Recording Requested By: Tyler H. Fair, Esq..

When Recorded Mail To: Tyler H. Fair, Esq. 3141 US Hwy. 50, Suite B-1 South Lake Tahoe, CA 96150

Mail Tax Statements To: Vaughn John Wittry 718A Kingsbury Grade Stateline, Nevada 89449

APN: 1319-19-212-008

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons. (Pursuant to NRS 239b.030)

AFFIDAVIT-CHANGE OF TRUSTEE

Pgs=4 TYLER H FAIR, ESQ



2016-890468

11/10/2016 02:56 PM

KAREN ELLISON, RECORDER

DOUGLAS COUNTY, NV

Rec:\$17.00

Total:\$17.00

Documentary Tránsfer Tax: None (Change of Trustee - Not Pursuant to a Sale)

VAUGHN J. WITTRY

VAUGHN J. WITTRY, being of legal age, being first duly sworn, deposes and says:

- 1. I am now the current trustee of the DIAN WITTRY REVOCABLE INTER VIVOS TRUST, dated April 5, 1996.
- 2. The previous trustee was DIAN WITTRY, who acquired title as such to the real property described herein under that certain trust transfer deed dated April 5, 1996, executed by DIAN WITTRY. The affidavit was recorded on April 12, 1996, in the Official Records of the County of Douglas as Document Number 385255,
- 3. I succeeded DIAN WITTRY as trustee on May 2, 2016, as a result of that trustee's death.

This affidavit affects the title to that certain real property situated in the City of Stateline, County of Douglas, State of Nevada identified as:

Parcel A, as set forth on the Parcel Map for John R. Burgman, being a portion of Lot 496, Summit Village, filed for record April 28, 1980, in Book 480, Page 1662, Document No. 44051, Official Records of Douglas County, State of Nevada.

APN: 1319-19-212-008

AFFIDAVIT-CHANGE OF TRUSTEE

APN: 1319-19-212-008

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: 15-28-16

VAUGHN J. WITTRY

ACKNOWLEDGMENT

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 El Dorado)

On October 28,2016, before me, Heather W. Lindner, notary public, personally appeared VAUGHN J. WITTRY, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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.

(Seal)

My Comm. Expires FEBRUARY 13, 2020

(Notary Signature)

STAVIDOROAVORO

COUNTY OF SAN MATEO HEALTH SYSTEM

SAN MATEO, CALIFORNIA

	3052016089970		ICATE OF DE			320164100		
DECEDENT'S PERSONAL DATA	STATE FILE NUMBER 1 NAME OF DECEDENT - FIRST (GAVEN)	USE BLACK DUK DIKA THE PROPERTY SHAPE THE SHAP		Family)	LOCAL REGISTRATION	NUMBER		
	DIAN AKA ALSO KNOWN AS - Include the AKA (FIRST MIDDLE LAST) -	DINWIDDIE		7711 0F BIRTH INTERMEDIA 0/1924	5 AGE Yra, F	UNCER ONE YEAR IF	UNDER 77 HOURS 6. SEX	
	9 SIRTH STATE-FOREIGN COUNTRY CA 10 SOCIAL SECURITY N	☐ vts {		WIDOWED		05/02/2016	1910	
	13 EDUCATION - HORAS LEVELORISMO 14-15, WAS DECEDENT HISPANICA (See workfreet on bach) MASTER'S YES	ATINO AVSPANISH? (11 yes. 120)	X VO	16. DECEDENT'S RAD CAUCASIAN		be listed (see worksheet o	u pack)	
	17 USUAL OCCUPATION - Type of work for most of file DO-NOT USE ENGLISH INSTRUCTOR		LEGE EDU		store, road construction	n, employment agency, etc	19 YEARS IN OCCUPATION	
USUAL	20. DECEDENT'S RESIDENCE (Street and rumber, or location) 718A KINGSBURY GRADE				The same of the sa			
	21. C/TY 22. CO	INTY PROVINCE	23. Z/P		4. YEARS IN COUNTY	25. STATE/FOREIGN C	OUNTRY	
	STATELINE DOL 28. INFORMANT'S NAME, RELATIONSHIP.	JGLAS	77 INFORMANT'S MA		15 Land number, or rural ro	NV ule number, city or town, s 94.49	late and zic)	
INFOR-	VAUGHN WITTRY, SON 28. NAME OF SURVIMING SPOUSE SROP-FIRST	29 MIDDLE	P.O. BOX 4			9449		
SPOUSE/SRDP AND PARENT INFORMATION	23. NAME OF BURNING SPUUS BRUP HRST	Sa MIDICE		30. LAST (B'RTH)	VAME)	1		
	31 NAME OF FATHER/PARENT-FIRST TYRE	32 MIDDLE HARRIS	1	DINWIDE)IE		34. BOTTH STATE MO	
	35. NAME OF MOTHER/PARENT-FIRST	36 MIDDLE ALICE	/	37 LAST (BIRTH)	- 1	7	38 BIRTH STATE	
	39. DISPOSITION DATE mm-dd/ccyy 40 PLACE OF FINAL DISPOS	TION RESIDENCE	OF VAUGE	IN WITTRY		_		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	05/04/2016 718A KINGSBU		E OF EMBALMER	V 89449	-		43. UCENSE NUMBER	
	CR/TR/RES 44. NAME OF FUNERAL ESTABLISHMENT		EMBALMED	JRE OF LOCAL REGIS	TRAR		47 DATE mm/dd/ccyy	
	44 NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CALIFORNIA 101 PLACE OF DEATH	FD1327	The second	TT MORRO	75.	<u> </u>	05/04/2016	
PLACE OF DEATH	MILLS PENINSULA HEALTH SERVIC		X	P ER/OP	DOA 103.11-01	HER THAN HOSPITAL S NUSSING HOTTERLTC	Decadants Other	
PLA 3E	SAN MATEO 1501 TROUSD		. \		1	BURLING	AME	
	107 CAUSE OF DEATH Enter the chain of events — discardad an est resolution of the standard and events — discardad an est resolution of the standard and events — discardad an est resolution of the standard and events — discardad an est resolution of the standard and events — discardad an est resolution of the standard and events — discardad an est resolution of the standard and events — discardad an est resolution of the standard and events — discardad an ev	asen inunen er sommekaliptisk at er rættroukar fordat om witho OBE COMMUN	- inal dractly caused as of showing the enalogy I ITY-ACOUIF	E PO NOT ABBREVATE	naleteris such MONIA	onter and Estant	108 DE C'H REPORTED TO COROLERY	
E.	(Final disease or condition resulting DUE TO AEROCOCCU in (death)					8 DYS	16-00797	
	Sequenteally, list conditions, if any leading to cause (C)		/				TES X NO	
CAUSE OF DEATH	on Line A. Errier (V) UNDERLYING CAUSE (disease or livyry that					СТ	110 AUTOPSY PERFORMED? YES X NO	
CAUSE	intitated the events (U) resulting in death) LAST						1"1 USED IN DETERIZINING CAUSET YES NO.	
	119. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL CHRONIC OBSTRUCTIVE PULMONA	T NOT RESULTING IN THE UN RY DISEASE, A	ATRIAL FIBE	ENN'STION,	CONGESTI	VE HEART FA	AILURE	
	1). WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10:	OR 1127 (If yes, list type of or	peration and date.)		-	113A.F	FEMALE PRECHANT IN LAST YEAR' YES X NO LUNK	
PHYSICIAN'S CERTIFICATION	AT THE HOUR DATE AND PLACE STATED FROM THE CAUSES STATED.	SIGNATURE AND TITLE OF	and the same of th			118 LICENSE NUMBE	ER 117 DATE mrt/dd/cqyy:	
	Decedent Attended Since Decedent Link Seen Alive (A) mm/dd/ccyy (B) mm/dd/ccyy 11	SHITAL AGGAF	ANS NAME MAILING	ADDRESS. ZIP CODE	SHITAL AG	A86334 GARWAL M.D	05/04/2016	
å ë	04/24/2016 05/02/2016 1:	DUT TROUSDAL	LE DRIVE, BI	JRLINGAMI	E, CA 94010		middlinyy 122 HOUR (24 Hours	
>,	MANNER OF DEATH Nátural Accipir homicido	Supple Proming Incestigate	on Could roll to		NC NYK	<u> </u>		
JSE ON								
CORDNER'S USE ON	124. DESCRIBE HOW KLUPY OCCURRED Events which resured in injury)							
CORO	125 LOCATICN-OF INJURY (Sirest and number, or location, and city, and ze)							
	128 SIGNATURE OF CORONER / DEPUTY CORONER	127	DATE mm/dd/ciryy	128 TYPE NAME	TITLE OF CORONER	DEPUTY CORONER	-	
STA		E]	ROTOOLLSKÍ UKRAKALÚÍ	UMUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU		FAX AUTH.	CENSUS TRACT	
	OFFIC	TIEIED COD			NDC	1		

STATE OF CALIFORNIA COUNTY OF SAN MATEO

SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

000885457

MAY 0 5 2016

Gloria Lee

SCOTT MORROW, M.D.

HEALTH OFFICER AND REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.