THE THE THAT IN THE
11-2-014 12-12-13 12-14-13 12-14-13 13-14-13	STATE OF CALIFORNIA

COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 0.2/1.5 / 2.01.1





COUNTY OF SANTA CRUZ

SANTA CRUZ, CALIFORNIA

	STATE FILE	98770 MIMBER		((SSE BLJ	CERTIFICA CKOKONY/MEAN	TE OF DI	EATH CORALTERATIONS	Aumania 2 * * * * * * * * * * * * * * * * * *	320134400	
	T, HAME OF DECEDENT-FIRS			2 MIDDLE	64.13	BOOK SANS		r (Family) SST		
AL DATA	AVA. ALSO KNOWN AS - INCLU	de his and piret and	XOLE, LAST)	1		09/10	0F 9€77H mm/ds/ci 0/1923		IF UNDER CHE YEAR Months Days	round minutes F
F05535	9. BIRTH STATE TORIERS COU	10, 50C	AL SECURITY N -9828	VMBER 11	YES X	ED FORCES?	WIDOWEI	o ` .	05/19/2013	0315
DECEDENT'S PERSONAL	HS GRADUATE	WEE			IH? (II yes, soo wataab	_ X NO	CAUCASIA	'N	may be limed (see workshee otion, employment agency, e	\ \
ž	17 USUM OCCUPATION - TYPE SALES MANAGE 20 DECEDENTS RESIDENCE O	≣R ``		HEIMED	RETAIL	DEPAR	TMENT ST	ORE	Cross Emportment Egency, 4	20
RESIDENCE	80 FRONT STRE	EET		UNTY/PROVINCE		23. 20P 9500		Z4 YEARS IN COU	20. STATE/FOREIGN	COUNTRY
ENT RE	SANTA CRUZ 26 INFORMANT'S NAME, RELL ROBERT CASSE		JSAF	NTA CRU		The second second		7	10RE, CA 945	50 and zlp)
TOPPLATION	28, NAME OF SURVIVING SPO			29. MIDDLE			90, LAST (BIRTI	(NAME)		***
PARENT BITORIL	31, NAME OF FATHER/PARENT EUGENE			SE MIDDLE WENDE	LL	1	MEDLIN			TN DA BIRTH STATE
PARTH	33 HAME OF MOTHERPAREN		C ENGLE PROPERTY	MAE		Magian	ILEY	(NAME)		OK OK
EGSTRAA	38 ORPOSITION OATE min/sid 05/22/2013 41. TYPE OF DISPOSITION (S)	695 AF	RASTRAL	DERO RO	MESA ME DAD, PALO S. SIGNATURE OF E	ALTO, C	CA 94306	-/		43. LICENSE NUMBER
LOCAL RE	CR/BU	DRTUARY		- 4	NOT EME	P. LE SICHAS	UNE OF LOCAL REC		мен 5	47 DATE remissioning
	TOI. PLACE OF DEATH SUNSHINE VILLA TOI. COUNTY 100. FACILITY ADDRESS OF LOCATION WHERE FOUND (Bless are number of location) 100. COUNTY								SPECHY ONE	
DEATH	104, COUNTY	105 FACI			HERE FOUND (Blow	The second	and the second			
DEATH	SANTA CRUZ	80 FR	ONT STI	REET	complemiens — Insti-	of and number, o	and the second	TO C SYSTES SANT	108 CITY	CRUZ
DEAT	SANTA CRUZ 107. GAUSE OF ORATH IMMEDIATE CAUSE: (A) CE (Iffinal disease or condition in subtying in death)	80 FR	ONT STI	REET	complemiens — Insti-	of and number, o	location)	TOTAL STREET, STATE	TOS CITY SANTA (Terris interval Satywer Gram and Gearn AN) DYS (BT)	CRUZ 108. DEATH REPORTED TO CO. 109. DISPISSY PERFORMANCE 109. DISPISSY PERFORMANCE YES X
DEAT	SANTA CRUZ 107. GAUSE OF ORATH IMMEDIATE CAUSE: (A) CE (Iffinal disease or condition in subtying in death)	80 FR	ONT STI	REET	complemiens — Insti-	of and number of dready caused or mag the electric	location)	instruction south	Toe City SANTA (The interval became on an angle centre) On an angle centre ODYS (87)	CRUZ NOB. DEJOH REPORTED TO CO. VES. NETTONAL MARKET 103. BACHESY PERFORMAN 110. ANTOPSY PERFORM VES. X
CAUSE OF DEATH DEATH	SANTA CRUZ SANTA CRUZ IBY. CAUSE OF DEATH MANAGOURTE CAUSE (IF) And disease or condition resulting in death) Sequentially, flat congritions, (flam), leading to cause on control of the control of th	80 FR BO FR Enter the dra- th condision of the Condision of the	CONT STI	REET	complement without when	of and number, of	E TOCKNOWY DOS NOT KNOW INDICATE DO NOT ADDRESVATE	my'nd granity such	TOS CITY SANTA (Terris interval Satywer Gram and Gearn AN) DYS (BT)	CRUZ 108. DEJOH REPORTED TO CO VES 109. BNOPSY PERFORMAT YES 110. ANTOPSY PERFORM
DEAT	SANTA CRUZ TOP CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition washing or condition o	BO FRE ENERGY OF THE CONTRIBUTIONS CONTRIBUTIONS	RONT STI	REET OCUPY, PRUPER, OF THE PRUPER ACCIDE OT NOT RESULT	COMPLETE WITH A PARTY OF THE AND A PARTY OF THE UNDER A PARTY OF THE PARTY	M good number, c descript consend or who good evolution	E TOCKNOWY DOS NOT KNOW INDICATE DO NOT ADDRESVATE	my'nd overlag south	Tole City SANTA (The interval became from any disprise on the control of the con	CRUZ VES X NOLDEGH REPORTED TO CO VES X NETHERAL VES X TIOL BLOPESY PEUP CANES TIOL STOPESY PEUP CANES TIOL STOPESY PEUP CANES TYES X TIOL STOPESY PEUP CANES TYES X TYES
CAUSE OF DEATH DEATH	SANTA CRUZ TOP CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting) In death) (B) Sequentially, flat Condition resulting In death) On Life a Finer Uncertainty of Condition resulting Included the events Included the events Included the overts In	BO FRE ENERT IN OFFICE	RONT STI	REET OSSER, INJUSTOS, OF THE OSSER ACCIDEI OT NOT RESULTI OT OR 1127 (Fyee 13. SKANATURE /	COMPLETE WITHOUT WAY OF THE UNICEPO.	of and number of the state of t	PROPERTY OF THE PROPERTY OF T		Toe City SANTA (The interval busper Graam and Death) (A) (A) (BT) (BT) (CT) (CT) (CT) (CT) (CT) (CT)	CRUZ 104. DEATH REPORTED TO CO. 105. DEATH REPORTED TO C
CAUSE OF DEATH DEATH	SOLICIONITY SANTA CRUZ IDF. CAUSE OF DEATH IMMEDIATE CAUSE (IA) CE filma (disease or condition resultance in death) (S) Sequentially, flat congritions, (I arry) (S) Sequentially, flat Se	EREBROVAS SOFTHER TO STAND TO STAND THE STAND TO STAND TO STAND TO STAND TO STAND TO STAND THE	RONT STI	REET OSSER, INJURIES OSSER, INJURIES OT NOT RESULT OT OR 1127 (Fysser) T. SKONATURE / ROSERT TO THE ATTEMENT TO THE A	COMPRESSION OF THE UNDERS. IN THE UNDERS. IN THE UNDERS. IN THE OF CENT. I BERADLE ON THE ON THE CENT.	M and number of developing the electricity of the e	VEN BY 107	FROBERT	Total City SANTA (The interval balance Count and Count DYS (BT) (CT)	CRUZ VES X NOL DEGIN REPORTED TO DO DO VES X NOL DEGIN REPORTED TO DO VES X 100, BICH'ST PEUL CANES VES X 110, ANTONEYS PEUL CANES 110, ANTONEYS PEUL CANES VES X 111, USSO PI OCTERMUNIOS C VES X IND VES X IN
