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(Pursuant to NRS 440.380)
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ANDERSON YAZDI HWANG MINTON +
HORN LLP
Marion L. Brown, Esq.
350 Primrose Road
Burlingame, CA 94010



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
Jan K. Huggans, Trustee
P.O. Box 597
Bridgeport, CA 93517

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT BY SUCCESSOR TRUSTEE

JAN K. HUGGANS, being over the age of eighteen years, hereby affirms and states that she is now serving as successor trustee under the HUGGANS FAMILY TRUST AGREEMENT dated February 1, 2002 in the place of former trustee DAVID E. HUGGANS who is now deceased. (See certified copy of his death certificate attached.)

This change of trustee affects title to an interest in the following real property situated in the County of Douglas, State of Nevada, described as follows:

LOT 33 IN BLOCK E, AS SHOWN ON THE FINAL MAP #1006-12 OF CHICHESTER ESTATE, PHASE 12, RECORDED JANUARY 8, 2004, IN BOOK 0104, OF OFFICIAL RECORDS, AT PAGE 2012, DOCUMENT NO. 601490, DOUGLAS COUNTY, NEVADA.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Assessor's Parcel No.: 1320-33-817-033
More commonly known as: 1360 Brooke Way, Gardnerville, Nevada

The undersigned has signed this Affidavit by Successor Trustee this 21st day of January, 2016.

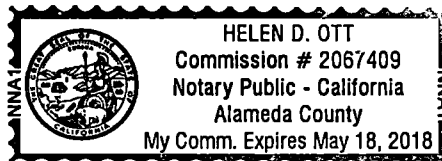
Jan K. Huggans
JAN K. HUGGANS, Trustee under the Huggans
Family Trust Agreement dated February 1, 2002

STATE OF CALIFORNIA)
))
))
COUNTY OF SAN MATEO)) ss.

Subscribed and sworn to (or affirmed) before me on this 21st day of January, 2016 by JAN K. HUGGANS, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

Helen D. Ott
Notary Public, State of California



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA
CERTIFICATE OF DEATH

CASE FILE NO. 3869688

2015022514
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

| | | | | | |
|--|--|--|--|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David Edmund HUGGANS | | 2. DATE OF DEATH (Mo/Day/Year) December 20, 2015 | | 3a. COUNTY OF DEATH Washoe | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Reno | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an Renown Regional Medical Center | | 3e.If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient | |
| 4. SEX Male | | 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 79 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) October 17, 1936 | | 9a. STATE OF BIRTH (If not U.S.A., Montana | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 13 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jan WEDERTZ | |
| 13. SOCIAL SECURITY NUMBER ██████████-9688 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Business Owner | | 14b. KIND OF BUSINESS OR INDUSTRY Construction | |
| 15a. RESIDENCE - STATE California | | 15b. COUNTY Mono | | 15c. CITY, TOWN OR LOCATION Bridgeport | |
| 15d. STREET AND NUMBER 74802 Hwy 395 | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Maurice Edmund HUGGANS | |
| 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mabel KELLY | | 18a. INFORMANT- NAME (Type or Print) Jan HUGGANS | | 18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) PO Box 597 Bridgeport, California 93517 | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens | | 19c. LOCATION City or Town State Reno Nevada 89503 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) GERALD HITCHCOCK SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 614 | | 20c. NAME AND ADDRESS OF FACILITY Freitas Rupracht Funeral Home PO BOX 1271 Yerington NV 89447 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED PATRICK A WOODARD M.D. | | 21b. DATE SIGNED (Mo/Day/Yr) December 29, 2015 | | 21c. HOUR OF DEATH 21:45 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David Kirk Ritchie M.D. | | 22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22e. PRONOUNCED DEAD AT (Hour) | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Patrick A Woodard M.D. 1155 Mill St Reno, NV 89502 | | 23b. LICENSE NUMBER 15184 | | 24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED | |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 30, 2015 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | |
| PART I (a) Acute Respiratory Failure | | Interval between onset and death | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | Interval between onset and death | |
| (b) Acute Cerebrovascular Accident | | Interval between onset and death | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | Interval between onset and death | |
| (c) Unknown Etiology | | Interval between onset and death | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | Interval between onset and death | |
| (d) | | Interval between onset and death | | Interval between onset and death | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. | | 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | |
| 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 28d. DESCRIBE HOW INJURY OCCURRED | | 28e. INJURY AT WORK (Specify Yes or No) | | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | |
| 28g. LOCATION | | STREET OR R.F.D No | | CITY OR TOWN | |
| STATE | | | | | |

STATE REGISTRAR

VRS-Rev-20120523a

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

12/31/2015

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

