

APN: 013-120-06

APN: 013-110-04

When Recorded, Mail to:

Jeffrey Burr, Ltd.
2600 Paseo Verde Parkway
Henderson, NV 89074

Mail Tax Statements to:

Betty Ribble
5543 Taylor Rose Avenue
Las Vegas, NV 89139

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
) SS:
COUNTY OF CLARK)

BETTY RIBBLE, being first duly sworn, deposes and says as follows:

1. STEPHEN T. SENDLEIN, as Trustor, created the SENDLEIN FAMILY TRUST dated October 11, 2023 (the "Trust"), wherein STEPHEN T. SENDLEIN was designated as the original Trustee of the Trust.
2. STEPHEN T. SENDLEIN died April 23, 2024. A certified copy of the Death Certificate is attached hereto as **Exhibit "1"**.
3. BETTY RIBBLE is named in the Trust agreement to serve as the Successor Trustee in the event of the death of STEPHEN T. SENDLEIN, and, pursuant to the provisions in the Trust agreement now becomes the Successor Trustee of the SENDLEIN FAMILY TRUST dated October 11, 2023.
4. BETTY RIBBLE hereby files this Affidavit and accepts the office of Successor Trustee of the SENDLEIN FAMILY TRUST dated October 11, 2023.

5. Real property located in the County of Lincoln, State of Nevada, more particularly described in **Exhibit "2"** was conveyed to the SENDLEIN FAMILY TRUST dated October 11, 2023.
6. The Trust is currently in effect and has not been revoked.
7. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated this 15 day of May, 2024.




BETTY RIBBLE, Successor Trustee

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

SUBSCRIBED AND SWORN to before me this 15 day of May, 2024 by BETTY RIBBLE, Successor Trustee, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

I certify under penalty of perjury under the laws of this State that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public

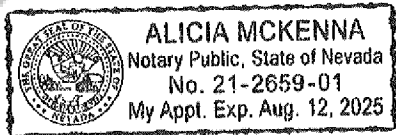


EXHIBIT "1"
Certified Death Certificate

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4409761

2024009185
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) Stephen Thomas SENDLEIN		2. DATE OF DEATH (Mo/Day/Year) April 23, 2024		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 456 Jefferson Blvd Apt B		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 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) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 530-24-3479		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Pipefitter Welder		14b. KIND OF BUSINESS OR INDUSTRY Union	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 456 Jefferson Blvd Apt B		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert James SENDLEIN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elsie PIERCE		
18a. INFORMANT- NAME (Type or Print) Betty Therese RIBBLE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5543 Taylor Rose Avenue Las Vegas, Nevada 89139		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Palm Henderson Cemetery		19c. LOCATION City or Town State Henderson Nevada 89015	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILIP WEBB SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD897		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015	
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) ALEXANDER MYLAVARAPU 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) April 25, 2024		21c. HOUR OF DEATH 23:58		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) Alexander Mylavarapu MD 975 Kirman Ave Reno, NV 89502				23b. LICENSE NUMBER 17983	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 29, 2024		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) Pulmonary Fibrosis DUE TO, OR AS A CONSEQUENCE OF: (b) Asbestosis DUE TO, OR AS A CONSEQUENCE OF: (c) Asbestos Exposure 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. Chronic Obstructive Pulmonary 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 TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

Register of Vital Statistics **SIGNATURE AUTHENTICATED**
By: *Susan Zannus*
DATE ISSUED: 5/1/2024
This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



EXHIBIT "2"
Legal Description's

APN: 013-120-06

THE SOUTHEAST QUARTER (SE ¼) OF THE NORTHEAST QUARTER (NE ¼) OF SECTION 9, TOWNSHIP 4 SOUTH, RANGE 67 EAST M.D.B. & M. CONTAINING 40 ACRES, MORE OR LESS.