CERTIFICATION CAUSE OF DEATH DEAT	TO. COUNTY SANTA CRUZ TO. CAUSE OF DEATH IMMEDIATE CAUSE (A) CE Till and tilesease or condition and unity (B) Sequentially, flat congritions, if any (B) CALISE (Standard or REFERENCE CONSERVING ONDERLYING TO THERE SECURICANT CON NONE 112 OTHER SECURICANT CON NONE 113 WAS OPERATION PERSON AT THE FOUR, DATE, MOPPACE OF SENECORIA Alterided Black AT THE FOUR ALTERIA TO THE BEST OF AT THE FOUR DATE, AND PLACE OF SENECORIA Alterided Black (A) TRIVIDATE THAT TO THE BEST OF AT THE FOUR DATE OF THE PERSON 114 (CERTIFY THAT IN MY OPPROXIMATION DESIRED MANNER OF DEATH NOT DESIRED MANNER OF DEATH NOT	BO FRE ENER ID OTHER IN THE PROPERTY CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS OF MY MHOWILEDGE DEAT TAKES IT THE PROPERTY CONTRIBUTIONS OF MY MHOWILEDGE DEAT TAKES IT THE PROPERTY CONTRIBUTIONS OF MY MHOWILEDGE DEAT THE PROPERTY OF MY MY M	RONT STI	REET OSSERI, INJUSTICO ACCIDEI UT NOT RESULTI OF OR 1127 (F yes ROBER) IS 1172 ATEN SOUNDS JANES SUBJECT STATES SUBJECT STATES SUBJECT STATES	COMPRESSION STATE UNDERLESS OF CENTY TO BE TO SECURITY OF CENTY TO SE	M and number of disease of the country of the evidency of the	WEN BY 107 WAND. ACCOMUSE, ZIF COLO SANTA CR	*ROBERT UZ. CA 95	I TOR ETTY SANTA (The interval bacyare Gosan and Death (A) (A) (B) (BT) (CT) (CT) (CT) (CT) (CT) (CT) (CT) (C	CRUZ VES X NOL DEGIN REPORTED TO DO DO VES X NOL DEGIN REPORTED TO DO VES X 100, BICH'ST PEUL CANES VES X 110, ANTONEYS PEUL CANES 110, ANTONEYS PEUL CANES VES X 111, USSO PI OCTERMUNIOS C VES X IND VES X IN
CERTIFICATION CAUSE OF DEATH DEATH	SANTA CRUZ 167. CAUSE OF DEATH IMMEDIATE CAUSE (B) CAUSE OF DEATH IMMEDIATE CAUSE (B) CAUSE (III) (B) CAUSE (III) (B) CAUSE (III) (B) CAUSE (IIII) (B) CAUSE (IIIII) (B) CAUSE (IIIIIIIII) (CAUSE (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	BOS PACE BO FR ENTER THE CHEST OF CHESTS OF	RONT STI	OSSER, INJURIES. OSSER, INJURIES. ACCIDEI OT NOT RESULT. OT OR 1127 (Press TOR 1127 (P	CONTRIBUTION OF CHANGE PRODUCTION OF CHANGE PRODUCT	Wand course of a sed date) IFEN Y KEET I WALLE MAILURE TE 400. WITC Could to I	WEN BY 107 WAND. ACCOMUSE, ZIF COLO SANTA CR	*ROBERT UZ. CA 95	TOR ETTY SANTA (The interval become former and Depart on the second and Depart on the second and the second a	CRUZ 108. DEUTH REPORTED TO CO. YES X. X. X. X. X. X. X. X
CERTIFICATION CAUSE OF DEATH DEATH	SOL COUNTY SANTA CRUZ 167. CAUSE OF DEATH IMMEDIATE CAUSE (# CE tifinal disease or condition resulting in death) (8) Sequentially, fist coorditions, it arm (8) Sequentially, fist coorditions, it arm (9) The sequentially, fist coorditions, it arm (10) The sequentially, fist coorditions, it arm (10) The sequential of coorditions The sequential of coorditions	EREBROVAS ENERT IDO CHANGE CONTRIBUTION CONTRIBUTIONS CONTRIBUTION CO	RONT STI	REET OSSER, INJUSTIC ACCIDEI OT NOT RESULT OF ORI 1127 (Press 13. SIGNATURE A ROSERT III. 1172 ATTENE SOME STATEM	CONTRIBUTION OF CHANGE PRODUCTION OF CHANGE PRODUCT	M and number of developing the evidency of the	WEN BY 107 WAND. ACCOMUSE, ZIF COLO SANTA CR	*ROBERT UZ. CA 95	TOR ETTY SANTA (The interval become former and Depart on the second and Depart on the second and the second a	CRUZ 108. DEUTH REPORTED TO CO. YES X. X. X. X. X. X. X. X
DEAT	TOL COUNTY SANTA CRUZ TO. CAUSE OF DEATH IMMEDIATE CAUSE IPP. CAUSE OF DEATH IMMEDIATE CAUSE IPP. CAUSE OF DEATH IMMEDIATE CAUSE IPP. CAUSE OF DEATH (B) SEQUENTIALLY, That CONGRITHMENT (IN) CONGRITHMENT (IN) TO THEME SECRETION PERFORM TO THE SECRETION PERFORM TO THEME SECRETION PERFORM TO THE SECRETION PERFORM TO THEME SECRETION PERFORM TO THE SECR	BOS PACE BO FR ENER THO OTHER CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS POR MY PROPERTY CAMES DECEMBED AT THE CONTRIBUTION CONTRIBUTIONS OF CONTRIBU	RONT ST	REET OSSER, INJUSTIC ACCIDEI OT NOT RESULT OF ORI 1127 (Press 13. SIGNATURE A ROSERT III. 1172 ATTENE SOME STATEM	CONTRIBUTION OF THE UNICERS. TO BEILTY SO OF CREATE OF	M and number of developing the evidency of the	W.D. AGONISS, EIF COL SANTA CR SANTA CR 120 INJURE 120 INJURE VES	ROBERT UZ, CA 95 DAT WORK?	TOR ETTY SANTA (The interval become former and Depart on the second and Depart on the second and the second a	CRUZ 108. DEUTH REPORTED TO CO. YES X. X. X. X. X. X. X. X

STATE OF CALIFORNIA COUNTY OF SANTA CRUZ

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED

DATE ISSUED MAY 2 8 2013
This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Santa Cruz County Public Health Department.

CHIEF PUBLIC HEALTH OFFICER



Exhibit "A"

All that real property situated in Township 13 North, Range 19 East, Section 33, County of Douglas, State of Nevada, more specifically described as follows:

Parcel 2-A, as set forth on Amended Final Parcel Map for D.J Wright & Associates, filed for record on the office of the Douglas County Recorder on June 6, 2005, as Document No. 646055, in Book 0605, at Page 1633, Official Records of Douglas County, Nevada.





Douglas County Recorder's Office Karen Ellison, Recorder

06/61/2021

http://recorder.co.douglas.nv.us kellison@co.douglas.nv.us (775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.

Signature"

Printed Name

MAILING ADDRESS: P.O. Box 218, Minden, Nevada 89423
Main phone (775) 782-9025 - FAX (775) 783-6413