Space Above for Recorder's Use

DOUGLAS COUNTY, NV

Rec:\$17.00

2014-854793

## AFFIDAVIT OF CHANGE OF TRUSTEE

STATE OF NEVADA	)	APN: 1318-10-417-015
	)	
COUNTY OF DOUGLAS	)	\

The undersigned, RAYMOND ROSS ELLENA, being duly sworn, deposes and says:

- 1. On April 14, 2003, MARGARET E. HUDACEK, as Trustor, executed a Trust Agreement establishing THE MARGARET E. HUDACEK REVOCABLE TRUST, also known as THE TRUST AGREEMENT AND DECLARATION OF TRUST ("<u>Trust</u>"). The Trustor amended the Trust on September 28, 2009, on December 12, 2011, and on November 17, 2012.
- 2. The initial Co-Trustees of the Trust were Trustor MARGARET E. HUDACEK and MARGARET ALICE ELLENA.
- 3. Article VIII of the Trust, as amended, provides that if Trustor MARGARET E. HUDACEK should fail to act as a Co-Trustee of the Trust, then RAYMOND ROSS ELLENA shall act as sole Trustee.
- 4. MARGARET E. HUDACEK died on May 21, 2014. A certified copy of her Certificate of Death is attached hereto as **Exhibit A** and incorporated by reference.
- 5. As a result of the death of Trustor MARGARET E. HUDACEK, RAYMOND ROSS ELLENA is the sole Trustee of the Trust.
- 6. The Trust currently holds a ten percent (10%) interest in the following described real property located in the County of Douglas, State of Nevada, more particularly described as follows:

### Parcel 1:

Lot 19 in Block 3 as shown on the Map of Zephyr Heights Subdivision, filed in the office of the County Recorder of Douglas County, Nevada, on July 5, 1947.

### Parcel 2:

Beginning at a point on the line common to Lots 19 and 20 in the Block 3 as shown on the Map of Zephyr Heights Subdivision, filed in the office of the County Recorder of Douglas County, Nevada, on July 5, 1947, from which point the Northwest corner of Lot 19 bears North 0°39'14" East 33.61 feet, thence from said point of beginning, South 0°39'14" West along said line 35.56 feet; thence leaving said line, North 62°58'20" West 12.96 feet; thence North 21°56'19" East 31.98 feet to the point of beginning.

APN: 1318-10-417-015 (formerly, APN: 05-181-19)

7. This Affidavit is being signed by all of the currently acting Trustees of the Trust.

Dated: // /7 //

KAYMOND ROSS ELLENA, Trustee

State of California

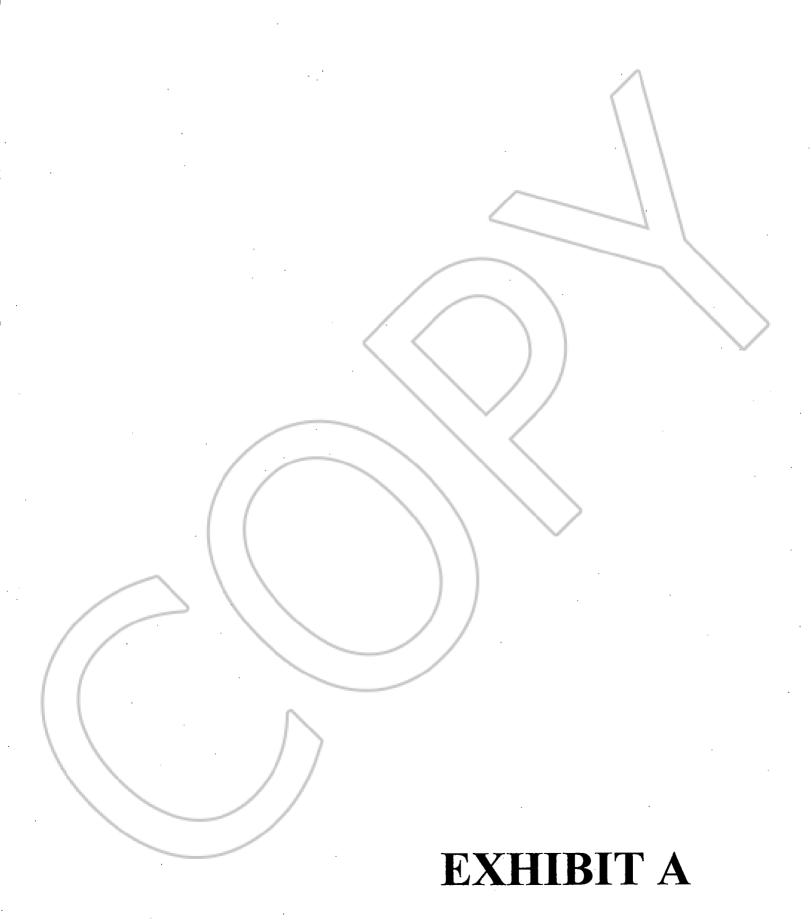
County of Ventura

Subscribed and sworn to (or affirmed) before me on this 17 day of November, 2014, by RAYMOND ROSS ELLENA proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature  $\smile$ 

PAM J. WHITE
COMM. # 2055485
NOTARY PUBLIC • CALIFORNIA
VENTURA COUNTY
COMM. Exp. FEB. 14, 2018





## CERTIFICATION OF VITAL RECORD

# SACRAMENTO COUNTY

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

	w.w (W) R	14096292	M. 149	insi	CERTIF EBLACK INK ONLY /	STATE OF CALIF	OF DEA ORNIA WHITEOUTS OR A	I H	: <u></u>		<u> </u>	004561		
	1. NAME OF DECEDEN	E FILE NUMBER T- FIRST (Given)		2. MIDE	ILE	VS-116/REV-3	/06)	3 LAST		LOC	AL REGISTR	ATKON NUMBI	BR 1 (2,00)	<del></del>
¥.,	MARGARET				ZABETH		·		ACEK	1 3000		A Memoro	4 HOURS	.dr. 30 .det 1.2
AL DA	AKA ALSO KNOWN AS	- Include Iuli AKA (F	IRST, MIDDLE, LAST	n Turk			4. DATE OF B 08/06/1	1RTH mm/dd/ccy 920	93"	Нолиз	P ONE-YEAR Days	Hours	Minutes	SEX
HSON	9. BIRTH STATE/FOREK	in country.	10 SOCIAL SECUP	** *	-11. EVER IN U.S			MARITAL STATUS				. 10	8. HOUR (	24 Hours)
IS P.	13. EDUCATION - Highest I.		40	A 1.1	.,			IDOWED			21/2014	1	1055	
EDEN	(see worksheet on back)		S DECEDENT HISP	ANIC/LATINUIAUSE	ANISHY (ITYES, SH	e wansanset bu	vo Wi	HITE	2E 4 GP (0 3 ISC	Ga 111ay po 0	ijeu (dyn wysi			
:: 0	17. USUAL OCCUPATION			USE RETIRED			•	STRY (e.g., grocen	store, road con	struction, emp	oloyment agen	cy, etc.) 19	73	CUPATION
11	HOMEMAKE			ر مدور ۱۳۰۱ و در ۱۳ در در د	10w	N HON	- ·			• •		A A D		+-:
S S	7511 FAIRW	5 A 5.14 A		(s <sub>i</sub> ⇒ ∖∖∖		جايان الله الله الله محاليات الله	1 4	# 47 8	V	The state of the s				1
USU	FAIR OAKS	72.00	1.0200	ACRAME	77		23. ZIP COI	7	4. YEARS IN CO	A "	STATE/FOR	EIGN COUNT		200
<u>ت</u> جاري	28. INFORMANT'S NAM	IE, RELATIONSHIP	<u> </u>	1,3	<u> </u>	27 INFORM	1	G ADDRESS (SIN		rural voute n	umber, city or	town, state end	rzip)	
ZZ	PEGGY ELL		1 2 2	- 1 xx 11000	<del></del>	001-0	FT .	30 LAST BIRTH	<u> </u>	13.0 00	440	1.	·	N.E.
ON	28. NAME OF SURVIVIN	G SPOUSE/SHDP*-	A S	29, MIDDL				J.	(AME)	X			111711	100
SRDP.	31. NAME OF FATHERM	ARENT-FIRST		32 MIODL	E		3/2	33 LAST MORSE	By.	, A. A.		.\	34, BIRTH ST	ATE
NT IN	JOHN 35 NAME OF MOTHER	PARENT-FIRST		P 36 MIDDL	ELVI THE	e silvi	17/11	37 TAST BIRTH	NAME	5-4	de en		OR BIRTH ST	ATE
SPC	ALICE # //		> , ' '			1 - Vineral	The second	BLIZZAR				<u> </u>	NJ	<u> </u>
AB GR	38 DISPOSITION DATE:	min/ad/ccyy 40	PLACE OF FINAL D	S ZEPHY	S. PEGC R COVE	Y ELLI	ENA, DA 448~	<u>LUGHTE</u> F	`/	- /	59301	, 54 , 1	07.7 1.3	
IRECT	41 TYPE OF DISPOSIT	ION(S)	3, 50, 5,	2	427 SIGNATU	PE OF EMBA	LMER	ATD.	<b>N</b> ::	The second	- ,	- 43. L	CENSE NUMB	ER
RAL D	CR/TR/RES			<u> </u>				OF LOCAL REGI	STRAR			- † 47.0	ATE min/dd/c	·
FILO	PRICE FUNERAL	ERAL CHA	PEL ÏNC		FD1062			4 KASIRY	'E MD∷		50		5/23/201	4
	OWN RESID	12 27 27 27 27 27 27 27 27 27 27 27 27 27	ATT FIR	·		Name of the last	102. IF-H	OSPITAL, SPECIF		Hospice	THAN HOSP	TAL SPECIFY	ONE Decedents Horre	Other
ACE O	104 COUNTY	./ 30	105. FACILITY ADD		THE REAL PROPERTY.		number, or loc	pa(lion)		<u> </u>	106. CITY	;	11000	
