

APN# 1420-18-710-021

Recording Requested by:

Name: LIFELINE ESTATE SERVICES, INC.

Address: 3708 LAKESIDE DR. STE. 202

City/State/Zip: RENO/NEVADA/89509

When Recorded Mail to:

Name: Lorraine Ann Tooker, Hee

Address: 3323 Colma Drive

City/State/Zip: Carson City, NV 89705

Mail Tax Statement to:

Name: Lorraine Ann Tooker

Address: 3323 Colma Dr.

City/State/Zip: Carson City, NV 89705

(for Recorder's use only)

Affidavit Re: death of initial trustee & assumption
of trusteeship by successor trustee
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380
(State specific law)

Stefanie Hughes

OFFICE MANAGER

Title

Signature

Stefanie Hughes

Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

APN # : 1420-18-710-021
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services, Inc.
3708 Lakeside Dr. STE 202
Reno, NV 89509

MAILTAX STATEMENTS TO:
Lorraine Ann Tooker, Successor Trustee
3323 Coloma Drive
Carson City, NV 89705

**AFFIDAVIT REGARDING DEATH OF INITIAL TRUSTEE(S)
AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE**

The following described real estate in Douglas County, State of Nevada:

Lot 21 in Block A, as set forth on that certain Amended Final Map LDA#99-54-1A for SUNDRIDGE HEIGHTS III, Phase 1A, a Planned Unite Development, recorded in the office of the Douglas County Recorder on December 29, 2003, in Book 1203, Page 12019, as Document No. 600647.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and profits thereof.

The undersigned, LARRAINE ANN TOOKER, hereby declares that, COLLEEN STRIEGEL, died on FEBRUARY 3, 2023, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as COLLEEN STRIEGEL, named as one of the initial Trustee in that certain Declaration of Trust titled the 2004 COLLEEN STRIEGEL REVOCABLE TRUST DATED NOVEMBER 11, 2004, AS RESTATED.


Declarants further declare she is the Successor Trustee named in the Declaration of trust and that she hereby assumes the position of Sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 2 nd day of March, 20 23, in the City of Reno,
County of Washoe, State of Nevada.

VERIFICATION

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


LARRAINE ANN TOOKER, Successor Trustee of
the 2004 COLLEEN STRIEGEL REVOCABLE
TRUST DATED NOVEMBER 11, 2004, AS
RESTATED

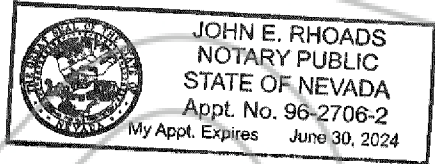
STATE OF NEVADA
COUNTY OF WASHOE

)
) SS:
)

Personally came before me this 2nd day of March, 2023, the above named LARRAINE ANN TOOKER, to me known to be the people who executed the foregoing instrument and acknowledged the same.



John E. Rhoads, Notary Public
Washoe County, Nevada
My Commission 06/30/2024



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4332484

CERTIFICATE OF DEATH

2023002329
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) Colleen STRIEGEL		2. DATE OF DEATH (Mo/Day/Year) February 03, 2023		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) The Lodge Assisted Living and Memory Care		3e. If Hosp. or Inst. indicate DOA, OP/ Emer. Rm. Inpatient (Specify) Assisted Living Facility	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 7291		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY HOMEMAKER OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Earl HUNTSMAN		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence BEACHAM		15d. STREET AND NUMBER 3323 Coloma Dr	
18a. INFORMANT- NAME (Type or Print) Lorraine TOOKER		18b. MAILING ADDRESS (Street or R.F.D., No, City or Town, State, Zip) 3323 Coloma Drive Carson City, Nevada 89705			
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 Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
TRADE CALL - NAME AND ADDRESS					
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			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)		
21b. DATE SIGNED (Mo/Day/Yr) February 07, 2023		21c. HOUR OF DEATH 16:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 07, 2023		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) Dementia With Lewy Bodies				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.					
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	



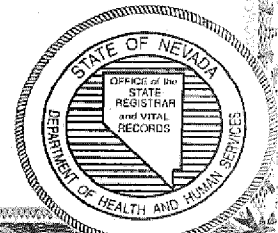
CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED:

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

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE