W.

DOUGLAS COUNTY, NV Rec:\$16.00

OUNTY, NV 2017-902135 07/31/2017 02:40 PM

Total:\$16.00

Pas=3

COLEMAN & HOROWITT



KAREN ELLISON, RECORDER

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Michael P. Dowling, Esq. COLEMAN & HOROWITT, LLP 499 W. Shaw Avenue, Suite 116 Fresno, CA 93704

AFFIDAVIT OF CHANGE OF TRUSTEE (By Successor Trustee) Section 18105 California Probate Code

STATE OF CALIFORNIA)	
)	SS
COUNTY OF FRESNO)	

SHARON T. COLBY, being of legal age, first being duly sworn, deposes and says:

That WILLIAM K. COLBY was a Co-Trustee of THE COLBY FAMILY REVOCABLE TRUST dated August 22, 2008; that as a Co-Trustee of said Trust he held an interest in that certain real property located in the County of Douglas, State of Nevada, described as follows:

Lot 168, in Block C, as shown on the Official Map of SILVERADO HEIGHTS NO. 2, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on June 20, 1979, in Book 679, Page 1486, as File No. 33717 (APN: 13-272-43).

That WILLIAM K. COLBY died on May 22, 2017, as shown in the certified copy of the decedent's death certificate attached to this Affidavit and, pursuant to the provisions of said Trust, SHARON T. COLBY is the Trustee and has consented to act as such; and that, as a result of the change in Trustee, she is the sole Trustee now in office of THE COLBY FAMILY REVOCABLE TRUST dated August 22, 2008.

DATED: 07/20 .2017.

SHARON T COLBY

	ompleting this certificate verifies only the identity of ruthfulness, accuracy, or validity of that document.	of the individual w	ho signed	the documen	t to which th
STATE OF CALIFORNIA COUNTY OF FRESNO)		//	\	







