

A.P.N. 1420-08-218-004

WHEN RECORDED RETURN TO:

Timothy J. Riley, Esq.
Aguirre Riley, P.C.
4745 Caughlin Parkway, Suite 100
Reno, NV 89519

MAIL TAX STATEMENTS TO:

Debbie G.P. Wong, Trustee
PO Box 1389
Carson City, NV 89702

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does ~~not~~ contain the social security number of any person or persons. (Per NRS 239B.030)

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

DEBBIE G.P. WONG, of legal age, being first duly sworn, deposes and says:

1. HENRY HIN WONG, the Decedent referenced in the certified Certificate of Death attached hereto, died on August 17, 2017, and was, until his death, and is the same person as HENRY H. WONG, Trustee of the WONG FAMILY TRUST dated November 22, 1997, in that certain Grant, Bargain and Sale Deed dated November 20, 2013, executed by Sunridge Meadows, LLC, a Nevada limited liability company, recorded as Document Number 834661 on November 26, 2013, Official Records of County of Douglas, Nevada, covering the real property located at 1084 Tee Drive, City of Minden, County of Douglas, State of Nevada, described as follows:

See Exhibit A attached hereto and made a part hereof.

2. That upon the death of HENRY H. WONG, DEBBIE G.P. WONG became the sole Trustee under the WONG FAMILY TRUST, dated November 22, 1997.

Dated this 10th day of November, 2018.

WONG FAMILY TRUST

By: *Debbie Wong*
DEBBIE G.P. WONG, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On 11/06, 2018, before me, the undersigned, a Notary Public in and for said State, personally appeared DEBBIE G.P. WONG, Trustee of the Wong Family Trust, proved to me to be the person whose name is subscribed to the foregoing instrument, and who acknowledged to me that she executed the foregoing instrument.

NOTARY PUBLIC

M. Munley

~~M. MUNLEY
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 99-50322-2 - Expires December 10, 2018~~

M. MUNLEY
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 99-50322-2 - Expires December 10, 2018

EXHIBIT A

Lot 703, as set forth on Final Map LDA #99-054-7 for SUNRIDGE HEIGHTS III, UNIT 7, a Planned Unit Development, recorded in the office of the Douglas County Recorder on June 6, 2005, in Book 0605, Page 1632, as Document No. 646054.

A.P.N. 1420-08-218-004 (cka 1084 Tee Drive, Minden, NV)

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3973482

CERTIFICATE OF DEATH

2017015649
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

| | | | | | |
|---|--|--|--|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Henry Hin WONG | | 2. DATE OF DEATH (Mo/Day/Year) August 19, 2017 | | 3a. COUNTY OF DEATH Carson City | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and no.) Carson Tahoe Regional Medical Center | | 3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient | |
| 4. SEX Male | | 5. RACE (Specify) Chinese | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 60 | | 7b. UNDER 1 YEAR MOS DAYS HOURS MINS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) July 28, 1957 | | 9a. STATE OF BIRTH (If not US/CA, name country) California | | | |
| 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 16 | | 11. MARITAL STATUS (Specify) Married | |
| 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Debbie GP NG | | 13. SOCIAL SECURITY NUMBER 5339 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Property Management | |
| 14b. KIND OF BUSINESS OR INDUSTRY Real Estate | | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Carson City | |
| 15c. CITY, TOWN OR LOCATION Carson City | | 15d. STREET AND NUMBER 570 W. Roland St. | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| 16. FATHER/PARENT - NAME (First Middle - Last Suffix) George WONG | | | 17. MOTHER/PARENT - NAME (First Middle - Last Suffix) Yok Jun CHAN | | |
| 18a. INFORMANT- NAME (Type or Print) Debbie WONG | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 1389 Carson City, Nevada 89701 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park | | 19c. LOCATION City or Town State Minden Nevada 89423 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): CHRISTIE D WILDE SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD917 | | 20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ELISABETH A MATES MD SIGNATURE AUTHENTICATED | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) August 22, 2017 | | 21c. HOUR OF DEATH 01:22 | | 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) | |
| 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | |
| 22e. PRONOUNCED DEAD AT (Hour) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Elisabeth A Mates MD 1600 Medical Pkwy Carson City, NV 89703 | | | |
| 23b. LICENSE NUMBER 15457 | | 24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 22, 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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiogenic Shock DUE TO, OR AS A CONSEQUENCE OF: (c) Acute Liver Failure DUE TO, OR AS A CONSEQUENCE OF: (d) Acute Renal Failure | | | |
| 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | | | |
| 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 STREET OR R.F.D. No. CITY OR TOWN. STATE | | | |

000686634



CERTIFIED COPY OF VITAL RECORDS

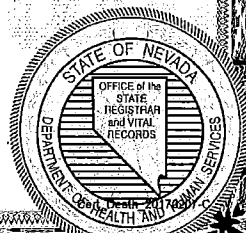
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

8/23/2017

Blaise Satariano
SIGNATURE AUTHENTICATED

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



MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE