

ASSESSOR'S PARCEL NO. 1418-34-210-011 and 1418-34-210-012

WHEN RECORDED MAIL TO:

LAURELLE M. GUTIERREZ
McDERMOTT WILL & EMERY LLP
415 MISSION STREET, SUITE 5600
SAN FRANCISCO, CA 94105

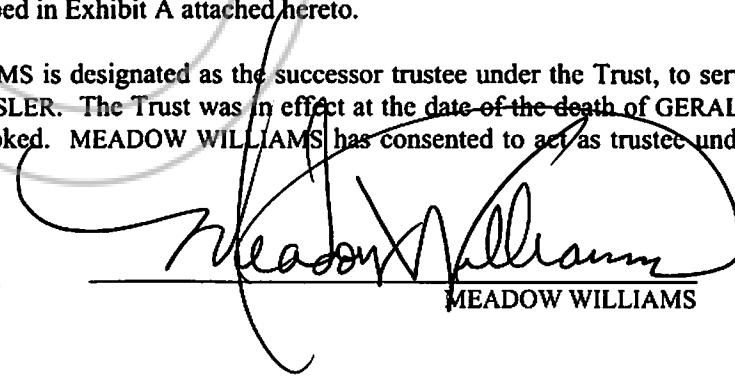
MAIL TAX NOTICES TO:

MEADOW WILLIAMS, TRUSTEE
548 BROADHOLLOW ROAD
MELVILLE, NY 11747

Affidavit of Successor Trustee

The undersigned MEADOW WILLIAMS (ALSO KNOWN AS MELANIE KAY MEADOW WILLIAMS), of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. GERALD A. KESSLER is named as Trustee under that certain The Gerald A. Kessler Revocable Trust dated November 6, 1996, as amended (herein, the "Trust").
2. GERALD A. KESSLER died on MARCH 21, 2015, and is the decedent named in that particular Certificate of Death attached hereto and made a part hereof.
3. GERALD A. KESSLER is the same person named as a trustee grantee in that particular deed recorded as Document No. 0833651, on November 8, 2013, in the office of the Recorder of Douglas County, Nevada, as described in Exhibit A attached hereto.
4. MEADOW WILLIAMS is designated as the successor trustee under the Trust, to serve upon the death of GERALD A. KESSLER. The Trust was in effect at the date of the death of GERALD A. KESSLER and has not been revoked. MEADOW WILLIAMS has consented to act as trustee under the Trust.



MEADOW WILLIAMS

STATE OF California
COUNTY OF Los Angeles

This instrument was acknowledged before me on 6/5/19, by MEADOW WILLIAMS.



Lisa H Thompson
Notary Public

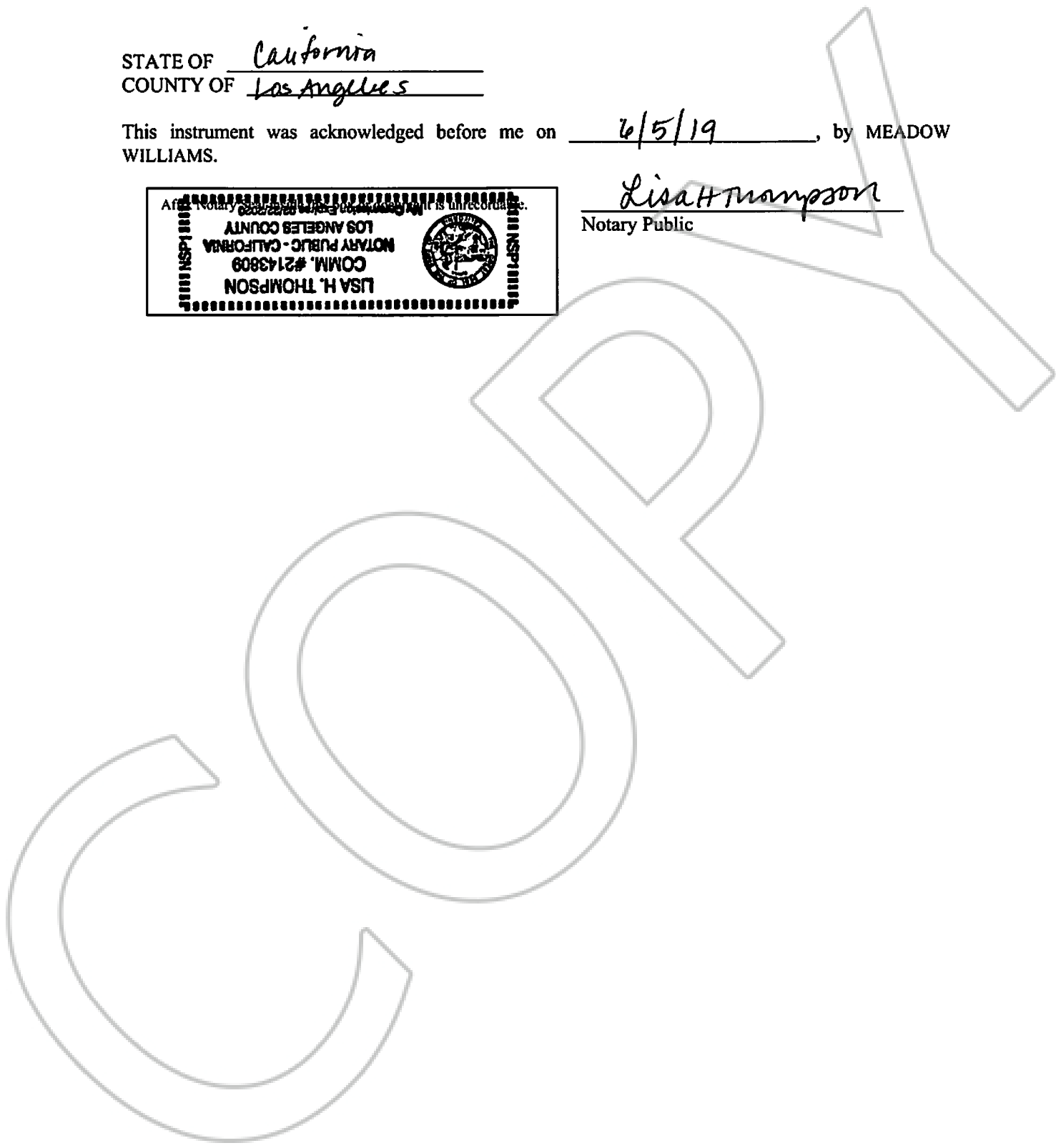


EXHIBIT A

Lot 10 as shown on the AMENDED MAP OF LAKERIDGE ESTATES NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada on February 23, 1959 as Document No. 14083

(A.P.N. 1418-34-210-011)

Together with all that land lying Westerly of the above described land to low waterline at elevation 6,223.00 feet, Lake Tahoe Datum, in accordance with NRS 321.595.

(A.P.N. 1418-34-210-012)

Parcel 2:

An easement for ingress and egress by pedestrians as conveyed by Max W Schultsmeyer, et ux, to Vincent S. Keele, et al in instrument recorded October 22, 1986 in Book 1086, Page 2985, Document No. 143690, Official Records of Douglas County, Nevada.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052015059092

CERTIFICATE OF DEATH

3201519013111

STATE FILE NUMBER		CERTIFICATE OF DEATH <small>USE BLACK INK ONLY (NO ENGLISH, HEBREW OR ALPHABETS 15-16 ONLY 1-10)</small>				LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) GERALD		2. MIDDLE ARNOLD		3. LAST (Family) KESSLER			
	<small>AKA: ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)</small>				4. DATE OF BIRTH <small>mm/dd/yyyy</small> 08/25/1934	5. AGE Yrs. 80	6. SEX M	
	9. BIRTH STATE/FOREIGN COUNTRY FL	10. SOCIAL SECURITY NUMBER 7937	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SDP (at time of death) MARRIED	7. DATE OF DEATH <small>mm/dd/yyyy</small> 03/21/2015	8. HOUR (24 Hour) 1634		
	13. EDUCATION - Highest Level Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CHIEF EXECUTIVE OFFICER			16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTH CARE PRODUCTS MANUFACTURING		19. YEARS IN OCCUPATION 44			
20. DECEDENT'S RESIDENCE (Street and number, or location) 176 PINE POINT DRIVE								
USUAL RESIDENCE	21. CITY ZEPHYR COVE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89448	24. YEARS IN COUNTY 10	25. STATE/FOREIGN COUNTRY NV	
	26. INFORMANT'S NAME, RELATIONSHIP CHERYL MANZIONE, EXECUTIVE ASSISTANT			27. INFORMANT'S MAILING ADDRESS (Street and number, or route number, city or town, state and zip) 548 BROAD HOLLOW ROAD, MELVILLE, NY 11747				
SPOUSE/SDP OR PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SDP - FIRST MELANIE		29. MIDDLE KAY MEADOW		30. LAST (BIRTH NAME) WILLIAMS			
	31. NAME OF FATHER/PARENT - FIRST MEYER		32. MIDDLE		33. LAST TARLYN		34. BIRTH STATE RUSSIA	
	35. NAME OF MOTHER/PARENT - FIRST LILLIAN		36. MIDDLE		37. LAST (BIRTH NAME) SHAPIRO		38. BIRTH STATE NY	
FUNERAL DIRECTORY/ LOCAL REGISTRAR	32. DISPOSITION DATE <small>mm/dd/yyyy</small> 03/25/2015		40. PLACE OF FINAL DISPOSITION OAK HILL CEMETERY 2560 BASELINE AVENUE, BALLARD, CA 93463					
	41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER			
44. NAME OF FUNERAL ESTABLISHMENT LOPER FUNERAL CHAPEL		45. LICENSE NUMBER FD1294		46. SIGNATURE OF LOCAL REGISTRAR JEFFREY GUNZENHAUSER, MD		47. DATE <small>mm/dd/yyyy</small> 03/24/2015		
PLACE OF DEATH	101. PLACE OF DEATH SAINT JOHNS HEALTH CENTER				102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ENVP <input type="checkbox"/> OOR		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. CITY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION (Include street and number, or location) 2121 SANTA MONICA BOULEVARD			106. CITY SANTA MONICA		
	107. CAUSE OF DEATH <small>Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous air embolism without showing the etiology. DO NOT abbreviate.</small>							
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) 1A) CARDIORESPIRATORY ARREST		108. TIME (Specify Hours and Mins) 10:00		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	11. RESPIRATORY FAILURE		112. WEEKS 0		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THIS UNDERLYING CAUSE (GIVEN IN 107) NONE	
	12. BACTERIAL PNEUMONIA		114. MOS 0		115. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (Yes, list type of operation and date) NO	
	13. OTHER		117. DATE 03/21/2015		118. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <small>Decedent Attended Care</small> <input type="checkbox"/> <small>Decedent Not Attended Care</small> <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER MORRIS TOBIAS GRABIE M.D.		116. LICENSE NUMBER G34196		117. DATE <small>mm/dd/yyyy</small> 03/24/2015	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MORRIS TOBIAS GRABIE M.D.		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MORRIS TOBIAS GRABIE M.D.					
CORONER'S USE ONLY	118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <small>Manner of Death</small> <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicidal <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE <small>mm/dd/yyyy</small>		122. HOUR (24 Hour)	
	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			127. DATE <small>mm/dd/yyyy</small>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

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.

Jeffrey Gunzenhauser, MD
DATE ISSUED
Director of Public Health and Registrar

* 0 0 5 4 6 5 7 7 *

MAR 30 2015

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

