

APN: 003-191-14

APN: 013-110-02

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

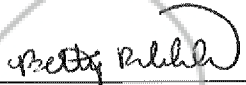
STATE OF NEVADA)
) SS:
COUNTY OF CLARK)

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 The Trust is currently in effect and has not been revoked.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

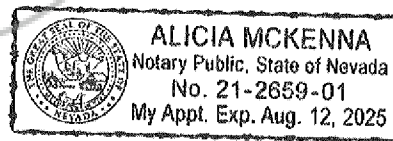


EXHIBIT "1"
Certified Death Certificate

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 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		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		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				Interval between onset and death	
(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)					
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.

DATE ISSUED: 5/1/2024

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**
By: *Susan Barnes*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "2"
Legal Description's

APN: 003-191-14

That portion of the West Half (W1/2) of the Northeast Quarter (NE1/4) of Section 8, Township 4 South, Range 67 East, M.D.B.&M., more particularly described as follows:

Beginning at a point (1) from which the Northwest Corner of Section 8, Township 4 South, Range 67 East, M.D.B.&M., bears North 49°56'46" West, a distance of 3,555.79 feet, more or less; thence South 30°03' East, a distance of 365.20 feet, more or less, to the Southwest Corner (2); thence North 59°57' East, a distance of 200.00 feet, more or less, to the Southeast Corner (3); thence North 30°03' West, a distance of 365.20 feet, more or less, to the Northwest Corner (4); thence South 59°57' West Corner (1) which is the point of beginning.

Excepting and reserving all minerals and all mineral rights of every kind and character now known to exist or hereafter discovered, including, without limiting the generality of the foregoing, oil and gas and right thereto, together with the sole, exclusive, and pertual right to explore for, remove, and dispose of said minerals as contained in a Deed recorded April 21, 1965 in Book M-1 of Real Estate Deeds, page 387 as File No. 42556, Lincoln County, Nevada records.

Commonly known as: 170 Denton Heights A-D, Caliente, Nevada 89008

APN: 013-110-02

THE NORTHWEST QUARTER (NW ¼) OF THE NORTHWEST QUARTER (NW ¼) BEING LOT 1 OF SECTION 7, TOWNSHIP 4 SOUTH, RANGE 68 EAST, M.D.B.&M LINCOLN COUNTY, NEVADA.