



KAREN ELLISON, RECORDER

RECORDING COVER PAGE

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

APN# 1318-23-210-021

(11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

TITLE OF DOCUMENT

(DO NOT Abbreviate)

AFFIDAVIT of SUCCESSOR TRUSTEE of Felix-Sandy-LAWRENCE Fong TRUST Dated November 20, 1992

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

RECORDING REQUESTED BY:

Phillips Ballenger PLLC

RETURN TO: Name Phillips Ballenger PLLC

Address 3006 S. TOWN CENTER DR. Ste. B

City/State/Zip Las Vegas, NV 89135

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name _____

Address _____

City/State/Zip _____

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

To print this document properly, do not use page scaling.

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AFFIDAVIT OF SUCCESSOR TRUSTEE OF FELIX-SANDY-LAWRENCE FONG TRUST
DATED NOVEMBER 30, 1992

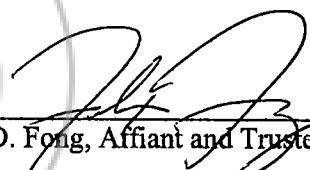
I, Felix D. Fong the Affiant, being first duly sworn, certifies that the following statements are true and correct:

1. On November 30, 1992, Felix D. Fong, Sandy M. Fong, and Lawrence D. Fong, as Settlers and Jeffrey Wong as Trustee, signed a Declaration of Trust which established a revocable trust known as the FELIX-SANDY-LAWRENCE FONG TRUST ("the Trust).
2. 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, Felix D. Fong, am the sole currently acting Trustee of the Trust.
4. The Trust has not been revoked, modified, or amended in any matter that would cause the representations contained herein to be incorrect.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 ATTACHMENT.*
6. Title to assets described herein should be taken in substantially the following form:

Felix D. Fong as Trustee of
FELIX-SANDY-LAWRENCE FONG TRUST
Taxpayer Identification Number: 82-6677667

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, Felix D. Fong 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: 1/13, 2020



Felix D. Fong, Affiant and Trustee

STATE OF CALIFORNIA)
) ss.
COUNTY OF)

On this day _____, 2020, I certify that I know or have satisfactory evidence that Felix D. Fong 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.

Notary Public for the State of California
My commission expires:

JURAT

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 Sacramento

Subscribed and sworn to (or affirmed) before me on this 13 day of January,
2020 by Felix D. Fong

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

Signature

(Seal)

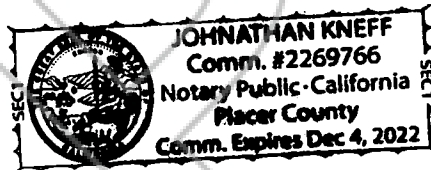
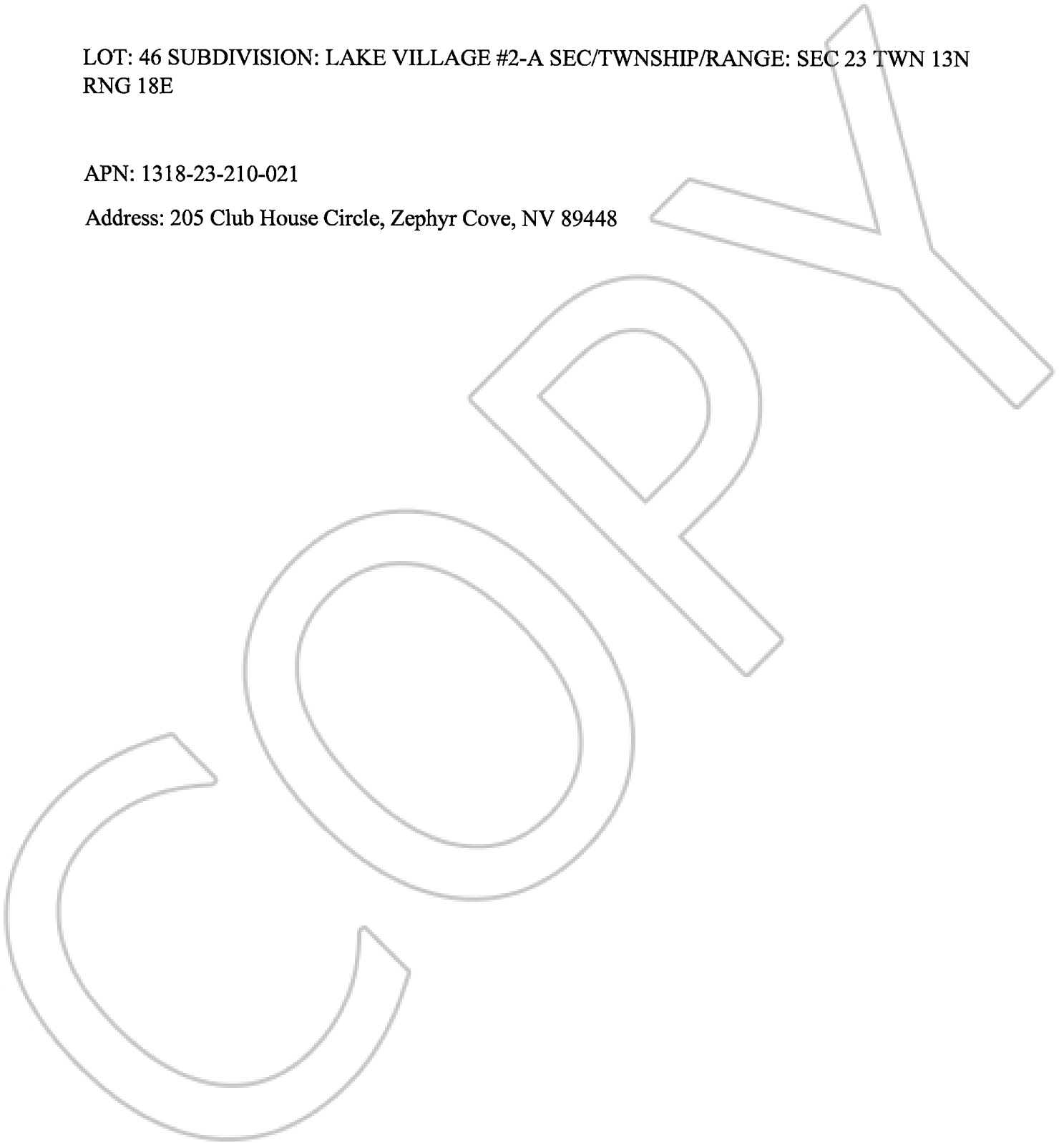


Exhibit A

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



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052018221239

CERTIFICATE OF DEATH

3201819049428

Form containing personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician certification, and coroner's use only sections.



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 signature and name

DATE ISSUED

NOV 13 2018

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANGO J.