DOUGLAS COUNTY, NV

Rec:\$40.00

09/19/2024 02:15 PM

2024-1012459

Total:\$40.00

RICHARD HOLSTEIN



APN#	00186587202410124590030036
Recording Requested by/Mail to:	SHAWNYNE GARREN, RECORDER
Name: RICHARD L. HOLSTEIN	\ \
Address: 1752 MERINO CIRCLE	\ \
City/State/Zip: GARDNER VILLE NU. 89410	
Mail Tax Statements to:	
Name:	
Address:	_ \
City/State/Zip:	
CODICIL TO REVOCABLE LIVER	is trust
OF RICHARD L. HOLSTE	<u>/w//</u>
Title of Document (req	
Please complete the Affirmation Sta	tement below:
The undersigned hereby affirms that the docume DOES contain personal information as required	
Affidavit of Death – NRS 440.380 (1)(A) & NRS 40.525 (5) Other NRS (state specific law) -OR-	
I the undersigned hereby affirm the attached document, for recording does NOT contain the personal information	
Signature	
RICHARD L. HOCSTELD	
Printed Name	
This document is being (re-)recorded to correct document #	, and is correcting

## Codicil to Revocable Living Trust of Richard L. Holstein

I, <u>Richard L. Holstein</u>, with a mailing address of <u>1752 Merino Circle</u>, City of <u>Gardnerville</u>. State of <u>Nevada</u>, <u>89410</u>, ("Testator") create this Codicil dated the <u>Grad day of Gardnerville</u>, 20<u>24</u>: I hereby republish and declare said Revocable Living Trust as amended by this Codicil, to be my last will and testament.

**I. Declaration**. I hereby declare the following **changes**, to the 3<sup>rd</sup> Amendment of my Revocable Living Trust, dated January 26, 2023, in this Codicil as follows:

**Article 11 D. Beneficiaries, p.1:** Distribution of the remainder shall be changed as follows:

A 100 percent share per capita to Stephanie G. Holstein.

The following monetary sums shall be given by the trustee to the following beneficiaries:

Ronald A. Holstein: \$50,000.00.

Phillip D. Holstein: \$100,000.00.

**II. Declaration**. I hereby declare the following changes to the Living Trust Declaration September 29, 2005 of my Revocable Living Trust in this Codicil are as follows:

**Article 2, Designation of Trustees, p.1:** The following are to serve as trustee, their service to be in the order listed:

By original appointment: Richard L. Holstein with full rights of selection:

Remove NEXT: Joyce L. Holstein.

**Article 4, Guardianship, p. 3:** I designate the following and in the following order of priority to be applied as the guardian of my person:

Remove FIRST: Joyce L. Holstein.

	II. Terms. All other terms, conditions, statements, and requests of the Living Trust	
	Declaration of Richard L. Holstein shall remain in effect. In every respect, I hereby ratify,	
	reaffirm and republish this, my last will and testament dated the 19 day of	
	SEPTEMBER, 2024	
	IN WITNESS whereof I, the Testator, have authorized this Codicil on the undersigned date	
	and in the presence of $\square$ Two (2) Witnesses 🕱 A Notary Public.	
	Testator's Signature Left of Cold of Box Date 9/19 20 74	
	Print Name: <u>Richard L. Holstein</u>	
	I declare, as Witness, the Testator executed this Codicil in my presence. <b>Witness Signature</b>	
	Date 20 Print Name	
	THE CLASSIC CONTRACTOR OF THE	
	I declare, as Witness, the Testator executed this Codicil in my presence. <b>Witness Signature</b>	
	Date 20 Print Name	
	NOTARY ACKNOWLEDGMENT	
	County/Parish of Douglas }	
	State of Nevodo-}	
	State of Nevocio- }	
	A	
	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.	
	On this 19th day of September, 20 24 personally appeared the Testator, known as	
Dich	Testator's Name], of this Codicil and acknowledged the foregoing to	
ric	be (his/her) free act and deed, before me.	
	be (mis/ner) free act and deeta, before me.	
/ ,	Notary Public Signature Notary Public Signature Notary Public Signature Notary Public	
/	STATE OF NEVADA	
	Print Name bethony levez-Morris  My Commission Expires: 08-17-27 Certificate No: 23-0347-03	
- \	Print Name Certificate No: 23-0347-03	
. \	My Commission Expires: 08 17 27	
	(Seal)	
1	(Scar)	
Ph.		