DOUGLAS COUNTY, NV

Rec:\$35.00 \$35.00

Pgs=5

FIRST AMERICAN TITLE INSURANCE COMPANY

2019-926097

02/26/2019 12:16 PM

KAREN ELLISON, RECORDER

RECORDING REQUESTED BY

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Nida Granville 740 N Niagara St Burbank, CA 91505

> Space Above This Line for Recorder's Use Only

A.P.N. 1219-24-002-007

File No.: 116-2558434 (AK)

Affidavit - Death of Trustee

State of

County of

los Angeles

)ss.

Nida Granville ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- 1. **John L. Minasian** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **02/26/2018** at **Los Angeles, CA** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated June 11, 2010 executed by John Minasian as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Quit Claim Deed dated January 18, 2013 which was recorded as Instrument No. 0817999 in Book 0213, Page 2813, of Official Records of Douglas County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

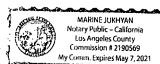
Dated: 02/14/2019
DECLARANT:
Nida Granville, Successor Trustee
State of California) County of los Angeles)
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County los flug les and State , this day of following , 20 19 by personally know to me or proved to me on the
basis of satisfactory evidence to be the person(s) who appeared before me
WITNESS my hand and official seal. Signature This area for official notarial seal
My Commission Expires: OS TO 7 / 20 21 Notary Name: MARINE JURINA Motary Phone: (878) 989-1741
Notary Name: MARINE SCIKINAN Notary Phone: 18/8/1989-1/9/ Notary Registration Number: 2190569 County of Principal Place of Business 108 Angeles
Notary Registration Number: 2190569 County of Principal Place of Business los Angeles See affached CA-juat
CAJuat

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 Los Angeles

Subscribed and sworn to (or affirmed) before me on this 15th day of <u>February</u>, 20 19, by <u>Mida Granville</u>

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



8 MITTINE LVKHYAN NOTARY PUBLIC

(Seal) ANGENES COUNTY Signature

COMM: 2190519"
EXP: MAY 7, 2021

EXHIBIT 'A'

LOT 12 AS SHOWN ON THE OFFICIAL MAP OF GREEN ACRES FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON SEPTEMBER 19, 1966, AS FILE NO. 34001.



ECERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052018042572		CERTI	CERTIFICATE OF DEATH USE BLACK INK ORLY / HO EPKSURES, WHITEOUTS OR ALTERATIONS		3201819009348	
	STATE FILE NUMBER 1. NAME OF DECEDENT FIRST (GIMIN) JOHN	2. MIDDLE	3. LAS	LOCAL REGI T (Farmer) JASIAN	STRATION NUMBER	
DECEDENT'S PERSONAL DATA	AKA, ALSO IONOWN AS - Include full AKA (FIRS'		4. DATE OF BIRTH mm/dd/c 06/18/1929			
	CA	1095 X yes	No UM DIVORCE	and the same of th	0400	
	13. EDUCATION Highwat Level/Degree (14/15, WAS (1666 Worksheet on back) DOCTORATE YES	DECEDENT HISPANICALATINO(AVSPANISH? # yes. (NO CAUCASIA	ACE - Up to 3 races may be fieled (see v AN		
	17. USUAL OCCUPATION - Type of work for most PHYSICIAN		KIND OF BUSINESS OR INDUSTRY (8.9., 900) EALTH CARE	ery store, road construction, employment i	agency, etc.) 18. YEARS IN OCCUPATION 45	
USUAL. RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 4029 GOODLAND AVE.					
	21. CITY STUDIO CITY	22. COUNTY/PROVINCE LOS ANGELES	23. ZIP CODE 91604	88 CA	FOREIGN COUNTRY	
INFOR-	28. INFORMANT'S NAME, RELATIONSHIP NIDA GRANVILLE, DPOA 27. MFCR SATTS MALING ADDRESS GY AND AND AVE., STUDIO CITY, CA 91604					
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/\$ROP"-FIRS	ST 29. MIDDLE	30. LAST (BIRT	H NAME)		
	31. NAME OF FATHER/PARENT-FIRST UNKNOWN	32, MIDDLE UNKNOWN	33. LAST UNKNO	own	34. BIRTH STATE UNKNOWN	
	35. NAME OF MOTHER/PARENT-FIRST NOEMI	36. MIDDLE	37. LAST (BIRT LEON	H NAME)	38, BIATH STATE ARMENIA	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	03/02/2018 402	ACE OF FINAL DISPOSITION RES NIDA 19 GOODLAND AVE., STUI	DIO CITY, CA 91604	_/_/		
	41. TYPE OF DISPOSITION(S) CR/RES	, * 1	TURE OF EMBALMER TEMBALMED	Y	43. LICENSE NUMBER	
	44. NAME OF FUNERAL ESTABLISHMENT NATIONAL CREMATION	SERVICE FD116	SE NUMBER 46. SIGNATURE OF LOCAL RE	GISTRAN	47. DATE mm//dd/ccyy 02/27/2018	
PLACE OF DEATH	101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPEC	- TONE 103.1FOIMER INVITA	OSPITAL SPECIFY ONE Nating X Cacadents Other	
	104. COUNTY 105	FACILITY ADDRESS OR LOCATION WHERE FOR	UND (Street and number, or location)	106.CT STL		
CAUSE OF DEATH	IMMEDIATE CAUSE (A) CARDIAC A		one — that directly caused death, DO NOT anter t without showing the atology. DO NOT ASSREVIAT	erminal events such Time total Orean s (AT)	THE DESIGNATION AND THE PROPERTY OF THE PROPER	
	condition resulting in death) (B) END STAG	E CHRONIC OBSTRUCTI	VE PULMONARY DISEA	SE 1 Ph	109. BIOPSY PERFORMED?	
	conditions, if any, leading to cause on Line A. Enter UNDERLYING			MO:	110. AUTOPSY PERFORMED?	
	CAUSE (disease or injury that initiated the events (C)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	on ,	Y YES X NO	
	resulting in death) LAST 112. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RESULTING IN TH	E UNDERLYING CAUSE GIVEN IN 107	<u> </u>	YES NO	
	NONE 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (if yes, list types of operation and date.) 113. FRIMLE PRECIENT IN LAST YEAR? NO					
7		E DEATHOOOLENED! THE SEGMENTINE AND THE		116.UCE	YES NO UNK NSE NUMBER 117. DATE mm/dd/ccyy	
PHYSICIAN'S CERTIFICATION	AT THE HOUR DATE, AND PLACE STATED FROM THE C Decedent Attended Since Decedent (A) mm/dd/ccyy (S) mm/d	INRODOLEO B	PROTACIO M.D.	A49	837 02/26/2018	
E H						
	Lames Comment	EDAT THE HOUR DATE AND PLACE STATED FROM THE Ident Horricide Suicide Percir Investi	ng ☐Couldred by ☐ √cc	RED AT WORK? 121. INJU	RY DATE mm/dd/ccyy 122, HOUR (24 Hours)	
E ONLY	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Virty)					
	125, LOCATION OF INJURY (Street and number, or location, and city, and rip)					
	126. SIGNATURE OF CORONER / DEPUTY CO	ME, TITLE OF CORONER / DEPUTY OC	PHONER			
STA	ATE A B	C D E	*010001003814773		TH.# CENSUS TRACT	
			· // // // // // // // // // // // // //			

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



001610052

Health of tiper and Registration 16

MAR - 1 : 2018

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

NV ALTERATION OR FRASIBE VOIDS THIS CERTIFICATE

CALOSANGDL