DOUGLAS COUNTY, NV Rec:\$35.00 Total:\$35.00

KAREN ELLISON, RECORDER

JUSTIN CLOUSER

2018-913351 04/23/2018 03:01 PM

Pas=2

RECORDING REQUESTED BY:

Hillary H. Marble 300 Caldecott Ln, #111 Oakland, CA 94618

AFTER RECORDATION, RETURN BY MAIL TO:

Hillary H. Marble 300 Caldecott Ln, #111 Oakland, CA 94618

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## SUBSTITUTION OF TRUSTEE

I, GREGORY J. HAMPTON, Trustee of the NANCY SHORT STEWART FAMILY EXEMPT TRUST, hereby resign as Trustee of the NANCY SHORT STEWART FAMILY EXEMPT TRUST and hereby substitute HILLARY H. MARBLE as Successor Trustee of the NANCY SHORT STEWART FAMILY EXEMPT TRUST.

This substitution is effective immediately.

IN WITNESS WHEREOF, I have hereunto signed and sealed these presents the day and year written herein.

DATED, this 10 M day of APRIL

## **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.

county of Date  Public, personally appeared Circles  STATE OF CALIFORNIA  Before me, Some Date  Public of California  Public of Cali	nnd Balla  Notary  Hampon
Name(s) of Signer(s)	
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are	
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in	
his/her/their authorized capacity(jes), and that by his/her/their signature(s) on the instrument the	
person(s), or the entity upon behalf of which the p	
possen(e)) or the second possent of the seco	
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:	SHRUTI BHALLA Commission # 2115372 NOTARY PUBLIC - CALIFORNIA SAN MATEO COUNTY My commission expires June 18, 2019
OPTIONAL	
Though this section is optional, completing this information can deter alteration of the document or fraudulent	
attachment of this form to an unintended document.	
Description of Attached Document	
Title or Type of Document:	Document Date:
Number of Pages: Signer(s) Other Than	
Capacity(ies) Claimed by Signer(s)	
Signers Name:	Signers Name:
☐ Corporate Officer – Title(s)	□ Corporate Officer – Title(s)
☐ Partner - ☐ Limited ☐ General	☐ Partner - ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
Other:	Other:
Signer is Representing:	Signer is Representing: