

I the undersigned hereby affirms 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 239B-030

APN: 1021-00-001-055
**RECORDING REQUESTED/
RETURN TO:**

Kalicki Collier, PLLC
401 Ryland Street, Suite 200
Reno, NV 89502

MAIL TAX STATEMENT TO:

Patricia A. Borst, Trustee
725 Norfolk Drive
Carson City, NV 89703

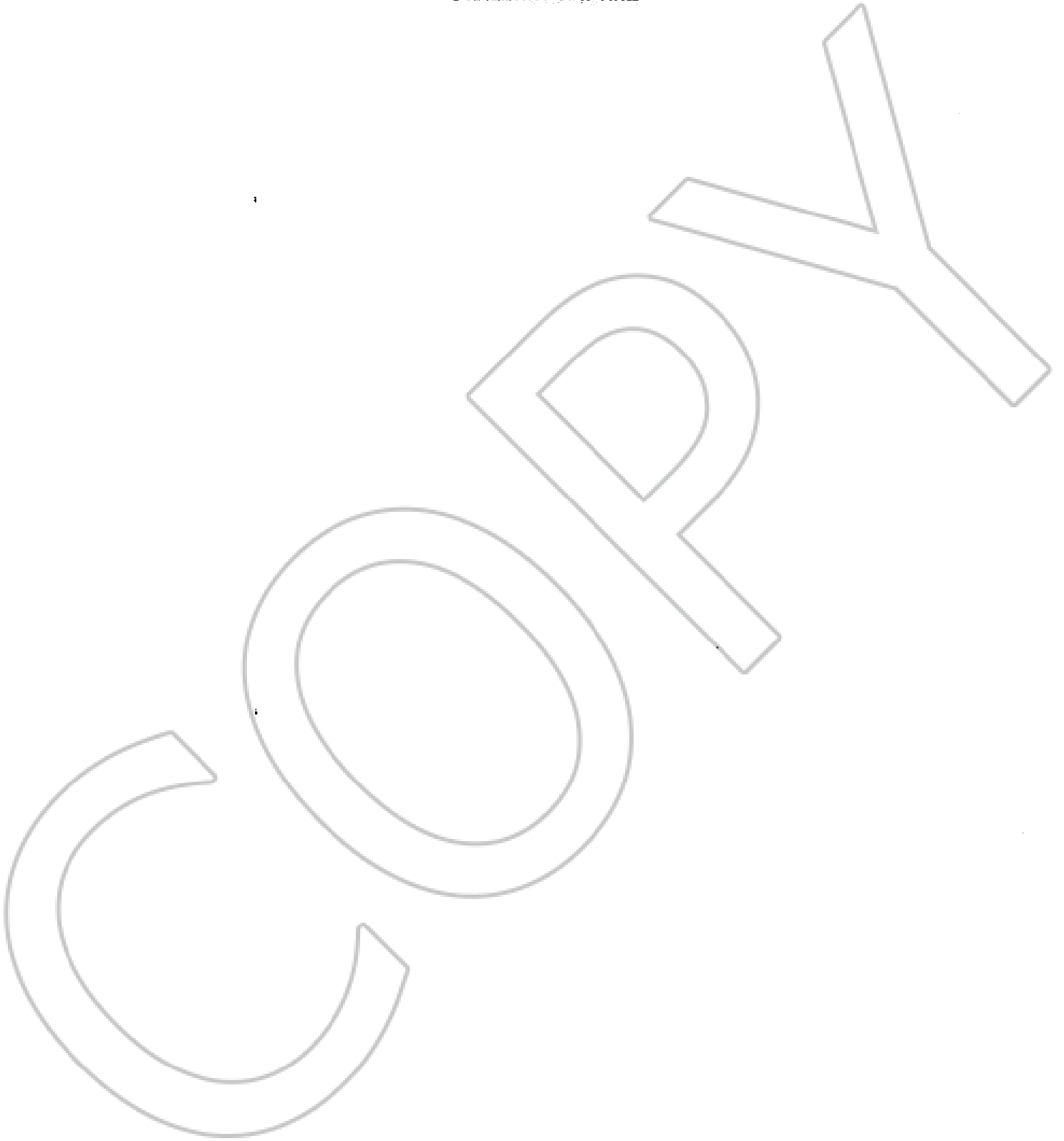
AFFIDAVIT OF SUCCESSOR TRUSTEE

I, PATRICIA A. BORST, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated August 17, 2000, Gary R. Borst and Patricia A. Borst executed the Borst Family 2000 Trust (the "Trust"). The Trust was restated on April 22, 2019.
2. Said Trust appointed myself to serve as Trustee upon the death or incapacity of the Grantors.
3. Grantor, Gary A. Borst died on May 14, 2023, in Carson City, Nevada. Attached hereto as Exhibit "A" is a certified copy of the Death Certificate of Gary R. Borst.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities as Trustee.
5. The following described real property is part of the Trust estate:

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

EXHIBIT A
Certificate of Death



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4349733

CERTIFICATE OF DEATH

2023011008
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) Gary Richard BORST		2. DATE OF DEATH (Mo/Day/Year) May 14, 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 ar number) Home		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm (Inpatient)(Specify) Home	
4. SEX Male		5. RACE (Specify)		6. Hispanic Origin? Specify	
7a. AGE-Last Birthda (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 19, 1940		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to 1st marriage) Patricia Ann POLICHIO	
13. SOCIAL SECURITY NUMBER [REDACTED]-9903		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY CAR DEALER	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER Home		15e. INSIDE CITY LIMITS (Specify Yes or No)		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Richard ARTHUR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Meredith WATSON		
18a. INFORMANT- NAME (Type or Print) Patricia Ann BORST		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 725 Norfolk Drive Carson City, Nevada 89703			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Burial		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) MERCEDES Q QUARTUCCI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) REED DOPF 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) May 18, 2023		21c. HOUR OF DEATH 15:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 19, 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) Respiratory Arrest				Interval between onset and death	
(b) Acute Respiratory Failure				Interval between onset and death	
(c) Parkinson's Disease				Interval between onset and death	
(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. Dementia				26. AUTOPSY (Speci Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

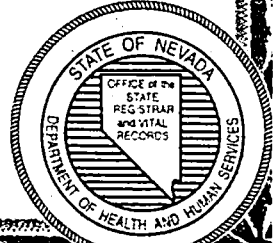
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Cody D. King

DATE ISSUED: 5/23/2023

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE