

APN: 007-210-36

Send Tax Statement to: Mari Kephart
900 Meadowood Dr.
Modest, CA 995355

EUREKA COUNTY, NV

2025-254289

Rec:\$37.00

\$37.00 Pgs=4

03/07/2025 09:30 AM

GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.

KATHERINE J. BOWLING, CLERK RECORDER

Recording Requested
by and Returned To:

Name: Goicoechea, Di Grazia,
Coyle & Stanton, Ltd.

Address: 530 Idaho Street

City/State/Zip: Elko, NV 89801

IN THE MATTER OF THE ESTATE OF:
RICHARD KEPHART, Deceased

NOTICE OF DEATH OF GRANTOR AND TRUSTEE

NOTICE OF SUCCESSOR TRUSTEE

This cover page must be type or printed.

**NOTICE OF DEATH OF GRANTOR AND TRUSTEE
NOTICE OF SUCCESSOR TRUSTEE**

Please take notice that on January 22, 2025, RICHARD E. KEPHART, died in the County of Stanislaus, State of California.

RICHARD E. KEPHART was an original Settlor and Trustee of the R.E. and M.A. KEPHART FAMILY TRUST, including any amendments thereto ("Trust").

Attached hereto is a certified copy of the Certificate of Death for RICHARD E. KEPHART, aka RICHARD EARL KEPHART.

The surviving Trustee of the Trust is MARI ALICE KEPHART. This Notice is being recorded to give notice of the death of the Grantor and Trustee of the Trust, as well as notice of Surviving Trustee.


IN WITNESS WHEREOF this instrument was executed this 18th day of February, 2025.


MARI ALICE KEPHART

DATE: February 18th, 2025

STATE OF NEVADA)
)ss.
COUNTY OF ELKO)

Acknowledged before me on February 18th, 2025, by MARI ALICE KEPHART who represented herself to be the Surviving Trustee of the R.E. and M.A. KEPHART FAMILY TRUST.


NOTARY PUBLIC

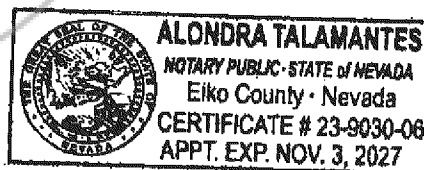
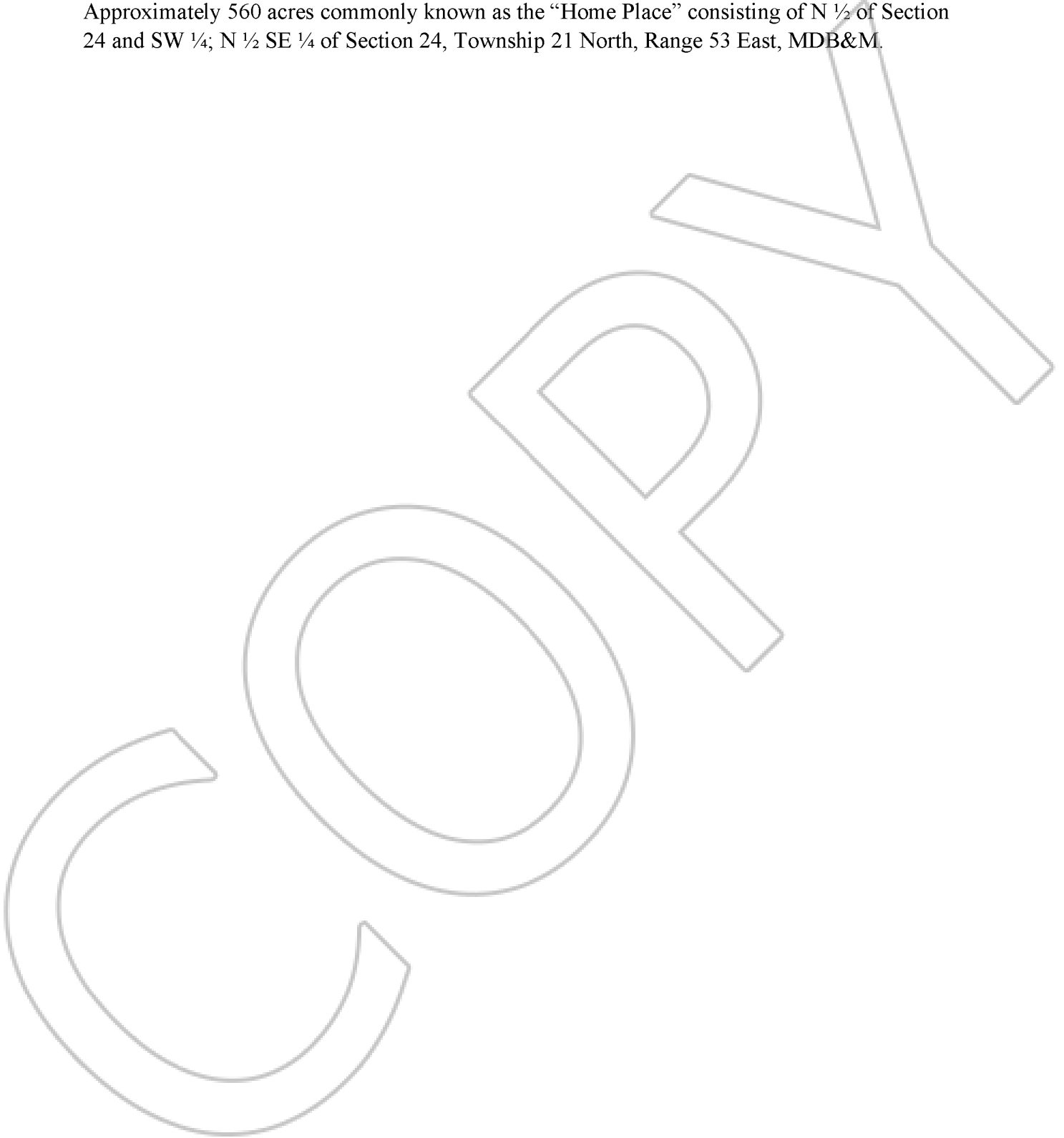


EXHIBIT “A”

Approximately 560 acres commonly known as the “Home Place” consisting of N $\frac{1}{2}$ of Section 24 and SW $\frac{1}{4}$; N $\frac{1}{2}$ SE $\frac{1}{4}$ of Section 24, Township 21 North, Range 53 East, MDB&M.



CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY

PUBLIC HEALTH DIVISION

3202550000444

STATE OF CALIFORNIA
(USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERNATIONS)
JUL 11 2007 3:11 PM

LOCAL REGISTRATION NUMBER

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED

02/06/2025

[illegible]

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

THESE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

