

OFFICIAL RECORD

Requested By:

CALLISTER NEBEKER &

MCCULLOUGH

Douglas County - NV

Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00

BK-0812 PG- 6582 RPTT: 0.00



**WHEN RECORDED, MAIL TO:**

DAVID R. YORK, ESQ., CPA

✓ CALLISTER NEBEKER & McCULLOUGH

PARKVIEW PLAZA 1

2180 SOUTH 1300 EAST, SUITE 600

SALT LAKE CITY, UTAH 84106

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

**JOEL ROBERT BAKER**, being duly sworn, deposes and states that he is the successor Trustee under that certain Trust Agreement known as The Arline Brownlie Baker Trust, dated the 22<sup>nd</sup> day of April, 2008, and that Arline Brownlie Baker is deceased as evidenced by the Certificate of Death which is attached hereto as Exhibit "A". The Trust owns real property located in Douglas County, State of Nevada, a description of which is attached hereto as Exhibit "B".

**RELEVANT TRUST PROVISIONS**

Section 5.1 of The Arline Brownlie Baker Trust states:

**5.1 Trustee Succession. The following will act as original Trustee, and as successor Trustees in the following order of succession:**

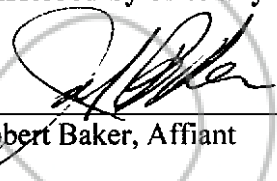
- (1) **Arline Brownlie Baker**
- (2) **Joel Robert Baker**
- (3) **Randal Brownlie Baker**
- (4) **A Trustee chosen by the majority of the beneficiaries voting by right of representation as defined in Section 7.6.5, with the natural or legal guardian voting for legally disabled beneficiaries.**

**Upon the disability, incapacity or death of the Settlor, the next Trustees listed above shall automatically serve in the order listed. If a Trustee fails to accept trusteeship or after becoming Trustee fails or ceases to serve as Trustee for any reason, including disability, then the next listed Trustee shall automatically be appointed to serve as Trustee. In the discretion of the Trustee, additional Trustees may be added in the succession above indicated if more than the number of Trustees then serving is desired. If an institutional trustee is appointed Trustee, then no successor Trustee to said institution need be appointed. A Trustee will be deemed to be disabled if the Trustee's physician writes a letter to the successor Trustee informing the successor Trustee that in the physician's opinion the Trustee is disabled.**

Notwithstanding the foregoing, after the death of Settlor, each of Settlor's children after they reach the age of 30, may upon his or her request therefore, serve as the sole Trustee of any trust established for that child pursuant to the terms and conditions of Section 4.4.1.

Further, notwithstanding the foregoing, after the death of Settlor, each of Settlor's Primary Issue after they reach the age of 30, may upon his or her request therefore, serve as the sole Trustee of any trust established for that Primary Issue pursuant to the terms and conditions of Section 4.4.2.

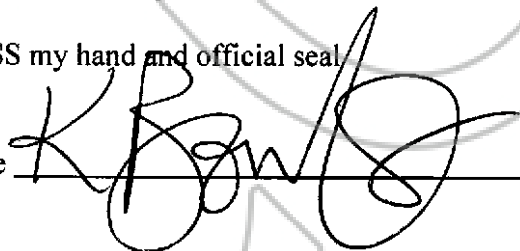
A child's or Primary Issue's right to become a Trustee is a personal right and such right may not be voluntarily or involuntarily transferred by or to any other person.

  
\_\_\_\_\_  
Joel Robert Baker, Affiant

STATE OF CALIFORNIA )  
 )  
 ) : ss.  
COUNTY OF Santa Barbara )

On the 14<sup>th</sup> day of August, 2012, before me, K. Bowker Notary Public personally appeared Joel Robert Baker, who proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is subscribed to the within instrument and acknowledged to me that he she they executed the same in his her their authorized capacity(ies), and that by his her their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal  
Signature  (Seal)

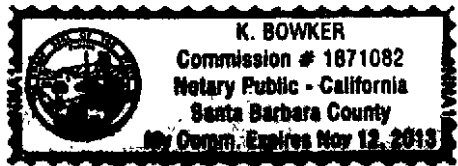


EXHIBIT "A"  
CERTIFICATE OF DEATH FOR  
ARLINE BROWNLIE BAKER

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012060151

CERTIFICATE OF DEATH

3201219013605

STATE FILE NUMBER: 3052012060151 LOCAL REGISTRATION NUMBER: 3201219013605

1 NAME OF DECEDENT—FIRST (Given) **ARLINE** 2 MIDDLE **BROWNLIE** 3 LAST (Family) **BAKER**

AKA, ALSO KNOWN AS - Include full AKA (FIRST MIDDLE, LAST)

4 DATE OF BIRTH mm/dd/yyyy **09/18/1917** 5 AGE Yrs **94** 6 SEX **F**

7 UNDER ONE YEAR Months **0** 8 UNDER 24 HOURS Days **0** Hours **0** Minutes **0**

9 BIRTH STATE-FOREIGN COUNTRY **CA** 10 SOCIAL SECURITY NUMBER **5117** 11 EVER IN U.S. ARMED FORCES?  YES  NO  UNK 12 MARITAL STATUS/SDP\* (at time of death) **WIDOWED** 13 DATE OF DEATH mm/dd/yyyy **03/19/2012** 14 HOUR (24 Hour) **1334**

15 EDUCATION - Highest Level/Degree (see worksheet on back) **BACHELOR** 16/16 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)  YES  NO 16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) **WHITE**

17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED **HOMEMAKER** 18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency etc.) **OWN HOME** 19 YEARS IN OCCUPATION **67**

20 DECEDENT'S RESIDENCE (Street and number, or location) **20000 HIAWATHA STREET**

21 CITY **CHATSWORTH** 22 COUNTY/PROVINCE **LOS ANGELES** 23 ZIP CODE **91311** 24 YEARS IN COUNTY **4** 25 STATE/FOREIGN COUNTRY **CA**

26 INFORMANT'S NAME, RELATIONSHIP **RANDAL BAKER, SON** 27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) **20000 HIAWATHA STREET, CHATSWORTH, CA 91311**

28 NAME OF SURVIVING SPOUSE/SDP—FIRST **HELEN** 29 MIDDLE **WRENN** 30 LAST (BIRTH NAME) **WRENN**

31 NAME OF FATHER/PARENT—FIRST **ROBERT** 32 MIDDLE **AURTHOR** 33 LAST **BROWNLIE** 34 BIRTH STATE **CA**

35 NAME OF MOTHER/PARENT—FIRST **HELEN** 36 MIDDLE **WRENN** 37 LAST (BIRTH NAME) **WRENN** 38 BIRTH STATE **CA**

39 DISPOSITION DATE mm/dd/yyyy **04/02/2012** 40 PLACE OF FINAL DISPOSITION **RES: RANDAL BAKER'S 20000 HIAWATHA STREET, CHATSWORTH, CA 91311**

41 TYPE OF DISPOSITION(S) **CR/RES** 42 SIGNATURE OF EMBALMER **NOT EMBALMED** 43 LICENSE NUMBER

44 NAME OF FUNERAL ESTABLISHMENT **CREMATION SOCIETY OF THE SOUTH BAY** 45 LICENSE NUMBER **FD1491** 46 SIGNATURE OF LOCAL REGISTRAR **JONATHAN FIELDING, MD** 47 DATE mm/dd/yyyy **04/02/2012**

101 PLACE OF DEATH **EMERITUS AT CHATSWORTH** 102 IF HOSPITAL, SPECIFY ONE  IP  EP/OP  DOA  Hospice  Nursing Home/LTC  Decedent's Home  Other

104 COUNTY **LOS ANGELES** 105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) **20801 DEVONSHIRE ST.** 106 CITY **CHATSWORTH**

107 CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE 1 (A) **PNEUMONIA** 108 LEATH PERFORMED TO CORONER?  YES  NO

109 BIOPSY PERFORMED?  YES  NO

110 AUTOPSY PERFORMED?  YES  NO

111 USED BY DETERMINING CAUSE?  YES  NO

112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 **NONE**

113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) **NO** 113A IF FEMALE, FREEMAN IN LAST YEAR?  YES  NO  UNK

114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. **RAYMOND JOHN DORIO M.D.** 115 SIGNATURE AND TITLE OF CERTIFIER **RAYMOND JOHN DORIO M.D.** 116 LICENSE NUMBER **A29371** 117 DATE - mm/dd/yyyy **03/21/2012**

118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE **RAYMOND JOHN DORIO M.D. 27225 CAMP PLENTY RD # 6, CANYON COUNTRY, CA 91351**

119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 120 INJURED AT WORK?  YES  NO  UNK 121 INJURY DATE mm/dd/yyyy 122 HOUR (24 Hour)

123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125 LOCATION OF INJURY (Street and number, or location, and city, and zip)

126 SIGNATURE OF CORONER / DEPUTY CORONER 127 DATE mm/dd/yyyy 128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

BK- 0812 PG- 6585 08/27/2012 0808078 Page: 4 of 5

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan Fielding MD*  
VD DATE ISSUED

APR - 9 2012 \* H 0 2 7 9 0 6 9 1 \*

Director of Public Health and Registrar

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



**EXHIBIT "B"**  
**LEGAL DESCRIPTION**

That certain real property situated in Douglas County, State of Nevada and more particularly described as follows:

**PARCEL NUMBER: 1318-09-810-003**

**LOT 8, BLOCK C, ZEPHYR COVE PROPERTIES AMENDED, NO. 2, APN 05-113-03.**

**TOGETHER WITH ALL TENEMENTS, HEREDITAMENTS AND APPURTANCES THEREUNTO BELONGING OR IN ANYWISE APPERTAINING, AND ANY REVERSION, REMAINDERS, RENTS, ISSUES OR PROFITS THEREOF.**