

APN# 1420-07-610-016

Recording Requested by:

Name: Farwell Rashkis, LLP

Address: 18 Park Avenue

City/State/Zip: Los Gatos, CA 95030

Mail Tax Statements to:

Name: Amaia Oiz, Trustee

Address: 3790 Tasha Court

City/State/Zip: Reno, NV 89503



KAREN ELLISON, RECORDER

Affidavit - Death of Trustee

Title of Document
(Required Field)

FILL IN ALL THAT APPLY:

The Undersigned Hereby Affirms That This Document Submitted For Recording Contains Personal Information As Required By Law*:

NRS 440.380

Specify Law*


Signature

Maite Oiz

Print Name

Co-Trustee

Title

Specify Law*

*If there is no applicable State or Federal Law, Personal Information must be removed prior to recording.

If this document is a re-record or correction, fill out below:

Correcting Document#: _____ Amending: _____

Reason for re-record: _____

(For Re-records, all pages from original document must be included, \$25 Non-conforming Fee may apply)

If legal description is in metes & bounds, indicate where it was obtained:

_____ (Document Title), Book _____ Page _____ or

Document # _____ recorded _____ (date) in the

Lyon County Recorder's Office.

-OR-

If prepared by a surveyor, provide name and address:

Personal information means a natural person's first name or first initial and last name in combination with any one or more of the following data elements:

1. Social security number.
2. Driver's license number or identification card number.
3. Account number, credit card number or debit card number, in combination with any required security code, access code or password .

**RECORDING REQUESTED AND WHEN
RECORDED MAIL TO:**

James D. Farwell
FARWELL RASHKIS, LLP
18 Park Avenue
Los Gatos, CA 95030

APN: 1420-07-610-016

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF CALIFORNIA
County of Santa Clara

MAITE OIZ, of legal age, being first duly sworn, says:

On April 28, 2006, JOSE ANTONIO OIZ, as settlor, signed a declaration of trust and created the OIZ 2006 TRUST.

On July 8, 2013, Jose Antonio Oiz executed a Grant Deed and recorded the Grant Deed on July 11, 2013, as Document Number 0826943, in Official Records in the County of Douglas Recorder's Office, conveying to Jose Antonio Oiz, as trustee of the Oiz 2006 Trust, the hereinafter described real property.

On October 5, 2016, Jose Antonio Oiz, trustee of the Oiz 2006 Trust, passed away as further evidenced by the certified copy of Certificate of Death attached hereto.

The Oiz 2006 Trust provides that AMAIA OIZ and MAITE OIZ thereupon became the successor co-trustees of the Oiz 2006 Trust, they have accepted the office of trustee, and they are acting as co-trustees of said Trust.

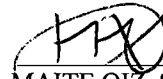
The real property hereinabove mentioned is a one hundred percent interest in all that real property commonly known as 3586 Haystack Drive in the City of Carson City, County of Douglas, State of Nevada, and is legally as follows:

Lot 14, in Block A, of the Final Map of SUNRIDGE HEIGHTS PHASE 1, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 11, 1993 as Document No. 309550.

Assessor Parcel Number: 1420-07-610-016

Dated: December 15, 2016

AFFIANT:



MAITE OIZ, Successor Co-Trustee

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 SANTA CLARA

Subscribed and sworn to before me on this 15th day of December, 2016, by Maite Oiz, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Tina Castaneda

(Signature of Notarial Officer)

TINA CASTANEDA

(Legibly printed Name of Notary)

My commission expires: Sep 7, 2019

(Notary Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201643008143

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SRDP AND PARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORNER'S USE ONLY. Includes fields for name, date of birth, social security number, cause of death, and registrar information.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

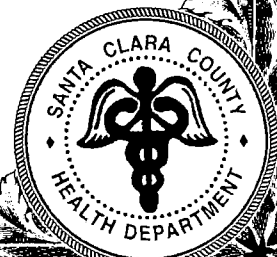
DATE ISSUED
By OCT 06 2013

* H 3 1 7 6 8 2 2 *

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH

SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE