

APN: 1318-15-311-009

R.P.T.T.: \$0.00

Recording Requested By:

uDeed, LLC

9041 South Pecos Road, Suite 3900

Henderson, NV 89074

After Recording Mail To:

uDeed, LLC – 82942A

9041 South Pecos Road, Suite 3900

Henderson, NV 89074

Send Subsequent Tax Bills To:

Mary L. Tweten, Surviving Trustee

P. O. Box 1926

Zephyr Cove, NV 89448

AFFIDAVIT OF SURVIVING TRUSTEE

TITLE OF DOCUMENT

I, **Mary L. Tweten, Surviving Trustee**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated **April 11, 2014**, **Donald L. Tweten and Mary L. Tweten** executed the **Tweten Family Trust Dated April 11, 2014**.
2. Said trust appointed me to serve as Surviving Trustee upon the death or incapacity of **Donald L. Tweten**.
3. **Donald Lawrence Tweten** died on **August 12, 2016**, at **Thousand Oaks, California**, a resident of **Ventura County, California**, pursuant to the attached certified copy of the Certificate of Death and is the same person as said **Donald L. Tweten**.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.
5. The real property subject hereof is part of the trust estate, situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **1 Navajo Court, Zephyr Cove, Nevada 89448**

Per NRS 111.312 – The Legal Description appeared previously in **Quitclaim Deed**, recorded on **July 22, 2014**, in Book **714**, at Page **4673**, as Document No. **846712** in Douglas County Records, Douglas County, Nevada.

6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to **Mary L. Tweten** as Surviving Trustee.

I, **Mary L. Tweten, Surviving Trustee**, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

Mary L. Tweten
Mary L. Tweten, Surviving Trustee

Affiant
 Title

DATED this 2nd day of February, 2017.

Mary L. Tweten Surviving Trustee
Mary L. Tweten, Surviving Trustee

STATE OF CALIFORNIA)

ss

COUNTY OF VENTURA)

SUBSCRIBED AND SWORN before me this 2nd day of February, 2017, by **Mary L. Tweten, Surviving Trustee.**

NOTARY STAMP/SEAL

[Signature]
Notary Public

Title and Rank
My Commission Expires: September 16, 2020

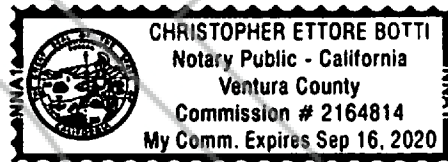


EXHIBIT "A"
LEGAL DESCRIPTION

ALL THAT CERTAIN REAL PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOWS:

BEING ALL OF LOT 5, IN BLOCK A, AS SHOWN ON THE MAP ENTITLED ROUND HILL VILLAGE UNIT NO. 3, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 24, 1965, AS DOCUMENT NO. 30185.

Per NRS 111.312 – The Legal Description appeared previously in **Quitclaim Deed**, recorded on **July 22, 2014**, in Book **714**, at Page **4673**, as Document No. **846712** in Douglas County Records, Douglas County, Nevada.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDS

County of Ventura
VENTURA, CALIFORNIA

3052016158636		CERTIFICATE OF DEATH	3201656003249	
STATE FILE NUMBER		STATE OF CALIFORNIA VITAL RECORDS SECTION 1514071300	LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST, MIDDLE, LAST DONALD LAWRENCE		2. LAST NAME OF TWETEN		3. SEX M
4. AKA ALSO KNOWN AS (Include LA AKA FIRST MIDDLE LAST)		4. DATE OF BIRTH (mm/dd/yyyy) 03/11/1935	5. AGE Yrs 81	6. SEX M
9. BIRTH STATE FOREIGN COUNTRY MN	10. SOCIAL SECURITY NUMBER 5608	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12. MARITAL STATUS (Specify if other than MARRIED) MARRIED	7. DATE OF DEATH (mm/dd/yyyy) 08/12/2016
13. EDUCATION (Highest grade completed) ASSOCIATE		14. WAS DECEASED WORKING (Indicate date of last day of work) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. DECEASED'S RACE (Use 1-3 races that best describe decedent on basis) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PROGRAM MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, food construction, employment agency, etc.) AEROSPACE		19. YEARS IN OCCUPATION 35
20. DECEASED'S RESIDENCE (Street and number, or location) 824 PINETREE CIRCLE UNIT #31				
21. CITY THOUSAND OAKS		22. COUNTY/PROVINCE VENTURA	23. ZIP CODE 91360	24. YEARS IN COUNTY 4
25. STATE/FOR. (AN) COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP MARY TWETEN, SPOUSE		
27. ADDRESS (Street and number, or location) 824 PINETREE CIRCLE UNIT #31, THOUSAND OAKS, CA 91360		28. DECEASED'S MARITAL STATUS (Specify if other than MARRIED) MARRIED		
29. NAME OF SURVIVING SPOUSE/SPOUSE FIRST MARY LOUISE		30. LAST BIRTH NAME BISEL		31. BIRTH STATE MN
32. NAME OF FATHER/PARENT IF FIRST HENRY		33. LAST TWETEN		34. BIRTH STATE MN
35. NAME OF MOTHER/PARENT IF FIRST HARRIET		36. MIDDLE ANDERSEN		37. BIRTH STATE MN
38. DISPOSITION DATE 08/15/2016		40. PLACE OF FINAL DISPOSITION HAPPY HOMESTEAD CEMETERY 1261 JOHNSON BLVD, SOUTH LAKE TAHOE, CA 96158		39. LICENSE NUMBER CR/BU
41. TYPE OF DISPOSITION CR/BU		43. SIGNATURE OF FUNERAL HOME NOT EMBALMED		42. LICENSE NUMBER FD1760
44. NAME OF FUNERAL ESTABLISHMENT ROSE FAMILY FUNERAL HOME		45. SIGNATURE OF LOCAL REGISTRAR ROBERT M LEVIN, MD		47. DATE (mm/dd/yyyy) 08/12/2016
46. PLACE OF DEATH FAMILY CARE COTTAGES		48. HOSPITAL SPEC. (Code) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		49. OTHER THAN HOSPITAL SPECIFY CODE <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER
47. CITY VENTURA		48. FACILITY ADDRESS (Include street and number, or location) 820 CALLE CEDRO		50. CITY THOUSAND OAKS
51. CAUSE OF DEATH STAGE IV PROSTATE CANCER		52. MANNER OF DEATH MOS		53. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY ICD NONE		55. WAS OPERATION PERFORMED FOR ANY CONDITION, IF YES: (ICD 10 code, type of operation, and date) NO		56. FEMALE REGISTRAR IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
57. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DECLARATION IS TRUE AND CORRECT 08/04/2016		58. SIGNATURE AND TITLE OF CERTIFIER BEHZAD MOSHARAFIAN M.D.		59. LICENSE NUMBER A80555
60. DATE OF DEATH 08/12/2016		61. TYPE AND ADDRESS OF PLACE WHERE DECEASED OCCURRED 72 MOODY COURT, THOUSAND OAKS, CA 91376		62. DATE 08/12/2016
63. PLACE OF BIRTH (City, County, State) MINNAPOLIS, MN		64. NATURE OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> OTHER		65. INFLUENCE OF ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
66. DESCRIBE HOW QUALITY OCCURRED (e.g. with, without, etc.)		67. PLACE OF BIRTH (City, County, State) MINNAPOLIS, MN		68. TYPE OF DEATH (ICD 10 code) M50.9
69. LOCATION OF BIRTH (Street and number, or location, city and state)		70. SIGNATURE OF REGISTRAR - DEPUTY REGISTRAR		71. DATE (mm/dd/yyyy)
72. SIGNATURE OF REGISTRAR - DEPUTY REGISTRAR		73. DATE (mm/dd/yyyy)		74. TYPE NAME TITLE OF REGISTRAR - DEPUTY REGISTRAR
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT



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

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.

* 001165898 *

DATE ISSUED: **08/12/2016**

Robert M. Levin, MD
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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

ANY ALTERATION OR IMPAIRMENT OF THIS CERTIFICATE