

RECORDING REQUESTED BY:

When Recorded Mail Document To:

Dennis R. Koepnick &
Patricia M. Koepnick, Trustee
1150 Waterloo Lane
Gardnerville, NV 89460-7257

DOUGLAS COUNTY, NV **2020-941152**
Rec: \$40.00
Total: \$40.00 **01/21/2020 03:15 PM**
PATRICIA KOEPNICK Pgs=2



KAREN ELLISON, RECORDER

SPACE ABOVE T

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

ASSESSOR'S ID No.: 1320-33717-034

Jack Fullerton, of legal age, being first dully sworn, depose and say:

1. On February 23, 2006, M. D. DIAMOND was declared the Trustee of The FalstaffGar 76-13SN051608DL Trust
2. M. D. DIAMOND, died on March 13, 2017. A certified copy of her death certificate is attached hereto and made a part of this by reference.
3. MARY. DEE. DIAMOND the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as M. D. DIAMOND the original Trustee named in that certain Grant Deed dated September 13, 2005 of The FalstaffGar 76-13SN051608DL Trust and recorded as Instrument Number 0655318 on September 16, 2005 in the Official Records of Douglas, Nevada, covering the following described property located at 1376 Falstaff, City of Gardnerville, County of Douglas, State of Nevada.

Lot 33 in Block C, as set forth on Final Subdivision Map No. 1006-9 for Chichester Estates Phase 9, filed in the office of the county recorder of Douglas County, State of Nevada on November 27, 2001, in book 1101 of official records, page 7916, as document No. 528504.

4. This Affidavit of Successor Trustee is recorded to establish that Jack Fullerton is the sole Trustee of the FalstaffGar 76-13SN051608DL Trust, by reason of the provisions of said Trust.

DATED: December 26, 2019

Signature

Jack Fullerton
Jack Fullerton

DATED: 12/26/2019

STATE OF California

COUNTY OF Orange

ON 12/26/2019 before me,

Manuel Fisher, A Notary Public,
personally appeared Jack Fullerton

Jack Fullerton, Successor Trustee
Jack Fullerton, Successor Trustee

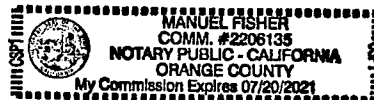
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/their/her authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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

Manuel Fisher



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CALIFORNIA 92701

3052017054565

CERTIFICATE OF DEATH

3201730004427

6. DATE OF BIRTH (month/day/year)		7. PLACE OF BIRTH (city, state, and country)	
08/31/1948		CA	
8. SEX (M or F)		9. RACE (as reported on birth record)	
M		CAUCASIAN	
10. MARRIAGE STATUS (as of date of death)		11. DATE OF DEATH (month/day/year)	
NEVER MARRIED		03/13/2017	
12. HOURS (00-23)		13. MINUTES (00-59)	
0130			
14. DECEASED'S OCCUPATION (Type of work for most of life. DO NOT USE RETIRED)		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food production, employment agency, etc.)	
TRAINER		PHONE COMPANY	
16. YEARS IN OCCUPATION		17. DECEASED'S RESIDENCE (Street and number, or location)	
25		1796 ORIOLE DR	
18. CITY		19. COUNTY/PROVINCE	
COSTA MESA		ORANGE	
20. ZIP CODE		21. YEARS IN COUNTY	
92626		64	
22. STATE/FORIGN COUNTRY		23. INFORMANT'S NAME (Relationship)	
CA		JACK FULLERTON, DPOA	
24. INFORMANT'S ADDRESS (Street and number, or rural route number, city or town, state and zip)		25. NAME OF SURVIVING SPOUSE (First, Middle, Last)	
1796 ORIOLE DR, COSTA MESA, CA 92626			
26. NAME OF FATHER (First, Middle, Last)		27. NAME OF MOTHER (First, Middle, Last)	
JOHN		DOLORES	
28. MIDDLE		29. MIDDLE	
JOSEPH		LORRAINE	
30. LAST BIRTH NAME		31. LAST BIRTH NAME	
DIAMOND		WIEST	
32. BIRTH STATE		33. BIRTH STATE	
MA		ND	
34. DEPOSITION DATE (month/day/year)		35. PLACE OF FINAL DEPOSITION (Residence of Jack Fullerton)	
03/20/2017		1796 ORIOLE DR, COSTA MESA, CA 92626	
36. TYPE OF DEPOSITION (CR/RES)		37. SIGNATURE OF LOCAL REGISTRAR	
CR/RES		ERIC G. HANDLER, M.D.	
38. NAME OF FUNERAL ESTABLISHMENT		39. SIGNATURE OF LOCAL REGISTRAR	
PACIFIC VIEW MEMORIAL PARK		ERIC G. HANDLER, M.D.	
40. LICENSE NUMBER		41. DATE (month/day/year)	
FD1176		03/15/2017	
42. PLACE OF DEATH (City, County, State)		43. TYPE OF DEATH (Hospital, Hospice, Home, etc.)	
HOAG HOSPITAL ORANGE		<input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
44. STREET ADDRESS OR LOCALITY WHERE FOUND (Street and number, or location)		45. CITY	
11 HOAG DRIVE		NEWPORT BEACH	
46. CAUSE OF DEATH (From the chain of events - disease, injury, or complication - but directly caused death. DO NOT use terminal events such as cardiac arrest, expiration, arrest, or circulatory collapse without showing the etiology. DO NOT abbreviate.)		47. DEATH REPORTED TO CORoner (Yes/No)	
ACUTE RENAL FAILURE AND DEPENDENCE ON RENAL DIALYSIS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
48. IMMEDIATE CAUSE (Final disease or condition resulting in death)		49. DAYS	
PANCYTOPENIA SECONDARY TO CHEMOTHERAPY		DAYS	
50. PLASMA CELL LEUKEMIA		DAYS	
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 46		52. DAYS	
		DAYS	
53. SIGNATURE AND TITLE OF CORONER		54. LICENSE NUMBER	
BRIAN NAMSNIK KONG M.D.		A110981	
55. DATE (month/day/year)		56. DATE (month/day/year)	
03/02/2017		03/15/2017	
57. SIGNATURE AND TITLE OF CORONER / DEPUTY CORONER		58. DATE (month/day/year)	
BRIAN NAMSNIK KONG M.D.		03/15/2017	
59. MANNER OF DEATH (Natural, Accidental, Homicide, Suicide, Pending Investigation, Cause not determined)		60. INJURED AT WORK?	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause not determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
61. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		62. INJURY DATE (month/day/year)	
63. DECEASED HOW INJURY OCCURRED (Events which resulted in injury)		64. HOUR (00-23)	
65. LOCATION OF INJURY (Street and number, or location, and city, state and zip)		66. SIGNATURE OF CORONER / DEPUTY CORONER	
		ERIC G. HANDLER, M.D.	
67. DATE (month/day/year)		68. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER	
03/15/2017		ERIC G. HANDLER, M.D.	
69. STATE REGISTRAR		70. FAX AUTHORITY	
A B C D E		FAX AUTHORITY	
71. SIGNATURE OF REGISTRAR		72. SIGNATURE OF REGISTRAR	
ERIC G. HANDLER, M.D.		ERIC G. HANDLER, M.D.	
73. DATE (month/day/year)		74. DATE (month/day/year)	
03/15/2017		03/15/2017	
75. COUNTY (11A TH 001, 12A)		76. COUNTY (11A TH 001, 12A)	
ORANGE		ORANGE	

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency

DATE ISSUED March 24, 2017

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



003931167

Eric G. Handler M.D.
ERIC G. HANDLER, M.D.
COUNTY VITA TH 001, 12A

