

RECORDING REQUESTED BY:)
PARSONS BEHLE & LATIMER)
SEND TAX NOTICE TO:)
KATHLEEN GREEN)
1921 Hamilton Ave.)
Carson City, Nevada 89706)
AFTER RECORDING RETURN TO:)
PARSONS BEHLE, ATTN: CLV)
201 South Main Street, Suite 1800)
Salt Lake City, Utah 84111)

SPACE ABOVE FOR RECORDER'S USE
PARCEL ID NUMBER: 16-16-377-005

AFFIDAVIT OF SUCCESSOR TRUSTEE

Comes now KATHLEEN GREEN, the undersigned, being duly sworn, states as follows:

1. Affiant KATHLEEN GREEN is the Successor Trustee under the GEORGE WALLACE SAUNDERS FAMILY TRUST, dated November 20, 1998 (hereinafter "the Trust"). Affiant is presently eligible to act as Trustee due to the death of the Initial Trustee and Trustor, GEORGE WALLACE SAUNDERS (AKA WALLACE G. SAUNDERS).

2. Affiant knows the said GEORGE WALLACE SAUNDERS (AKA WALLACE G. SAUNDERS) named in that particular Nevada Certificate of Death, state file number 2005-0001799, a certified copy of which is attached hereto and made a part hereof. This Affidavit is consistent with the Appointment of Trustees provisions located in the Trust.

3. Affiant knows the said GEORGE WALLACE SAUNDERS (AKA WALLACE G. SAUNDERS) to be the same person who is named as grantee and as Initial Trustee of the GEORGE WALLACE SAUNDERS FAMILY TRUST, dated November 20, 1998, in that particular Warranty Deed dated November 20, 1998, and recorded on November 25, 1998, as Entry Number 7166565, Book 8173, Pages 2625-2626 in the office of the Salt Lake County Recorder, covering the following described property:

SEE LEGAL DESCRIPTION ON EXHIBIT A, ATTACHED HERETO.

4. Affiant hereby requests that the title to the above-described property, upon recording of this document, be transferred to KATHLEEN GREEN, Trustee, or her successor trustees, under the GEORGE WALLACE SAUNDERS FAMILY TRUST, dated November 20, 1998, and any amendments thereto.


This instrument has been prepared by Parsons Behle & Latimer solely from information provided by the client. There are no express or implied guarantees as to marketability of title, accuracy of the property or property legal description or quantity of land described, as no examination of title property was requested by the client.

Date: March 3, 2023


KATHLEEN GREEN, Trustee

STATE OF NEVADA)
COUNTY OF WASHOE) SS

The foregoing instrument was acknowledged before me this 3rd day of March, 2023 by KATHLEEN GREEN, Trustee, under the GEORGE WALLACE SAUNDERS FAMILY TRUST, dated November 20, 1998.


Notary Public

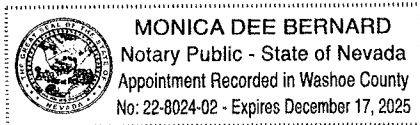


Exhibit A

Affidavit of Successor Trustee

PARCEL ID NUMBER: 16-16-377-005

All of Lot 1, Block 2, EAST WESTMINSTER ADDITION, according to the official plat thereof recorded in the Office of the County Recorder of Salt Lake County, Utah.

ALSO a part of the vacated alley, lying between Lots 1 and 52, of said Block 2, described as follows:

Beginning at the Southeast corner of Lot 1, Block 2, EAST WESTMINSTER ADDITION, according to the official plat thereof recorded in the Office of the County Recorder of Salt Lake County, Utah, thence North 35.55 feet; thence East 9.5 feet; thence South 35.55 feet; thence West 9.5 feet to the point of beginning.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

2005 0001799

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

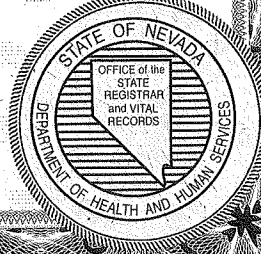
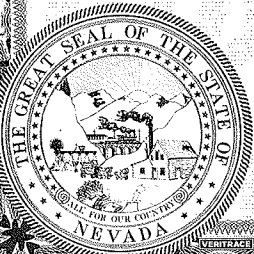
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last 1. Wallace G. SAUNDERS			DATE OF DEATH (Month, Day, Year) 2. February 3, 2005		COUNTY OF DEATH 3a. Carson City
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1460 Ridge Point Drive		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. 6	SEX 4. Male
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 97	UNDER 1 YEAR MOS : DAYS 7b. : : UNDER 1 DAY HOURS : MINS 7c. : : DATE OF BIRTH (Mo., Day, Yr.) 8. November 6, 1907
STATE OF BIRTH (If not U.S.A., name country) 9a. Utah		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 19 Years	
SOCIAL SECURITY NUMBER 13. 528-09-4793		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Pharmacist		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Carson City	CITY, TOWN, OR LOCATION 15c. Carson City		STREET AND NUMBER 15d. 1460 Ridge Point Dr.
FATHER—NAME First Middle Last 16. Charles Owen Saunders		MOTHER—MAIDEN NAME First Middle Last 17. Florence Kershaw		SURVIVING SPOUSE (If wife, give maiden name) 12. Dorothy Hall	
INFORMANT—NAME (Type or Print) 18a. Dorothy Saunders - Wife			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1460 Ridge Point Drive, Carson City, NV 89706		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home 01 833 N. Edmonds Drive, Carson City, NV 89701		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 2-4-05			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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. : : HOUR OF DEATH 21c. 03:30 22c. : : PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Steven Elliott, M.D., 1200 N. Mountain St., Carson City, NV			LICENSE NUMBER 23b. 10151		
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. February 4, 2005		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) KIDNEY FAILURE		DUE TO, OR AS A CONSEQUENCE OF:			
PART I (b) ANGIOSCLEROSIS		DUE TO, OR AS A CONSEQUENCE OF:			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. NO		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE



STATE REGISTRAR

No. 280479

14081279 B: 11405 P: 9533 Page 4 of 4



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.

DATE ISSUED: AUG 10 2022

[Signature]
STATE REGISTRAR
Administrator

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE