

Recording Requested By

National Closing Solutions
And when recorded mail to
Joel S. Brodkey, Trustees of the JM
Brodkey Revocable Trust
2181 Mel Drive
Gardnerville, NV 89410

Escrow no. 17-770225
APN: 1221-06-001-031

(Space above this line for Recorder's use)

AFFIDAVIT CHANGE OF TRUSTEE

STATE OF Nevada

COUNTY OF Douglas

)
) ss.
)

*Joel S. Brodkey
("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

*Martha Nell Brodkey
1. ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 2/5/2021, at Gardnerville, NV).

2. Decedent is the same person named as the Trustee named in that certain Declaration of Trust dated 5/2/2006, as Amended and restated February 22, 2019 executed by Joel S. Brodkey and Martha N. Brodkey astrustor(s) (the "Trust").

3. Decedent as a trustee is the same person who was named as a grantee in that certain Deed, dated 5/2/2006, which was recorded as DOC# 0674057, of Official Records of Douglas, Nevada, as legally described as follows:

SEE EXHIBIT "A" ATTACHED HERETO FOR FULL DESCRIPTION

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 8-26-21

Declarant:

Joel S. Brodkey
Joel S. Brodkey

STATE OF Nevada

COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 26th day of August,
2021,

by Joel S. Brockey
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]

NOTARY PUBLIC



EXHIBIT "A"

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

Lot 86 of Fish Spring Estates, according to the map thereof, filed for record in the office
of the County Recorder of Douglas County, Nevada, on August 30, 1973, as Document
No. 68451.

APN: 1221-06-001-031

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4195872

CERTIFICATE OF DEATH

2021003542
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) Martha Nell BRODKEY		2. DATE OF DEATH (Mo/Day/Year) February 05, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) The Chateau At Gardnerville		3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Assisted Living Facility	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 83	
9a. STATE OF BIRTH (If not US/CA. name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER [REDACTED]-6494		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 2181 Mel Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Joel S BRODKEY	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas Wesley LANDINGHAM			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth Naomie STEWART		
18a. INFORMANT- NAME (Type or Print) Joel S BRODKEY		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2181 Mel Drive Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) February 10, 2021		21c. HOUR OF DEATH 09:13			
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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 10, 2021		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) Breast Cancer With Metastasis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Parkinsons 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: 2/18/2021

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

Blaise Satariano
STATE REGISTRAR

