DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00

2020-942818 02/27/2020 11:13 AM

PHILLIPS BALLENGER, PLLC

KAREN ELLISON, RECORDER

RECORDING COVER PAGE

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TITLE OF DOCUMENT (DO NOT Abbreviate) NCLEUSOR Thatee of Felix-Sandy-Lawrence Dated November 30,1992

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<u>AFFIDAVIT OF SUCCESSOR TRUSTEE OF FELIX-SANDY-LAWRENCE FONG TRUST</u> <u>DATED NOVEMBER 30, 1992</u>

- 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 Settlors 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 The Trust has not been revoked, modified, or amended in any matter that would cause the representations contained herein to be incorrect.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. Fre 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Fong agrees to act as Trustee, and agrees to be bound by the terms of the Trust and represents that the trust has not been revoked.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:	
	Felix D. Fong, Affiant and Trustee
STATE OF CALIFORNIA)) ss.
COUNTY OF) 35.
evidence that Felix D. Fong is the per acknowledged that she signed this ins	20, I certify that I know or have satisfactory erson who appeared before me, and said person trument and acknowledged it to be her free and a mentioned in the instrument. Witness my hand
_ / /	
	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.

the truthfulness, accuracy, or validity of that document.		
State of California	\ '	
County of Sacramento	7	1
Subscribed and sworn to (or affirmed) before me on this 13 day of January	y	

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

JOHNATHAN KNEFF Comm. #2269766 Notary Public California

Signature

2020 by Felix D. Fong

(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



CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052018221239			CE	CERTIFICATE OF DEATH					3201819049428			
	STATE FILE NUMBER 1 NAME OF DECEDENT- FIRST (Given)			10.14.01.00)					OCAL REGISTRATION NUMBER			
ا ځ	JEFFREY	_	2 MIDDLE 3. LAST (Farmy) WONG									
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USUAL RESIDENCE	ENCINO 22 COUNTY/FRUVER LOS ANGE			3	9143		24 YEARS IN GOUN 45	VTV 25 S.ATE.	CA			
NFOR-												
-	28. NAME OF SURVIVING SPOUSE/SHIDE JENNY	P'-FIRST	Z9 MIDDLE MEI		/	30. LAST (BIRTH	794					
/SRDP	31 NAME OF FATHER/PARENT-FIRST	OF FATHER/PARENT-FIRST 32 MIDDLE YUM			1	33. LAST WONG			34 BIRTH STATE CHINA			
SPOUSE/SRDP AND PARENT INFORMATION	25 NAVE OF MOTHER/PARENT-FIRST		3E MIDDLE HEUNG	$\overline{}$	-	37. LAST (BIRTH	SIRTH NAME: SE BIRT				BIATH STATE	
	39. DISFOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOS	STION EAST L			PARK		_/			<u></u>	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	11/18/2018 4 41 TYPE OF DISPOSITION(S)	4300 FOLSOM		GNATURE OF EME	70.	3019	1	E	 3	1	SE NUMBER	
ERAL D	CR/BU	T		EMMA JOH		IRE OF LOCAL REG	STRAR			EMB!	9096 mm/dd/ccyy	
<u> </u>	44. NAME OF FUNERAL ESTABLISHMEN PIERCE BROTHERS VILLAGE MEMORIAL 131. PLACE OF DEATH	WESTWOOD PARK & MORT	UARY FD	951	▶ MUN	TU DAVIS	, M.D.	E OTHER THAN F	3		5/2018	
, E	SAINT JOHN'S HEALT		The state of the s		X	IP ERTOP		Hospice	Nursing Home/LTC	Dec Hor	Edent's Choer	
PLACE OF DEATH	LOS ANGELES	2121 SANTA		796	nd number, a	location)		SA		MONICA		
	IMMEDIATE CAUSE (4) PNEUM	Enter the chain of events dis as cardiac arrest, respiratory ar ONIA	seases, munes or com rest, or ventricular sont	picauons Inat din anon without shown	city caused de the ebology	ath DO NOT enter ter DO NOT ABBREV-ATE	minal events such	Time Inti Onset (AT)	erva. Between and Death	-	POPIED TO COPOLER?	
	(Firtal disease or condition resulting				<u>\</u>	\rightarrow		48	HRS		PERFORMED?	
Ξ	Sequentally, list conditions: if any, leading to cause	ANCER			- \	\		YE,	ARS	YES AUTOS	SY PERFORMED?	
ОР БЕАТН	On Line A Enter UNDERLYING CAUSE Idiaease or				١.	. \		10.		YES	ov X	
CAUSE	injury that initiated the events (D) resulting in death) LAST	\						(D T)		111 USED IN I	DETERMINING CAUSE?	
0	122 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE											
	113 WAS OPERATION PERFORMED FOR NO	RANY CONDITION IN ITEM 1	07 OR 1127 (1 yes. ld	type of operation a	ind date.)	-/-			113A	YES YES	NO UNK	
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	113 CERTIFY THAT IN MY OPINION DEATH O MANNER OF DEATH Natura	Accident Homicide	Sucide StateD FF	OM THE CAUSES STA Punding Investigation	Could not determine	ne I I vec	NO NO	UNK 121.INJ	URY DATE	mm/dd/ccyy 1	122. HOUR (24 Hours)	
N.	123 PLACE OF INJURY (e.g., home: construction site, wooded area, sitc.)											
) ase	124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury)											
CORONER'S USE ON	125. LOCATION OF INJURY (Street and	125 LOCATION OF INJURY (Street and number, or location, and on), and 2:p)										
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ST REGI	ATE A B	C D	É			001004023876*	I I INDIAD DEDIBUTE	FAX A	UTH.#		CENSUS TRACT	
100					,,,							

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 Officerland Registrar 2 MD

NOV 13 2018

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

VY ALTERATION OR FRASURE VOIDS THIS CERTIFICATE

CALOSANGDL

OF CALIF