DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 2020-942817 02/27/2020 11:13 AM

PHILLIPS BALLENGER, PLLC

KAREN ELLISON, RECORDER

Pgs=4



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APN# 128-23-210-021

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# AFFINAVIT OF JULISOP TRUSTED OF FELIX-JANDY-LAWYENG FING TRUST DATED NOVEMBER 30,1992

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

Phillips Ballenger PLLC
RETURN TO: Name Phillips Bullenger PLLC  Address 3006 S. TOWN Center Dr. Ste B
Address 3006 S. TOWN CENTER Dr. Ste B
City/State/Zip 1998 NV 9989
MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)
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City/State/Zip

This page provides additional information required by NRS 111.312 Sections 1-2.

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P:\Common\Forms & Notices\Cover Page Template Oct2017

#### AFFIDAVIT OF SUCCESSOR TRUSTEE OF WONG FAMILY TRUST DATED FEBRUARY 8, 1990

- I. Jenny Mei Wong the Affiant, being first duly sworn, certifies that the following statements are true and correct:
  - 1. On February 8, 1990, Jeffrey Way Wong and Jenny Mei Wong, as Settlors and Trustees, signed a Declaration of Trust which established a revocable trust known as the WONG FAMILY TRUST ("the Trust).
  - The Grantor, Jeffrey Way Wong died on October 24, 2018. The Trust provides that if either Settlor fails or deceases to act as Trustee, then the other shall act as sole Trustee.
  - 3. I, Jenny Mei Wong, am the sole currently acting Trustee of the Trust.
  - The Trust has not been revoked, modified, or amended in any matter that would cause the representations contained herein to be incorrect.
  - 5. The Trust has a 1/3 interest in real property located in Douglas County, Nevada, APN: 1318-23-210-021. See AHACHMENT.
  - Title to assets described herein should be taken in substantially the following form:

#### Jenny Mei Wong, as Trustee of

#### WONG FAMILY SURVIVOR'S TRUST

#### Taxpayer Identification Number: Jenny Mei Wong's Social Security Number

- 7. Under the terms of the Trust the Trustee's powers include the powers set forth in the Exhibit A attached hereto and incorporated herein by reference.
- 8. By signing this Affidavit, Jenny Mei Wong agrees to act as Trustee, and agrees to be bound by the terms of the Trust and represents that the trust has not been revoked.

Date: JUNWAN 2020

> Jenny Affiant and Truste

STATE OF CALIFORNIA

188

COUNTY OF VENTURA

On this day \UNWAW! , 2020, I certify that I know or have satisfactory evidence that Jenny Mei Wong is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument. Witness my hand and official seal.

Ay Comm. Expires Oct 15, 2023

A. R. D. KIESEWETTER

Notary Public - California

Ventura County Commission # 2305750 Notary Public for the State of California My commission expires:

#### Exhibit A

LOT: 46 SUBDIVISION: LAKE VILLAGE #2-A SEC/TWNSHIP/RANGE: SEC 23 TWN 13N RNG 18E

APN: 1318-23-210-021

Address: 205 Club House Circle, Zephyr Cove, NV 89448



## **COUNTY OF LOS ANGELES**

### **DEPARTMENT OF PUBLIC HEALTH**

	3052018221239	CERTIFICATE OF DEATH  STATE OF CULUTIONA  USE BUCKT KINK ONLY / NO BRAGUESS, WHYTEOTTS OR ALTERATIONS  15.1 NEW YORK			3201819049428		
$\neg$	STATE FILE NUMBER  1. NAME OF DECEDENT- FIRST (Given) JEFFREY	2. MIDDLE   3. LAST (Family)   WAY   WONG			AL REGISTRATION NOW	- COLON	
DECEDENT'S PERSONAL DATA	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)	WAT	4 DATE OF BIRTH mm/dd/ccyy 12/04/1947		RONE YEAR FUNDS Days Hours	R 24 HOURS 6. SEX	
	9 BIRTH STATE/FOREIGN COUNTRY  CHINA  -4557  12 EDUCATON - Horest Laws/Degree 1 14:15 WAS DECEDENT HISPANICA A	X YES NO	MARRIED	DP* a: Tare of Death 7 DATE 10/2	24/2018	1010	
	BACHELOR VEE		X No CHINESE	The second name of the second		-	
	17 USUAL OCCUPATION - Type of work for most of Me DO NOT USE R CONSTRUCTION REAL ESTATE MAN		SINESS OR INDUSTRY (e.g., grocery s STATE	itare, road construction, emp	iloyment agendy etc.)	19. YEARS IN OCCUPATION 40	
N CE	20. DECEDENT'S RESIDENCE (Street and number of location) 16620 DIAMANTE DR						
	1	ANGELES	91436	The same of the sa	AA		
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SPOUSE/SRDP AND PARENT INFORMATION	JENNY	MEI	30. LAST (BIRTH N CHEUNG	76.			
		32 MIDDLE YUM	WONG	)		CHINA	
	MEI	3E MIDDLE HEUNG	37 LAST (BIRTH N	AMEI	/	38 BIRTH STATE CHINA	
FUNERAL DIRECTOR/ LOCAL REGISTRAR		TION EAST LAWN ME BLVD, SACRAMENT		/ /			
	41 TYPE OF DISPOSITION(S)  CR/BU	42. SIGNATURE OF EN	794		E-a-	EMB9096	
	44 NAME OF FUNERAL ESTABLISHMENT PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK & MORTI		SIGNATURE OF LOCAL REGIST     MUNTU DAVIS,	M.D.	50°	DATE mm/dd/ccyy 11/05/2018	
PLACE OF DEATH	SAINT JOHN'S HEALTH CENTER	R LOCATION WHERE FOUND (Sineet	102 IF HOSPITAL SPECIFY  X IP ER/OF	DOA 103, IF OTHER HOSpice	Nursing Home LTC	Decedent's Other	
	LOS ANGELES 2121 SANTA M	ONICA BLVD	1		SANTA MO	1	
CAUSE OF DEATH	107 CAUSE OF DEATH  Enter the chain of avents ose as cardoc arrest, respiratory arre final disease or Final disease or Condition, resulting  **The condition resulting  **The condition resulting  **The condition resulting	ases, mjunec, or complications — That d st. or ventricular fibrillation widhout show	rectly caused death DD NOT enter terms  19 the stokings DO NOT ABBREVIATE	nal events such	Onset and Ocath  (AT)  48 HRS	YES X NO	
	or death)  Sequentally list conditions, if any.				YEARS	YES X NO	
	leading to cause or Line A. Enter UNDERLY-NG CAUSE (Idsease or		\ \	· <u></u>		YES X NO	
	injury that included the events (D) resulting in death) LAST				[DT]	USED IN DETERMINING CAUSE?  YES NO	
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUNONE	IT NOT RESULTING IN THE UNDERLY	NG CAUSE GIVEN IN 107				
NO DE							
PHYSICIAN'S CERTIFICATION	AT THE HOUR DATE, AND PLACE STATED FROM THE CAUSES STATED	S SIGNATURE AND TITLE OF CERTIF GILBERT J KUHN J	RMD 🥒	<i>[</i>	G20783	117. DATE mm/dd ccyy 10/31/2018	
PHYSI	December 16th Sept. 1						
	113 I CERTIFY THAT IN MY ORNION DEATH COCUPRED AT THE HOUR, DATE A MANNER OF DEATH Natura Accident Homicale	NO UNK	21 INJURY DATE mm/di	1/ccyy 122. HOUR (24 Hours)			
ONLY	123. PLACE OF INJURY (e.g., home construction site, wooded area, etc.)						
R'S USE	124 DESCRIBE HOW INJURY OCCURAED (Events which resulted in injury)						
CORONER'S USE ONLY	125 LOCATION OF INJURY (Street and number or location, and city, and 2p)						
	126 SIGNATURE OF CORONER / DEPUTY CORONER	TITLE OF CORONER / DE	PUTY CORONER				
ST	ATE A B C D	E NOTHE	*010001004023876*	DANKILI KALIL	FAX AUTH.#	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.

Health Officer and Registrar



NOV 13 2018

