

35

APN# 1318-10-311-003

Recording Requested by:

Name: Christeen M. Reeg, Trustee
Address: 3217 Cessna Drive
City/State/Zip: Cameron Park, CA 95682

When Recorded Mail to:

Name: Christeen M. Reeg, Trustee
Address: 3217 Cessna Drive
City/State/Zip: Cameron Park, CA 95682

Mail Tax Statement to:

Name: Christeen M. Reeg, Trustee
Address: 3217 Cessna Drive
City/State/Zip: Cameron Park, CA 95682



KAREN ELLISON, RECORDER

(for Recorder's use only)

AFFIDAVIT OF CHANGE OF TRUSTEE
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: Affidavit of Death - NRS 440.380 (1)(A) and NRS 40.525(5)
(State specific law)

Christeen M. Reeg Trustee
Signature Title

CHRISTEEN M. REEG
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

APN: 1318-10-311-003

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

Christeen M. Reeg, Trustee
3217 Cessna Drive
Cameron Park, CA 95682

MAIL TAX STATEMENTS TO:
400 Lenox Court
Pleasant Hill, CA 94523

AFFIDAVIT OF CHANGE OF TRUSTEE

STATE OF CALIFORNIA)
 : ss
COUNTY OF SACRAMENTO)

CHRISTEEN M. REEG, of legal age, being first duly sworn, deposes and says:

1. That MICHAEL COLLOM, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as MICHAEL S. COLLOM named as Trustee of the MICHAEL S. COLLOM SEPARATE PROPERTY TRUST dated March 25, 2011 on that certain Grant Deed recorded April 2, 2015, as Instrument No. 2015-859594, Official Records of Douglas County, State of Nevada;

2. That the MICHAEL S. COLLOM SEPARATE PROPERTY TRUST provides that if for any he shall cease to act as Trustee, then CHRISTEEN M. REEG shall act as Trustee;

3. That CHRISTEEN M. REEG is now the successor Trustee of the MICHAEL S. COLLOM SEPARATE PROPERTY TRUST dated March 25, 2011;

4. That any party dealing with the MICHAEL S. COLLOM SEPARATE PROPERTY TRUST may rely on the authority of the successor Trustee and need not inquire into the provisions of the trust, and may assume no revocation or amendment or change in the Trusteeship in the absence of actual knowledge to the contrary, with regard to the real property in the County of Douglas, State of Nevada, described as:

LOT FOUR (4) AS SHOWN ON THE MAP OF ZEPHYR KNOLLS
SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF
DOUGLAS COUNTY, STATE OF NEVADA, ON JULY 17, 1956, IN BOOK
1 OF MAPS, DOCUMENT NO. 11617, OFFICIAL RECORDS OF
DOUGLAS COUNTY, STATE OF NEVADA.

A.P.N. 1318-10-311-003

Dated: December 7, 2017

Christeen M. Reeg
CHRISTEEN M. REEG

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)
 :SS
COUNTY OF SACRAMENTO)

Subscribed and sworn to (or affirmed) before me on this 7 day of December 2017,
by CHRISTEEN M. REEG, proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



Lisa R. Hamilton
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
PLACERVILLE, CALIFORNIA

3052017224827

CERTIFICATE OF DEATH

3201709001129

STATE F-LE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ALTERATIONS VS-1 (REV. 3/06)				LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		2 MIDDLE		3 (LAST) Family			
MICHAEL		-		COLLOM			
AKA, ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST)							
4 DATE OF BIRTH mm/dd/ccyy				5 AGE Yrs		6 SEX	
02/11/1948				69		M	
9 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES?		12 MARITAL STATUS/SRDP (at Time of Death)	
CA		-0211		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13 EDUCATION - Highest Level/Degree (see worksheet on back)				14 15 WAS DECEDENT HISPANIC/LATINO/AS/SPANISH? If yes, see worksheet on back		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
ASSOCIATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		WHITE	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED				18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19 YEARS IN OCCUPATION	
FINANCIAL ADVISOR				FINANCE		40	
20 DECEDENT'S RESIDENCE (Street and number or location)							
3217 CESSNA DRIVE							
21 CITY		22 COUNTY/PROVINCE		23 ZIP CODE		24 YEARS IN COUNTY	
CAMERON PARK		EL DORADO		95682		15	
25 STATE/FOREIGN COUNTRY		26 INFORMANT'S NAME RELATIONSHIP					
CA		CHRISTEEN REEG, WIFE					
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route, number, city or town, state and zip)							
3217 CESSNA DRIVE, CAMERON PARK, CA 95682							
28 NAME OF SURVIVING SPOUSE/SRDP - FIRST		29 MIDDLE		30 LAST (BIRTH NAME)			
CHRISTEEN		MARIE		REEG			
31 NAME OF FATHER/PARENT - FIRST		32 MIDDLE		33 LAST			
MELVIN		-		COLLOM			
34 BIRTH STATE		35 NAME OF MOTHER/PARENT - FIRST					
CA		MAUREEN					
36 MIDDLE		37 LAST (BIRTH NAME)		38 BIRTH STATE			
-		GANDER		CA			
39 DISPOSITION DATE mm/dd/ccyy		40 PLACE OF FINAL DISPOSITION					
11/13/2017		GREEN VALLEY CEMETERY					
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER					
CR/BU		NOT EMBALMED					
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
-		GREEN VALLEY MORTUARY & CEMETERY		FD1551		NANCY J WILLIAMS, MD, MPH	
47 DATE mm/dd/ccyy		48 SIGNATURE OF LOCAL REGISTRAR					
11/13/2017		NANCY J WILLIAMS, MD, MPH					
101 PLACE OF DEATH							
OWN RESIDENCE							
102 IF HOSPITAL, SPECIFY ONE		103 IF OTHER THAN HOSPITAL, SPECIFY ONE				104 OTHER	
<input type="checkbox"/> IP <input type="checkbox"/> CR <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other		<input type="checkbox"/> IP <input type="checkbox"/> CR <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other				<input type="checkbox"/> IP <input type="checkbox"/> CR <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
105 COUNTY		106 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)				106 CITY	
EL DORADO		3217 CESSNA DRIVE				CAMERON PARK	
107 CAUSE OF DEATH							
IMMEDIATE CAUSE (Final disease or condition resulting in death)						108 DEATH REPORTED TO CORONER?	
APPENDICEAL CANCER						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially, list conditions if any leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						109 BIOPSY PERFORMED?	
						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
						110 AUTOPSY PERFORMED?	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						111 USED IN DETERMINING CAUSE?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)							
INTERSTITIAL LUNG DISEASE							
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)						113A IF FEMALE, PREGNANT IN LAST YEAR?	
NO						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
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		116 LICENSE NUMBER		117 DATE mm/dd/ccyy	
Decedent Attended Since: mm/dd/ccyy (A) 01/15/2016		Decedent Last Seen Alive: mm/dd/ccyy (B) 10/24/2017		FRANK TZE HSIEH M.D.		G85688	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119 INJURED AT WORK?					
FRANK TZE HSIEH M.D.		120 INJURED AT WORK?					
1600 EUREKA ROAD, ROSEVILLE, CA 95661		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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)							
125 LOCATION OF INJURY (Street and number, or location, and city and zip)							
126 SIGNATURE OF CORONER / DEPUTY CORONER							
27 DATE mm/dd/ccyy		28 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER				29	
		NANCY J WILLIAMS, MD, MPH					
STATE REGISTRAR		A		B		C	
FAX AUTH.#		CENSUS TRACT				010001003704046	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer



000184449

Nancy Williams
NANCY J WILLIAMS MD, MPH
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE