

APN# : 1219-04-001-026

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Mark Loren Alcalay
2407 A Rockefeller Lane
Ordano, CA 90278

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Laeha Hill

Laeha Hill

[Signature]

Escrow Assistant

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Mark Loren Alcalay, of legal age, being first duly sworn, deposes and says:

1. Steven Donald Alcalay, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Steven Donald Alcalay named as Trustee in the Declaration of Trust dated 1/25/2005 and executed by Steven Donald Alcalay and Tana Lee Alcalayas Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 176 Taylor Creek Road Gardnerville, NV 89460, which property is described in a Deed which was executed by Tana Alcalay and Steven D. Alcalay, Wife and Husband as Grantor(s) on September 6, 2006 and recorded as Instrument No. 883889, in Book 0906, Page 1578, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

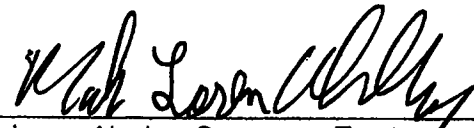
All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 11 as set forth on the Final Subdivision Map PD#01-017 for TAYLOR CREEK ESTATES, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 26, 2002, in Book 402, at Page 8620 as Document No. 540786.

4. I 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the 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 1/22/2018

↓ 
Mark Loren Alcalay, Successor Trustee

STATE OF CALIFORNIA

:SS

COUNTY OF _____

This instrument was acknowledged before me on

By Mark Loren Alcalay

Notary Public

California Notarial
Loose Certificate
attached

COPIES

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

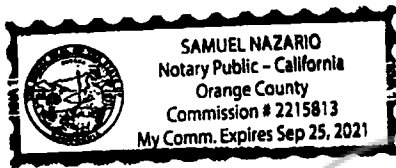
A notary public or other officer completing this certificate, verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

On Monday, January 22, 2018 before me, Samuel Nazario Notary Public, personally appeared
Mark Loren Alcalay

Who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.

Signature



Description of Attached Document

Title or Type of Document: Affidavit - Death Of Trustee

Document Date: 01/22/18

Number of Pages: 2

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: Mark Loren Alcalay

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: SELF

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3942209

CERTIFICATE OF DEATH

2017003507
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Steven Donald ALCALAY		2. DATE OF DEATH (Mo/Day/Year) February 06, 2017		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Renown Regional Medical Center Intensive Care Unit (ICU)		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - SPANISH		7a. AGE-Last birthday (Years) 73	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) June 05, 1943		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 13		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER 0364		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 176 Taylor Creek Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Paul M ALCALAY	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Charlene SCHINDLER		18a. INFORMANT- NAME (Type or Print) Mark ALCALAY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2407A Rockefeller Lane Redondo Beach, California 90278	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARRIN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) EMILY NGUYEN DO		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			
	21b. DATE SIGNED (Mo/Day/Yr) February 23, 2017		21c. HOUR OF DEATH 15:12		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Derrick Moore M.D.		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Emily Nguyen DO 1155 Mill St Reno, NV 89502		23b. LICENSE NUMBER DO1651		24a. REGISTRAR (Signature) CARMEN M MENDOZA	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 27, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiogenic Shock New Onset Atrial Fibrillation		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Bilateral Pulmonary Emboli		Interval between onset and death			
	(c) Acute Renal Failure		Interval between onset and death			
(d) Shock Liver		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I: Metabolic Acidosis, Left Pneumothorax		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)				
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		28h. STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

0 0 0 6 6 3 4 6 0



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

3/1/2017

DATE ISSUED:

Cody P. Hines
SIGNATURE AUTHENTICATED
STATE REGISTRAR

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

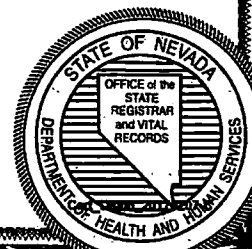
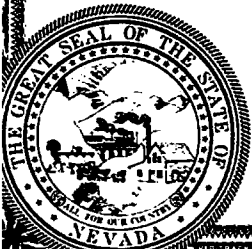


EXHIBIT "A"

**All that certain real property situate in the County of Douglas, State of Nevada,
described as follows:**

**Lot 11 as set forth on the Final Subdivision Map PD#01-017 for TAYLOR CREEK
ESTATES, filed for record in the office of the County Recorder of Douglas County,
State of Nevada, on April 26, 2002, in Book 402, at Page 8620 as Document No. 540786.**

**Assessor's Parcel Number(s):
1219-04-001-026**