COUNTY of FRESNO DEPARTMENT OF PUBLIC HEALTH

	3052017105470	CERTIFICATE OF	DEATH	3201710003005
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)	USE BLACK (NK ONLY / NO ERASURES, WHI VS-114/REV 3/06)	(EQUTS OR ALTERATIONS	LOCAL REGISTRATION NUMBER
DATA	WILLIAM	KEITH	COLBY	
뒇.	AKA, ALSO KNOWN AS - (notude fut AKA (FIRST, MIDDLE, LAST)			IF UNDER ONE YEAR IF UNDER 24 HOURS 6. SEX Months Days Hours Minutes M
EDENT'S PERSON	9, BIRTH STATE/FOREIGN COUNTRY 10, SOCIAL SECURITY N		1.375	7. DATE OF DEATH mm/dd/ccyy 8. HOUR 24 Hours) 05/22/2017 0730
NT'S	13. EDUCATION – Highest Leve/Degree 14/15. WAS DECEDENT HISPANICAL (see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races ma	27 T
ECEDE	HS GRADUATE YES	<u> </u>	NO CAUCASIAN OR INDUSTRY (e.g., grocery store, road construct	ion, employment agency, etc.) 19, YEARS IN OCCUPATION
:: <u>^</u>	AUTO BODY SHOP MANAGER	AUTO	ON INDUSTRY (e.g., grocery store, roza construct	19, 76AHS IN OCCUPATION
∵ ∷, <u>ଅ</u>	20. DECEDENT'S RESIDENCE (Street and number, or location) 4431 N MAPLE AVENUE			er – 24. de wela
USUAL		1	3. ZIP CODE 24. YEARS IN COUNT	Y 25. STATE/FORE(GN COUNTRY
# 5	PRESIO FRE 28. INFORMANT'S NAME, RELATIONSHIP		3726 44	coute number, city or (own., state and zip)
M W	SHARON COLBY, WIFE 28, NAME OF SURVIVING SPOUSE/SRDP*-FIRST	29. MIDDLE		D, CA 93726 17%;i/4 11
AND	SHARON	RAE	30, LAST (BIRTH NAME) TÄBER	
OUSE/SRDP AND ENT INFORMATIO	31. NAME OF FATHER/PARENT-FIRST EDWARD	32: MIDDLE	33. LAST COLBY	34. BIRTH STATE MN
OUSE	35. NAME OF MOTHER/PARENT-FIRST	36, MIDDLE		38. BIRTH STATE
: o ₹	GERALDINE 39. DISPOSITION DATE: mm/dd/cbyy 40, PLACE OF FINAL DISPOS	- ™ON RESIDENCE OF: SH	ALLEN	William William
L DIRECTOR/ REGISTRAR	05/23/2017 : : 4431 N MAPLE :	AVENUE, FRESNO, CA	93726 (1000)	<u>/27 (23.1) (2. 11.1)</u>
	41. TYPE OF DISPOSITION(S)	AZ SIGNATURE OF EMBALME	L 100 0	43, LICENSE NUMBER
FUNERA	'44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF CENTRAL CALIFORNIA	45. LICENSE NUMBER 48. SI	GNATURE OR LOCAL PEGISTRAR ENNETH D BIRD, MD MP	H 47 DATE mm/dd/ccyy D5/23/2017
 	101. PLACE OF DEATH RESIDENCE			OTHER THAN HOSPITAL, SPECIFY ONE Spico Nursing X Decedent's Other Home/LTC X Home
PLACE DEAT	104. COUNTY 105. FACILITY ADDRESS OF FRESNO 4431 N. MAPLE	R LOCATION WHERE FOUND (Street and num	our, or location)	106. CITY FRESNO
	107. CAUSE OF DEATH Enjer the chain of events dise	ases, injuries, or complications — that directly causes, or ventricular florillation without showing the otic	sed double. DO NOT enter territoral events such	Time Interval Between 109, DEATH REPORTED TO CORONER?
	HAMEDIATE CAUSE (A) MALIGNANT NEOPLAS (Final disease or condition resulting	M OF RIGHT MAIN BRO	NCHUS	YRS YRS NO
	In death) (B) Sequentially, list		T 69 6 75 5	(BT) 109. BIOPSY PERFORMED?
EATH	conditions, if any, leading to cause on Line A. Enter (C)			(CT) YES X NO
EOFD	UNDERLYING CAUSE (disease or injury that			YES X NO
CAUS	resulting in death) LAST	ANN TO		(OT) :: (11, USED IN DETERMINING CAUSE) VES
	112, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU NONE	With the Williams	v kiril	
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107	OR 112? (If yes, list type of operation and date.		
s N	114, I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED 115 AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	SIGNATURE AND TITLE OF CERTIFIER		YES NO UNK
SICIAN	Decedent Attended Since Decedent Last Seen Alice	TEGEST FEKERTE HAIL	U M.D.	A60221 05/23/2017
PHYSICIAN CERTIFICAT	00/10/2017 00/22/2017 124	BO M SUBMIN BACKOE A	LING ADDRESS, ZIP CODE TEGEST FE 101, FRESNO, CA 93711	EKERTE HAILU M.D. "
CORONER'S USE ONLY	119. LCERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AN MANNER OF DEATH NATURAL ACCIDENT HOMICIDE	Suicide Pulking Coul	I not be risked YES NO UNK	121, INJURY DATE mm/dd/ccyy 122, HOUR (24 Hours)
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.			
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury	ny) y		
ONER	125. LOCATION OF INJURY (Street and number, or location, and city, an	1 2 10 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 2000, m	· · · · · · · · · · · · · · · · · · ·
. R			. 164 366 66 11	
	126. SIGNATURE OF CORONER / DEPUTY CORONER:	127, DATE mm/dd/cc	yy 128. TYPE NAME, TITLE OF CORONER	/ DEPUTY CORONER
STA	RAR B C D		NATI KARI HADI KALEMAT KANI MANAKAN HADI KATI DALAMA	FAX AUTH.# CENSUS TRACT
. 3	<u> </u>	<u> </u>	010001003568542*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.