THE NORTHEAST QUARTER (NE1/4) OF THE NORTHEAST QUARTER (NE1/4) OF THE SOUTHEAST QUARTER (SE1/4);
THE NORTH HALF (N1/2) OF THE SOUTHEAST QUARTER (SE1/4) OF THE NORTHEAST QUARTER (NE1/4) OF THE SOUTHEAST QUARTER (SE1/4);
THE SOUTHEAST QUARTER (SE1/4) OF THE SOUTHEAST QUARTER (SE1/4) OF THE NORTHEAST QUARTER (NE1/4) OF THE SOUTHEAST QUARTER (SE1/4) OF SECTION 9;

AND THE NORTH HALF (N1/2) OF THE NORTHWEST QUARTER (NW1/4) OF THE SOUTHWEST QUARTER (SW1/4);
THE SOUTHWEST QUARTER (SW1/4) OF THE NORTHWEST QUARTER (NW1/4) OF THE SOUTHWEST QUARTER (SW1/4);
THE NORTH HALF (N1/2) OF THE SOUTHEAST QUARTER (SE1/4) OF THE NORTHWEST QUARTER (NW1/4) OF THE SOUTHWEST QUARTER (SW1/4);
AND THE SOUTHWEST QUARTER (SW1/4) OF THE SOUTHWEST QUARTER (SW1/4) OF THE SOUTHWEST QUARTER (SW1/4) OF THE NORTHWEST QUARTER (NW1/4) OF SECTION 10, ALL IN TOWNSHIP 4 SOUTH, RANGE 67 EAST, M.D.B. & M.

EXCEPTING THEREFROM THE ABOVE-DESCRIBED PARCELS OF LAND ARE ANY AND ALL RIGHT OF WAY ON, OVER AND ACROSS THE LAND FOR RAILROAD PURPOSES.

Commonly known as: 600 Clover Creek Road, Caliente, Nevada 89008

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THAT PORTION OF THE SOUTHEAST QUARTER (SE ¼) OF THE NORTHEAST QUARTER (NE ¼) AND THE NORTHEAST QUARTER (NE ¼) OF THE SOUTHEAST QUARTER (SE ¼) OF SECTION 11, TOWNSHIP 4 SOUTH, RANGE 67 EAST, M.D.M TOGETHER WITH THE SOUTHWEST QUARTER (SW ¼) OF THE NORTHWEST QUARTER (NW ¼) SECTION 12, TOWNSHIP 4 SOUTH, RANGE 67 EAST OF THE MOUNT DIABLO MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTH 1/16 CORNER BETWEEN SECTIONS 11 AND 12, BEING

THE TRUE POINT OF BEGINNING;

THENCE N 89°54'00" E A DISTANCE OF 1320.17 FEET TO THE NW 1/16 CORNER OF SAID SECTION 12;

THENCE S 0°00'41" E A DISTANCE OF 808.52 FEET TO A POINT ON THE CENTERLINE OF THE UNION PACIFIC RAILROAD RIGHT-OF-WAY BETWEEN ECCLES AND CALIENTE, NEVADA;

THENCE N 86°10' W A DISTANCE OF 610.71 FEET TO A POINT;

THENCE THROUGH A CURVE CONCAVE TO THE SOUTHEAST, SUBTENDING A CENTRAL ANGLE OF 5°24', HAVING A LENGTH OF 180.00 FEET TO A POINT;

THENCE THROUGH A CURVE CONCAVE TO THE SOUTHEAST, SUBTENDING A CENTRAL ANGLE OF 26°32', HAVING A LENGTH OF 442.20 FEET TO A POINT;

THENCE THROUGH A CURVE CONCAVE TO THE SOUTHEAST, SUBTENDING A CENTRAL ANGLE OF 5°24', HAVING A LENGTH OF 180.00 FEET TO A POINT;

THENCE S 56°30' W A DISTANCE OF 1192.70 FEET TO A POINT;

THENCE THROUGH A CURVE CONCAVE TO THE NORTHWEST, SUBTENDING A CENTRAL ANGLE OF 2°24', HAVING A LENGTH OF 120.00 FEET TO A POINT;

THENCE THROUGH A CURVE CONCAVE TO THE NORTHWEST, SUBTENDING A CENTRAL ANGLE OF 7°56'24", HAVING A LENGTH OF 198.50 FEET TO A POINT ON THE WEST LINE OF THE NE ¼ OF THE SE ¼ OF SAID SECTION 11;

THENCE N 0°06'10" W A DISTANCE OF 1774.91 FEET TO THE NE 1/16 CORNER OF SAID SECTION 11;

THENCE N 89°48'30" E A DISTANCE OF 1322.85 FEET TO THE TRUE POINT OF BEGINNING.

SAVING AND EXCEPTING THAT PORTION DESIGNATED AS RIGHT-OF-WAY GRANTED TO THE UNION PACIFIC RAILROAD.

CONTAINING 65.80 GROSS ACRES MORE OR LESS.