	SACRAMEN	1 Table 1	7511 FAIR				b consed death	PÓ NO replar tem	ninal events such	<b>N</b>	FAIR (inc. linera) B		ATH PEPORIED TO	COPONER?
	IMMEDIATE CAUSE	, as	cardiao arrest, respira	tory arrest, or Ventry	cutar forflation with	nout showing ti	ne etiology. DO	NOT ABBREVIATE	1 /11		Onset and U	esta	YES	X NO.
# . <u>!</u>	(Final disease of condition resulting in death)	1 1999	,	25.00		935	- 1	() <u>, /</u>			MIN:		IOPSY PERFOR	MED?
	Sequentially, list conditions, if any,	ATHERO	SCLEROS	IS	::::::::::::::::::::::::::::::::::::::	71. ji., "	Single 1	7	٠ لد.	\J	YRS.		YES	X 🚾
EATH	leading to cause on Line A. Enter	9 X			1.11	- (.4)	<u> </u>		A Property	4	(CT) /	110. A	YES	RMED?
Ë OFI	CAUSE (disease or injury that indialod the events	(D)	F-850 / J. 30 J-551 25-7		<u> 1, 1,77</u> Fr	73570 18770	941   111 11   15	.AAL		104. 2	(TO)	TH, US	ED IN DETERMININ	
SAUS	resulting in death) LAST		<u>\</u>	" , " " <del>" , "  </del>		Y Gay	\ <u>\</u>		* <u> </u>	<u> </u>		يا 🖫	YES	1,0
: 3	112 OTHER SIGNIFICA CONGESTIV	E HEART	FAILURE,	HYPOTH	YRÖIDIŞI	M, ATR	IAL FIB	ŔĮĽLATIC	N, PERI	PHER/	AL ART	ERY D	SEASE	Ç.,
-	113. WAS OPERATION	PERFORMED FOR A	NY СОИВІТІОМ ІМ П	гем 107 ОВ 1127	If yes, list type of	operation and	dale)	##	T TE			113A IF FEMAL	E PREGWATIN	LAST YEAR?
SATION	114 LOSERIEV THAT TO TH	E BEST OF MY KNOW	edos deanhocourr	ED   115. SIGNATI	JRE AND TITLE C	OF CERTIFIER		2 <del>451</del> √33		<u> </u>	16. LICENSE		17. DATE mm/	
	AT THE HOUR DATE, AND Decedent Attended S	PLACE STATED FROM T Since Dece	HE'CALISES STATED. Externt Last Seen Alive	▶ELIZA	(BETH J	KAILAT	H M.D.	- 1	6	9	A4155		5/23/20	14
PHYSIC	(A)::: mm/dd/ceiy	™ (B) m	m/dd/ccyy	118. TYPE AT	FRCY C	CIAN'S NAME TSTE	, MAILINGAD A FAIR	OAKS C	ELIZAB 4 95628	ETHU	KAILA	TH M.D	W.A.	
	119.1 CERTIFY IN M	N, OLIVION DEVIHOOD	URRED AT THE HOUR.	DATE AND PLACE 6	TATED FROM THE C	ALSES SWIH	) Could not be	120. INJURE	D AT WORK?				cýy 122. HOUF	9 (24 Hours)
- W.	MANNER OF DEATH		Accident Home	• • • • • • • • • • • • • • • • • • • •	investig:	ation	determined	158	<u>,                                    </u>		<u>) </u>	.+40.	<del></del>	-frage
EONL			<b>∜</b> /-			-8. <sub>-2</sub> :				<u> </u>		17 97. 3.33:		
CORONER'S USE ONLY	124. DESCRIBE HOW		(Events which resul	ted in injury)		10/14/07						. (	774	
RONE	125 LOCATION OF IN.	JURY (Street and nur	nber, or location, and	d city, and zip)	<u> </u>	<i>}</i> /:	·				: :		- <del>- 11111</del>	
8	128, SIGNATURE OF C		CORONER	<u> </u>	000 - 1000 1000 100 - 1000 112	7. DATE mit	Vdd/ccyy	128, TYPE NAM	E, TITLE OF CO	RONER / DE	PUTY CORO	NER.		
100	) 126, SIGNATURE DE C			### ###	* 4% 4%	: W 33								
	ATE A STRAB	B	C	D	E ///		101000	1002648271*	manijaiiji		FAX AUTH	riiki Lii 1	CENSU	STRACT
A 74		NAA WAA	CERTIE			T A T			<u> </u>			Adj Tij	3,4	

STATE OF CALIFORNIA COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: June 27, 2014

ISSUED: June 27, 2014

LOCAL REGISTRAR

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



