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RECORDING REQUESTED BYGerry Alker

WHEN RECORDED MAIL TO:

Gerry Alker 12285 Semillon Blvd. San Diego, CA 92131 DOUGLAS COUNTY, NV

FOSTER WALSH

Rec:\$16.00 Total:\$16.00

2014-854639 12/18/2014 02:29 PM

Pas=3



KAREN ELLISON, RECORDER

AFFIDAVIT - DEATH OF TRUSTEE

The undersigned, being of legal age, being first duly sworn, deposes and says:

- 1. KATHLEEN M. ALKER, also known as KATHLEEN MARIE ALKER, as settlor, has heretofore entered into a trust dated May 15, 1996, and as thereafter amended, pursuant to which was established the GERRY AND KATHLEEN ALKER TRUST, Declaration of Trust.
 - 2. Pursuant to the terms of the trust, KATHLEEN M. ALKER was named as one of the original trustees.
- 3. In accordance with the GERRY AND KATHLEEN ALKER TRUST, Declaration of Trust dated May 15, 1996, GERRY ALKER shall act as trustee of said trust on the death of KATHLEEN M. ALKER.
- 4. **KATHLEEN M. ALKER** died on September 30, 2014. Attached hereto as Exhibit "A" and incorporated herein by reference is a certified copy of her death certificate.
- 5. KATHLEEN MARIE ALKER, mentioned in the death certificate attached hereto as Exhibit "A," is the same person as one of the trustees pursuant to the terms of the GERRY AND KATHLEEN ALKER TRUST, Declaration of Trust dated May 15, 1996.
- 6. **GERRY ALKER** is filing this affidavit with the Douglas County Recorder to establish his succession as trustee pursuant to the aforesaid trust, and to enable him to administer and distribute real estate pursuant to the terms of such trust.
- 7. The trust estate includes real property located in the County of Douglas, Nevada, which is more fully described on Exhibit "B" attached hereto and incorporated herein by reference.
- 8. Titleholders of the foregoing real property until her death were **GERRY ALKER** and **KATHLEEN M. ALKER** Trustees of the **GERRY AND KATHLEEN ALKER TRUST**, Declaration of Trust dated May 15, 1996. As a result of the death of **KATHLEEN M. ALKER**, the successor titleholder is **GERRY ALKER** as Trustee under the aforesaid trust.

Dated: December	_	200,412
STATE OF CALIFORNIA		GERRY ALKER, Trustee
COUNTY OF SAN DIEGO)ss.	

Subscribed and Sworn to (or affirmed) before me, on this 2nd day of December, 2014 by GERRY ALKER, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Monica Pasas NOTARY PUBLIC



Exhibit "B"

Real property in the City of Zephyr Cove, County of Douglas, State of Nevada, described as follows:

LOT 3, OF LAKE VILLAGE, UNIT NO. 2-A, AS SHOWN ON THE OFFICIAL MAP FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON AUGUST 9, 1972, AS DOCUMENT NO. 61076.

APN: 1318-23-215-013

More Commonly Known As: 192 CLUBHOUSE CIRCLE, ZEPHYR COVE, NV 89448



COUNTY OF SAN DIEGO

P (2)	3002814.163620	UE BLACK B	STATE OF CALIFORNIA	ALIFRATIONS	220 1429 013	
_:::	STATE FILE NUMBER 1. NAME OF DECEDENT-FIRST (Given)	8 MIDDLE	IK ONLY / NO ENASURES, WHITEOUTS OF	3: LAST (Family)	LOCAL REGISTRATION	NUMBER
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	· · ·		09/09/		140nths Days Ho	ura Manakea F
	E BIRTH STATE/FOREIGN COUNTRY . 10. SOCIAL	SECURITY NUMBER 11. EVE	R IN U.S. ARMED FORCES? 1	2. MARITAL STATUS/SROP 1st Time of Death	7. DATE OF DEATH moved	ocyy 8: HOUR (24 Hours)
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Ä	17. USUAL OCCUPATION - Type of work for most of life. I	OO NOT USE RETURED		USTRY (e.g., grocery store, road constru	ction, employment agency, etc.)	
	SALESPERSON	* (%)	TITLE INSURAN	JE .	<u> </u>	. 25
: ŭ.	20, DECEDENT'S RESIDENCE (Size 1) and number, or local 12285 SEMILLON BLVD	ion)	i ner inga ta			
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	E 26 INFORMANT'S NAME, RELATIONSHIP		3.5.1 3.5.1 3.5.4	ING ADDRESS (Singe) and number of num LON BLVD, SAN DI	The state of the s	ate and zip)
MAN						
= ~	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST	29. MIDDLE	, i j	30. LAST (BIRTH NAME)		
AND	€ GERARD	JEFFREY	7779	ALKER	######################################	
5 E	31. NAME OF FATHER PARENT-FIRST	32. MIDDLE		33. LAST	· · · · · · · · · · · · · · · · · · ·	SA) BIRTH STATE
SPOUSE/SF PARENT INFO	ROBERT		Tida 🖊	ASHE	\	CA
	25. NAME OF MOTHER PARENT-FIRST	36. MIDDLE		37. LAST (BIRTH NAVE)	A SWIKEN	38, BIRTH STATE
	MARGIE	J.		FITZPATRICK	i Patreb.	IA A A
ERAL DIRECTOR/ SAL REGISTRAR		THAL CISPOSITION RES. G			186 ⁰ - 587	
	10/08/2014 12285 S	EMILLON BLVD, S	GNATURE OF EMBALMER	M31 X XX XX	AND APPE	43, LICENSE NUMBER
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	AN MANUE DE CINICON COTAD (CUNICAT)	35.11	OENSE.NUMBER 46. SKINATUI	RE OF LOCAL REGISTRAR Z		47. DATE mm/dd/ccyy
3.9	ABBEY CREMATION & FUNE	RAL FD		A WOOTEN, MD		10/08/2014
<u> </u>	101. PLACE OF DEATH	1,1440	102. IF	HOSPITAL, SPECIFY ONE 103, II	OTHER THAN HOSPITAL, SP	
ë z	SHARP MEMORIAL HOSPITA	L	X	P BRCP DOA	Hospice Marsing Home 1.TC	Decedant's Cities
PLACE	8	Y ADDRESS OR LOCATION WHER	E FOUND (Street and number, or)	ocation)	106.CITY	_ 44 4
	1	ROST STREET	7%	12.8	SAN DIEG	
· · ·		l everys - distance injunes, or come respiration extent or certificials ficials		h DO NOT enter terminal events cuct: O NOT ABBREVATE	Time Interval Between Onset and Death	IDB. DEATH REPORTED TO CORONER!
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	(Figal disease or :	-13 (13+ (70) (1		<u> </u>	1.WK	109. BIOPSY PERFORMED?
	(B) CONGESTIVE H	IEART FAILURE	ĝasti 🗼 沈		57% NO	Thes X No
¥.	Conditions, if any, Jeading to cause				1 MON	110, AUTOPSY PERFORMED?
빔	UNDERLYING CAUSE (disease or	AND SHOW IS	1	1		YES X NO
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. w.	NONE	TO DEATH BUT NOT RESULTING I	N THE UNDERLYING CAUSE GIVE	N IN 107		
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	113, WAS OPERATION PERFORMED FOR ANY CONDITION	AN IN ITEM 107 OR 1127 (If yes, list	type of operation and date it		273.524	FELDALE, PRECINANT IN LAST YEAR?
	2 114, I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH O	COURFED . 16. SIGNATURE AND	mus or conside			R 1177 DATE mm/dxl/ccyy
AN'S	AT THE HOUP, DATE, AND PLACE STATED FROM THE CAUSES STATE Decedent Last Seen	TED. DRACHAVA	PÃO GOLÍ APLID	імр <i>[</i>	A73302	10/08/2014
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돌뜌	08/25/2014 09/30/2014	3131 BERGE	R AVE SUITE 20	O, SAN DIEGO, CA 9	2123	
, in	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE	HOUR, DATE, AND PLACE STATED FRO		120. INJURED AT WORK?	121, INJURY DATE mm	riddracy, 122, HOUR (24 Hours)
	MANNER OF DEATH National Accident		mestigation Countries determined	YES NO 1	NR	salar y
	123. FLACE OF INJURY (e.g., home, construction size, w	noded area, etc.)			***	Harrian B
YINO asu S'	r in the last less		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	5 124, DESCRIBE HOW INJURY OCCURRED (Events write)	h resulted in unjury)			ARG DATE.	Barata a
ONE	125. LOCATION OF INJURY (Street and number, or locate	on, and city and zip)	- 25 25-	-:::		
CORONER	5	7	*:			
÷.	126. SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORO	IER / DEPUTY CORONER	
*. *		of the second second	1.		•••	41 141 MB
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	STATE A B C	D E	I INTERNITATION IN THE PROPERTY OF THE PROPERT		FAX AUTH.	CENSUS TRACT
	STATE A B C	D. E		 	FAX AUTH.	CENSUS TRACT
		luman Services Agency	- 3851 Rosecrans Stre	et. This is to certify that, i	f bearing the OFFIC	IAE: N. Ú

DATE ISSUED: October 10, 2014



