

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Ronald D. Alling, Esq.
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276 Kingsbury Grade, Suite 2000
Post Office Box 3390
Lake Tahoe, Nevada 89449-3390

APN:1320-29-116-020



00006288201508554200030033

KAREN ELLISON, RECORDER

This document includes certified death certificate per *NRS 40.525(5)*, which contains a social security number required by *NRS 440.380(1)*.

CORRECTION TO NOTICE OF DEATH OF TRUSTEE AND APPOINTMENT OF SUCCESSOR TRUSTEE

This Notice of Death of Trustee and Appointment of Successor Trustee is being recorded to correct the Lot number in the certain real property description of that certain Notice of Death of Trustee and Appointment of Successor Trustee, and recorded in the Official Records of Douglas County on December 1, 2014, as Document No. 853526. This Notice of Death of Trustee and Appointment of Successor Trustee shall have the effect of correcting, revoking and superseding Document No. 853526.

COMES NOW WENDY AUSLEN SCHOPF, being first duly sworn deposes and says:

1. That by virtue of a deed recorded May 10, 2006, as Document No. 0674540 in the Douglas County records, CAROL S. AUSLEN, as Trustee of The Richard and Carol Auslen Family Trust, acquired title to the certain real property more particularly described as follows:


Lot 231, as shown on the Official Plat of WINHAVEN, UNIT NO. 6 filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 4, 1994, in Book 894, Page 692, as Document No. 343283, Official Records.

2. That CAROL S. AUSLEN died in Riverside County, California, on or about October 23, 2014. The State of California issued a Death Certificate, No.3052014197166, of which a Certified copy is attached hereto as **Exhibit A** and incorporated herein by reference; and

3. That WENDY AUSLEN SCHOPF is the sole Successor Trustee of The Richard and Carol Auslen Family Trust.

NOW, THEREFORE, be it known the undersigned, WENDY AUSLEN SCHOPF is acting as Successor Trustee of The Richard and Carol Auslen Family Trust, u/d/t dated September 23, 1991.

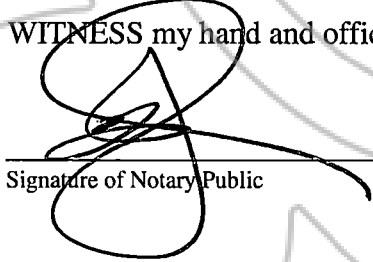
IN WITNESS WHEREOF, this document was executed at Douglas County, Nevada, on this 16th day of December, 2014.


WENDY AUSLEN SCHOPF,
Successor Trustee of The Richard
and Carol Auslen Family Trust

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 16th day of December, 2014, by WENDY AUSLEN SCHOPF, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.



Signature of Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

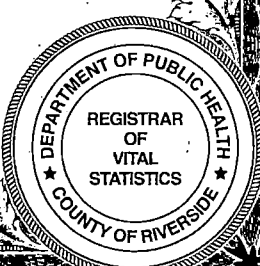
COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA
CERTIFICATE OF DEATH
STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1106 (REV 3/06)

3052014197166
STATE FILE NUMBER

3201433011499
LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (Given) CAROL		2. MIDDLE SUNKEL		3. LAST (Family) AUSLEN	
AKA; ALSO KNOWN AS — include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy 09/03/1927				5. AGE Yrs. 87	6. SEX F
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER -7392	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SDP* (at Time of Death) WIDOWED	7. DATE OF DEATH mm/dd/yyyy 10/23/2014
13. EDUCATION — (Highest Level/Degree) (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 BUSINESS WOMAN			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE INVESTMENTS		19. YEARS IN OCCUPATION 45
20. DECEDENT'S RESIDENCE (Street and number, or location) 319 PAIUTE DRIVE					
21. CITY ZEPHYR COVE		22. COUNTY/PROVINCE DOUGLAS	23. ZIP CODE 89448	24. YEARS IN COUNTY 36	25. STATE/FOREIGN COUNTRY NEVADA
26. INFORMANT'S NAME, RELATIONSHIP WENDY AUSLEN SCHOPF, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5103 CRYSTAL SPRINGS DRIVE N.E., BAINBRIDGE ISLAND, WA 98110		
28. NAME OF SURVIVING SPOUSE/SDP—FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT—FIRST WALTER		32. MIDDLE WILLIAM		33. LAST SUNKEL	
35. NAME OF MOTHER/PARENT—FIRST CAROLYN		36. MIDDLE		37. LAST (BIRTH NAME) ROSENFELD	
39. DISPOSITION DATE mm/dd/yyyy 10/29/2014		40. PLACE OF FINAL DISPOSITION RESIDENCE OF WENDY AUSLEN SCHOPF 5103 CRYSTAL SPRINGS DRIVE N.E., BAINBRIDGE ISLAND, WA 98110			
43. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT ROSE MORTUARY & CREMATORY		45. LICENSE NUMBER FD 1568	46. SIGNATURE OF LOCAL REGISTRAR ▶ CAMERON KAISER, MD		47. DATE mm/dd/yyyy 10/29/2014
101. PLACE OF DEATH EISENHOWER MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 39000 BOB HOPE DRIVE		106. CITY RANCHO MIRAGE	
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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) ▶ CARDIOPULMONARY ARREST		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DATE mm/dd/yyyy 2014-09867	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST ▶ EMPYEMA ▶ COMMUNITY ACQUIRED PNEUMONIA		(B) DAYS		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		(C) DAYS		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		(D) DAYS		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CORONARY ARTERY DISEASE, ATRIAL FIBRILLATION, DIABETES MELLITUS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107, DB 112? (if yes, list type of operation and date) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THIS HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy (A) 10/21/2014 (B) mm/dd/yyyy 10/23/2014		115. SIGNATURE AND TITLE OF CERTIFIER ▶ NINA KHIN MAW MAW M.D.		116. LICENSE NUMBER A79700	
		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NINA KHIN MAW MAW, MD 35900 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270		117. DATE mm/dd/yyyy 10/28/2014	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. INJURY HOUR (24 Hours)					
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
STATE REGISTRAR					
FAX AUTH.#					
CENSUS TRACT					



CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA } \$5
 COUNTY OF RIVERSIDE }
 This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.
Oct 30, 2014
 DATE ISSUED
 *Dr. Cameron Kaiser, M.D., Health Officer
 RIVERSIDE COUNTY, CALIFORNIA



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE