

**Recording Requested By:**  
**Signature Title Company LLC**  
**985 Damonte Ranch Parkway, Suite 300**  
**Reno NV 89521**

**When Recorded mail to:**  
**5230 Paragon St.**  
**Rocklin, CA 95677**

**Escrow No: 22000001 - CDR**

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

STATE OF *CA*  
 COUNTY OF *Placer* | SS.

**Gail Linda Hardy** of legal age, being first duly sworn, deposes and says:

1) That, the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain, Sale Deed, dated 11/12/2002, executed by Robert E. Williams to Robert E. Williams, Trustee of the Robert E. Williams Revocable Trust dated September 26, 1995, recorded as Instrument No. 0557483, on 11/12/2002, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 38 of LAKE VILLAGE, UNIT NO. 2D, according to the map thereof, filed in the office of the County Recorder of DOUGLAS County, State of Nevada, on JUNE 5, 1972, File No. 59803, Subdivision Tract Map.

APN: 1318-23-213-035

- 2) That I am named within the aforementioned trust as Successor Trustee;
- 3) That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
- 4) That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: *6/13/16*

*Gail Linda Hardy*  
 Gail Linda Hardy

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of

*Placer* )

On *6-3-16* before me, *Stephen J Williams, Notary Public*  
(insert name and title of the officer)

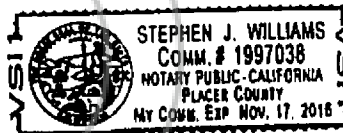
personally appeared *Sail Linda Hardy*  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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

*Stephen J Williams* (Seal)



STATE OF CALIFORNIA  
 CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER

Auburn, California 95603

CERTIFICATE OF DEATH

3201131002308

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>ROBERT</b>		2. MIDDLE <b>ELMORE</b>	3. LAST (Family) <b>WILLIAMS</b>
4. DATE OF BIRTH mm/dd/yyyy <b>05/07/1922</b>			
5. AGE Yrs. <b>89</b>		6. IF LADDER ONE YEAR Months Days	7. SEX <b>M</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>FL</b>		10. SOCIAL SECURITY NUMBER <b>7334</b>	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
12. MARITAL STATUS/STCP in Year of Death <b>WIDOWED</b>		13. DATE OF DEATH mm/dd/yyyy <b>09/12/2011</b>	14. HOUR (24 Hours) <b>0825</b>
15. EDUCATION - Highest Level/Type <b>HS GRADUATE</b>		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	17. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN, NATIVE AMERICAN</b>
18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>QUALITY ASSURANCE SPECIALIST</b>		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>CIVIL SERVICE</b>	20. YEARS IN OCCUPATION <b>30</b>
21. DECEDENT'S RESIDENCE (Street and number, or location) <b>5230 PARAGON STREET</b>			
22. CITY <b>ROCKLIN</b>	23. COUNTY/PROVINCE <b>PLACER</b>	24. ZIP CODE <b>95677</b>	25. YEARS IN COUNTY <b>47</b>
26. STATE/FOREIGN COUNTRY <b>CA</b>			
28. INFORMANT'S NAME, RELATIONSHIP <b>GAIL HARDY, DAUGHTER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>5230 PARAGON STREET, ROCKLIN, CA 95677</b>	
29. NAME OF SURVIVING SPOUSE/SADP - FIRST <b>-</b>	30. MIDDLE <b>-</b>	31. LAST (BIRTH NAME) <b>-</b>	
32. NAME OF FATHER/PARENT - FIRST <b>JOHN</b>	33. MIDDLE <b>MCCONNELL</b>	34. LAST <b>WILLIAMS</b>	35. BIRTH STATE <b>FL</b>
36. NAME OF MOTHER/PARENT - FIRST <b>ETHEL</b>	37. MIDDLE <b>ROBERTA</b>	38. LAST (BIRTH NAME) <b>LEAKE</b>	39. BIRTH STATE <b>FL</b>
40. DISPOSITION DATE mm/dd/yyyy <b>09/13/2011</b>	41. PLACE OF FINAL DISPOSITION RESIDENCE GAIL HARDY <b>5230 PARAGON STREET, ROCKLIN, CA 95677</b>		
42. TYPE OF DISPOSITIONS <b>CR/RES</b>	43. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		44. LICENSE NUMBER <b>-</b>
45. NAME OF FUNERAL ESTABLISHMENT <b>BLUE OAKS CREMATION AND BURIAL SERVICES</b>	46. LICENSE NUMBER <b>FD1987</b>	47. SIGNATURE OF LOCAL REGISTRAR <b>RICHARD J. BURTON, MD</b>	48. DATE mm/dd/yyyy <b>09/13/2011</b>
101. PLACE OF DEATH <b>OWN RESIDENCE</b>	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>PLACER</b>	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>5230 PARAGON STREET</b>	106. CITY <b>ROCKLIN</b>	
107. CAUSE OF DEATH <b>STROKE</b>	108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	109. DEATH NUMBER <b>1208526</b>	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Driven in 187) <b>PARKINSON'S DISEASE</b>	112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date) <b>NO</b>	113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive <b>11/06/1998 09/09/2010</b>	115. SIGNATURE AND TITLE OF CERTIFIER <b>RICHARD GEE HUEY M.D.</b>	116. LICENSE NUMBER <b>G38826</b>	117. DATE mm/dd/yyyy <b>09/13/2011</b>
118. 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"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RICHARD GEE HUEY M.D. 1001 RIVERSIDE AVENUE, ROSEVILLE, CA 95678</b>	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/yyyy
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	124. LOCATION OF INJURY (Street and number, or location, and city, and zip)	125. SIGNATURE OF CORONER / DEPUTY CORONER
126. DATE mm/dd/yyyy	127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	128. STATE REGISTRAR	129. FAX AUTH#
A	B	C	D
E	F	G	H



CERTIFIED COPY OF VITAL RECORDS  
 STATE OF CALIFORNIA, COUNTY OF PLACER

\* 000349584 \*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

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

*Richard J. Burton, M.D.*

Richard J. Burton, M.D.  
 HEALTH OFFICER AND LOCAL REGISTRAR

