



KAREN ELLISON, RECORDER

A. P. No. 1318-26-514-005

When recorded mail to:

Donna Marie Hoeft, Trustee
3247 Woodmont Drive
San Jose, California 95118

AFFIRMATION PURSUANT TO
NRS 111.312(1)(2) and 239B.030(4)

The undersigned, hereby affirm(s) that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF CALIFORNIA)
) SS.
COUNTY OF Sant)

I, DONNA MARIE HOEFT, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated November 27, 2000, PHYLLIS D. CHAPPELL executed the PHYLLIS D. CHAPPELL REVOCABLE TRUST dated November 27, 2000, which agreement was amended and reinstated on October 21, 2016.

(2) Said trust appointed DONNA CHAPPELL-HOEFT aka DONNA MARIE HOEFT to serve as Successor Trustee upon the death or incapacity of PHYLLIS D. CHAPPELL.

(3) That PHYLLIS D. CHAPPELL is now deceased, having died in the City of San Jose, County of Santa Clara, California, on June 26, 2018. Attached hereto is a certified copy of the

Certificate of Death of PHYLLIS DOROTHY CHAPPELL aka PHYLLIS D. CHAPPELL, which has been duly filed with the State of California, County of Santa Clara, Public Health Department, Vital Records and Registration. Your affiant expressly incorporates said Certificate of Death in this affidavit.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.

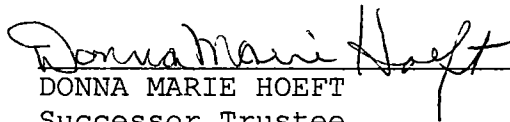
(5) That during the lifetime of the said PHYLLIS D. CHAPPELL, as Trustee of the PHYLLIS D. CHAPPELL REVOCABLE TRUST dated November 27, 2000, she was the owner of the real property commonly known as 117 Cypress Way, Stateline, Nevada, under that certain Warranty Deed recorded December 4, 2000, as Document No. 0504356, in Book 1200, Page 0453, Official Records, Douglas County, Nevada, situate in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 5, in Block A, as said Lot and Block is shown on the official Map of GRANITE SPRINGS SUBDIVISION UNIT NO. 1, recorded June 15, 1979, in Book 679 of Official Records at Page 1150 of Douglas County, Nevada, as Document No. 33554.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest under the Deed.

(7) No other person has a right to the interest of the Trust under the Deed.

Executed this 11 day of February, 2020,
at San Jose, California.


DONNA MARIE HOEFT
Successor Trustee

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

STATE OF CALIFORNIA)
)SS.
COUNTY OF Santa Clara

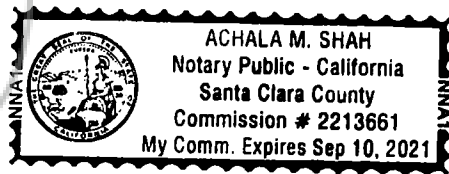
On February 11th 2020, before me, Achala M. Shah, Notary Public, personally appeared Donna Marie Hoeff, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he she they executed the same in his her their authorized capacity(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.

Achala M. Shah
My Commission Expires:

(Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
 SAN JOSE, CALIFORNIA

CERTIFICATE OF DEATH

32018430053/4

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
PHYLLIS		CHAPPELL	
2. MIDDLE		4. DATE OF BIRTH (Month/Day/Year)	
DOROTHY		12/24/1931	
5. AGE (Yrs.)		6. SEX	
86		F	
7. DATE OF DEATH (Month/Day/Year)		8. HOUR (Pacific)	
06/26/2018		0930	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		6359	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (Date of Decedent)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DIVORCED	
13. EDUCATION - Highest Level Degree (For workers or to do)		14. DECEDENT'S RACE - List all races if by the mixed blood method (check)	
HS GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		CAUCASIAN	
15. USUAL OCCUPATION - Type of work (ment or lab) DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., factory, store, club, construction or other home agency, etc.)	
ANALYSIS		DRY FRUIT ASSOCIATION	
17. YEARS IN OCCUPATION		18. YEARS IN COUNTY	
40		86	
19. DECEASED'S RESIDENCE (Street and number or location)		20. COUNTY/TERRITORY	
1570 CHAMBERS DRIVE		SANTA CLARA	
21. CITY		22. ZIP CODE	
SAN JOSE		95118	
23. YEARS IN COUNTY		24. STATE/FOREIGN COUNTRY	
86		CA	
25. INFORMANT'S NAME RELATIONSHIP		26. INFORMANT'S HOME ADDRESS (Street and number or rural route, city, state and ZIP)	
DONNA M. HOEFT, DAUGHTER		3247 WOODMONT DRIVE, SAN JOSE, CA 95118	
27. NAME OF SURVIVING SPOUSE (or PROP-4 HSI)		28. MIDDLE	
-		-	
29. LAST (GIVEN NAME)		30. MIDDLE	
-		-	
31. NAME OF FATHER/PARENT-FIRST		32. MIDDLE	
SALVATORE		-	
33. NAME OF MOTHER/PARENT-FIRST		34. MIDDLE	
MARIANNA		-	
35. LAST (GIVEN NAME)		36. MIDDLE	
LA CORTE		-	
37. BIRTH STATE		38. BIRTH STATE	
SICILY		SICILY	
39. DATE OF DEATH (Month/Day/Year)		40. PLACE OF BURIAL OR CREMATION	
07/02/2018		SANTA CLARA MISSION CEMETERY 490 LINCOLN STREET, SANTA CLARA, CA 95050	
41. TYPE OF DISPOSITION		42. SIGNATURE OF FUNERAL HOME	
BU		WILHELMINA RYBICKI	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
EMB8487		LIMA-CAMPAGNA-ALAMEDA MISSION CHAPEL	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD-1949		SARA H CODY, MD	
47. DATE (Month/Day/Year)		48. DATE (Month/Day/Year)	
06/28/2018		06/28/2018	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
DAUGHTER'S RESIDENCE		<input type="checkbox"/> H <input type="checkbox"/> E <input type="checkbox"/> O <input type="checkbox"/> O	
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		104. CITY	
3247 WOODMONT DRIVE		SAN JOSE	
105. CAUSE OF DEATH		106. BEAM REPORTED TO CORONER?	
IMMEDIATE CAUSE (For all causes of death resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A) BLADDER CANCER		107. BEAM PERFORMED?	
108. BEAM PERFORMED?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. AUTOPSY PERFORMED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USIT (USIT PERFORMING CAUSE?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 105)		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	
ATRIAL FIBRILLATION, ASTHMA, HYPERLIPIDEMIA, AORTIC VALVE STENOSIS		NO	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE BEING DIRECTED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATE		115. SIGNATURE AND TITLE OF CORNER	
Dependent Attested Signer		TIMOTHY A. LOCKYER M.D.	
116. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS AND ZIP CODE		117. LICENSE NUMBER	
TIMOTHY A. LOCKYER M.D.		G51104	
118. DATE (Month/Day/Year)		119. DATE (Month/Day/Year)	
05/30/2018		06/19/2018	
120. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS AND ZIP CODE		121. SIGNATURE DATE (Month/Day/Year)	
4850 UNION AVENUE, SAN JOSE, CA 95124		122. HOUR (Pacific)	
123. PLACE OF INJURY (e.g., home, work, school, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)	
125. LOCATION OF INJURY (Street and number or location, and lot, if any)		126. SIGNATURE OF CORNER/DEPUTY CORNER	
127. DATE (Month/Day/Year)		128. TYPE NAME, TITLE OF CORNER/DEPUTY CORNER	
129. SIGNATURE OF CORNER/DEPUTY CORNER		130. DATE (Month/Day/Year)	
131. SIGNATURE OF CORNER/DEPUTY CORNER		132. DATE (Month/Day/Year)	



* R 2 0 7 3 9 2 8 *

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF SANTA CLARA
 This is a true and exact reproduction of the document
 officially registered and placed on file in the Office of the
 Santa Clara County Clerk-Recorder.

Regina Alcomendras
 REGINA ALCOMENDRAS
 COUNTY CLERK-RECORDER

DATE ISSUED SEP 12 2018

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE