

RECORDING REQUESTED BY:

Regional Lender Center

Escrow Order No.: FCPF-7001701072

When Recorded Mail Document To:

The Bypass Trust created under The Nolan Family Trust dated June 10, 1997
Attn: Nancy C. Nolan, Trustee
55 Country Hills
Danville, CA 94506

APN/Parcel ID(s): 1418-10-511-011

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

Nancy C. Nolan, being of legal age, and first duly sworn, deposes and says:

1. That Thomas P. Nolan the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust dated September 10, 1997 executed by Thomas P. Nolan and Nancy C. Nolan, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 158 Yerington Circle, Glenbrook, NV 89413, which property is described in the Deed which was signed by THOMAS P. NOLAN AND NANCY C. NOLAN, HUSBAND AND WIFE, AS COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP as Grantor(s) and recorded as instrument no. 0584552 of Official Records on July 28, 2003. The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
3. I, The Bypass Trust created under The Nolan Family Trust dated June 10, 1997 am the named Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in Paragraph 1 above.

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

Dated: September 5, 2017

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

The Bypass Trust created under The Nolan Family Trust dated June 10, 1997

BY: Nancy C. Nolan
Nancy C. Nolan, Trustee

AFFIDAVIT - DEATH OF TRUSTEE
(continued)

APN/Parcel ID(s): 1418-10-511-011

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 Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 6 day of September, 2017, by Nancy C. Nolan, Trustee, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Erika Marston
Signature

(Seal)

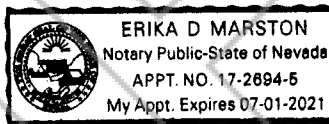


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 1418-10-511-011

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF GLENBROOK, COUNTY OF DOUGLAS, STATE OF NEVADA AND IS DESCRIBED AS FOLLOWS:

LOT 37, IN BLOCK C, AS SHOWN ON THE MAP OF GLENBROOK UNIT NO. 3, FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 13, 1980 AS FILE NO. 45299

EXCEPTING THEREFROM ALL THAT REAL PROPERTY SITUATE IN THE NORTHEAST QUARTER (NE 1/4) OF SECTION 10, TOWNSHIP 14 NORTH, RANGE 18 EAST, M.D.B. & M., DOUGLAS COUNTY, NEVADA DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF LOT 37, BLOCK C, GLENBROOK UNIT NO. 3-A, RECORDED JUNE 13, 1980; THENCE SOUTH 84°55'13" WEST 112.34 FEET TO THE SOUTHWEST CORNER OF SAID LOT 37; THENCE NORTH 39°30'50" EAST 20.00 FEET; THENCE NORTH 79°57'07" EAST 123.33 FEET; THENCE SOUTH 39°30'50" WEST 35.00 FEET TO THE POINT OF BEGINNING AND AS FURTHER SHOWN ON LOT LINE ADJUSTMENT MAP FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA ON DECEMBER 28, 1983 AS DOCUMENT NO. 93495.

THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED AUGUST 2, 2002, IN BOOK 0802, PAGE 00765, AS INSTRUMENT NO. 548653

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

3052011157182

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO ERASURES, WHITE OUTS OR ALTERATIONS
 VS-1 (REV 3/05)

3201107004849

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
THOMAS		PETER		NOLAN JR		3201107004849	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)							
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SURV (at Time of Death)	
IL		6294		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
BACHELOR		<input type="checkbox"/> YES <input type="checkbox"/> NO		CAUCASIAN		08/29/2011	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, cold construction, employment agency, etc.)		19. YEARS IN OCCUPATION		8. HOUR (24 Hours)	
ENTREPRENEUR		TECHNOLOGY		40		1105	
20. DECEDENT'S RESIDENCE (Street and number, or location)							
118 LA QUINTA DRIVE							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
MORAGA		CONTRA COSTA		94556		32	
25. STATE/FOREIGN COUNTRY		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)					
CA		118 LA QUINTA DRIVE, MORAGA, CA 94556					
28. NAME OF SURVIVING SPOUSE/SPOD - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)		34. BIRTH STATE	
NANCY		MARIE		CHASE		UNKNOWN	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		38. BIRTH STATE	
THOMAS		PETER		NOLAN SR		UNKNOWN	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
CATHERINE				MARONEY		UNKNOWN	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION: RES. NANCY NOLAN					
09/01/2011		118 LA QUINTA DRIVE, MORAGA, CA 94556					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		47. DATE mm/dd/yyyy	
CR/RES		▶ NOT EMBALMED		-		08/31/2011	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
HULL'S WALNUT CREEK CHAPEL		FD250		▶ WENDEL BRUNNER, MD		08/31/2011	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. CITY	
RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Hospice		<input type="checkbox"/> Nursing Home/UTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		MORAGA	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)					
CONTRA COSTA		118 LA QUINTA DRIVE					
107. CAUSE OF DEATH		108. CITY				109. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		MORAGA				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A. NON SMALL CELL LUNG CANCER		Time Interval Between Death and Death:				106. DEATH REPORTED TO CORONER?	
B. _____		(A) YRS				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. _____		(B) _____				107. BICOPSY PERFORMED?	
D. _____		(C) _____				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
E. _____		(D) _____				110. AUTOPSY PERFORMED?	
F. _____		(E) _____				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		111. USED IN DETERMINING CAUSE?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ANEMIA, THROMBOCYTOPENIA, NEPHROLITHIASIS							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.				115. SIGNATURE AND TITLE OF CERTIFIER	
		Decedent Attended Since _____ Decedent Last Seen Alive _____				▶ SHERELLEN BROOK GERHART M.D.	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
A70307		08/31/2011		3470 BUSKIRK AVENUE, PLEASANT HILL, CA 94523		06/04/2011	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER							
127. DATE mm/dd/yyyy							
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER							
Wendel Brunner (M)							
STATE REGISTRAR		A		B		C	
D		E		F		G	
FAX AUTH.#		CENSUS TRACT		FACILITY ADDRESS OR LOCATION WHERE FOUND		"010001001862201"	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF CONTRA COSTA } SS

DATE ISSUED **SEP - 1 2011**



This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendel Brunner (M)
 CONTRA COSTA COUNTY HEALTH OFFICER

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

