RECORDING REQUESTED BY

Strategic Wealth Legal Advisors, PC

AND WHEN RECORDED MAIL TO

Rita M. Lingwood Strategic Wealth Legal Advisors, PC 2601 K St. Sacramento, CA 95816 DOUGLAS COUNTY, NV

2017-907323

Rec:\$35.00 Total:\$35.00

11/27/2017 02:27 PN

STRATEGIC WEALTH LEGAL

Pgs=3



KAREN ELLISON, RECORDER

SPACE ABOVE LINE FOR RECORDER'S USE ONLY

APN:

1318-26-101-068

Order #:

Fscrow#

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA COUNTY OF SACRAMENTO

ALAN R. MORE, of legal age, being first duly sworn, deposes and says:

<u>ANNIE-ELLEN P. MORE</u>, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in that certain Declaration of Trust dated August 29, 2012, executed by ALAN R. MORE and ANNIE-ELLEN P. MORE as trustor(s).

At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on <u>December 8, 2014</u>, as instrument No. 2014-854052, in Official Records of Douglas County, covering the following described property situated in the said County, State of Nevada:

A portion of the Northeast ¼ of the Northwest ¼ of Section 26, Township 13, North, Range 18 East, M.D.B. & M., described as follows:

Parcel 2, as set forth on the Ovlan Fritz Parcel Map, recorded March 15, 1978, in Book 378 of Official Records at Page 929, Douglas County, Nevada as Document No. 18562.

Commonly known as 145 Rosewood Ct., Stateline, NV 89449

I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated: 10/1/1

ALAN R. MORE, 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 Sacramento

Subscribed and sworn to (or affirmed) before me on this day of ______, 20_17, by ______

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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STATE OF CALIFORNIA COUNTY OF SACRAMENTO

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DATE ISSUED: August 20, 2015

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