

APN# 1318-26-101-006

Recording Requested by/Mail to:

Name: Thomas J. Hall, Esq.

Address: Post Office Box 3948

City/State/Zip: Reno, NV 89505

Mail Tax Statements to:

Name: Carmen A. Kloncz, Trustee

Address: 6400 Sharlands Ave., #1056

City/State/Zip: Reno, NV 89523

AFFIDAVIT OF DEATH OF TRUSTORS

Title of Document (required)

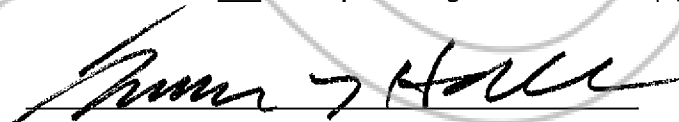
------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Thomas J. Hall, Esq.

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY:
Thomas J. Hall, Esq.
Post Office Box 3948
Reno, Nevada 89505

MAIL TAX STATEMENTS TO:
Carmen A. Klencz
John A. Klencz
6400 Sharlands Avenue, #1056
Reno, Nevada 89523

APN 1318-26-101-006

AFFIDAVIT OF DEATH OF TRUSTORS

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

I, CARMEN A. KLONCZ, of legal age, being first duly sworn, depose and state under penalty of perjury, as follows:

1. That I reside at 6400 Sharlands Avenue, #1056, Reno, Nevada.

2. That FRANK R. BLAIR and MAXINE A. BLAIR, executed a revocable living trust known as THE BLAIR FAMILY TRUST on June 6, 1994 (the "Trust"), of which they were the Trustors.

3. That FRANK R. BLAIR and MAXINE A. BLAIR, as Trustors of THE BLAIR FAMILY TRUST on June 6, 1994, held title to real property in Douglas County, Nevada commonly known as 135 Deer Run Court, Douglas County, Nevada, and more particularly described as follows:

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown

on that amended parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document 17578.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of said Declaration of Timeshare Use and amendments thereto, together with the right of to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283, at page 1341 as Document 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983, in Book 483 at page 1021, Official Records of Douglas County, Nevada as Document 78917, and second amendment to Declaration of Time-share Use recorded July 20, 1983, in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983, in Book 1083 at page 2572, Official Records of Douglas County, Nevada, as Document 89535, ("Declaration"), during a "Use Period", within the High Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record.

A portion of APN 07-130-19.

Per NRS 111.312, this legal description was previously recorded on May 22, 1996, in Book 0596, at Page 3952, as Document 388386.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belong or appertaining, and any reversions, remainders, rents, issues or profits thereof.

4. That FRANK R. BLAIR died on September 18, 2013, and a certified copy of his death certificate is attached hereto.

5. That as a result of the death of FRANK R. BLAIR on September 18, 2013, the Trust continued for the benefit of the Surviving Spouse with the Surviving Spouse acting as its sole Trustee.

6. That MAXINE A. BLAIR died on July 3, 2018, and a certified copy of her death certificate is attached hereto.

7. That on the death of both of the original Trustors of the above-described Trust, Affiant, CARMEN A. KLONCZ, is named and acting Successor Trustee pursuant to the terms of the Trust document and is empowered by the document so to act.

8. That I am the current and Successor Trustee.

DATED this 10th day of March, 2020.

AFFIANT:

Carmen A. KloncZ

CARMEN A. KLONCZ

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

This instrument was acknowledged before me on March 10, 2020, by CARMEN A. KLONCZ, as Successor Trustee.

Sharon M. Knudson

NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY

SALINAS, CALIFORNIA

3052013177975

CERTIFICATE OF DEATH

3201327001758

Form containing personal data, usual residence, informant, disposition, place of death, cause of death, and certifier information.

CERTIFIED COPY OF VITAL RECORDS

000670874

STATE OF CALIFORNIA } SS
COUNTY OF MONTEREY

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Monterey County Clerk-Recorder.

Signature of Stephen L. Vagnini, County Clerk-Recorder

DATE ISSUED 08/06/2018 ATTEST

Signature of Deputy County Clerk-Recorder

This copy not valid unless prepared on engraved border displaying date, seal and signature of Deputy County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY
SALINAS, CALIFORNIA

3052018140318
 STATE FILE NUMBER

CERTIFICATE OF DEATH
USE BACK KEY ONLY FOR ALL OTHERS. INQUIRE DEALTER/OTHERS

3201827001318
 LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) MAXINE		2. MIDDLE ANN		3. LAST (Family) BLAIR	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy 05/17/1932		5. AGE Yrs. 86		6. SEX F	
8. BIRTH STATE/FOREIGN COUNTRY SOUTH DAKOTA		10. SOCIAL SECURITY NUMBER 3708		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (ROP in the 1st year) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 07/03/2018		8. HOUR (24 Hour) 1550	
13. EDUCATION - Highest Level (Degree) HS GRADUATE		14. WAS DISCERNENT HISPANIC/LATINO/SPANISH? (If yes, see notation on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S RACE - List 3 separately (see notation on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED				16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food collection, employment agency, etc.)	
HOMEMAKER				OWN HOME	
19. YEARS IN OCCUPATION 59					
19. DECEASED'S RESIDENCE (Street and number, or location) 1042 POLK STREET					
21. CITY SALINAS		22. COUNTY/PROVINCE MONTEREY		23. ZIP CODE 93906	
24. YEARS IN COUNTY 68		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP TAMMY HERNANDEZ, DAUGHTER					
27. INFORMANT'S MAILING ADDRESS (Street and number, or P.O. box number, city or town, state and zip) 33 SAN MARCOS COURT, SALINAS, CA 93901					
28. NAME OF SURVIVING SPOUSE/GROUP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST ALOYSIUS		32. MIDDLE THOMAS		33. LAST LYNCH	
34. NAME OF MOTHER/PARENT - FIRST MARION		35. MIDDLE GENEVIEVE		36. LAST (BIRTH NAME) CASSON	
37. BIRTH STATE MINNESOTA		38. BIRTH STATE MINNESOTA		39. BIRTH STATE MINNESOTA	
39. DISPOSITION DATE mm/dd/yyyy 07/10/2018		40. PLACE OF FUNERAL DISPOSITION SAN JOAQUIN VALLEY NATIONAL CEMETERY 32053 WEST MCCABE ROAD, SANTA NELLA, CA 95322			
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SMART CREMATION		45. LICENSE NUMBER FD2008		46. SIGNATURE OF LOCAL REGISTRAR EDWARD L. MORENO, MD	
47. DATE mm/dd/yyyy 07/10/2018					
101. PLACE OF DEATH OWN RESIDENCE - HOSPICE					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> ODA <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other			
104. COUNTY MONTEREY		105. STREET ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1042 POLK STREET		106. CITY SALINAS	
107. CAUSE OF DEATH Enter the chain of events - Diseases, injuries, or complications - that directly caused death. DO NOT use terminal events such as cardiac arrest, respiratory arrest, or aneurysm rupture without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) ANEMIA OF NEOPLASTIC DISEASE (B) MALIGNANT NEOPLASM OF BONE CHRONIC PAIN					
108. YEARS		109. BODYS PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC PAIN					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attended Since <input type="checkbox"/> Decedent Last Seen/Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER VIVEK S. RUDRAPATNA, M.D.		116. LICENSE NUMBER A113280	
117. TYPE OF DEATH 06/26/2018		118. TYPE OF DEATH 07/03/2018		119. ADDRESS 3908 WASHINGTON BLVD STE 206A, FREMONT, CA 94538	
120. I CERTIFY THAT MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
123. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
124. SIGNATURE OF CORONER / DEPUTY CORONER				125. DATE mm/dd/yyyy	
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					



CERTIFIED COPY OF VITAL RECORDS 000570873

STATE OF CALIFORNIA } SS
 COUNTY OF MONTEREY

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Monterey County Clerk-Recorder.

DATE ISSUED **08/06/2018** ATTEST *Susan Gomez*
 This copy not valid unless prepared on engraved border displaying date, seal and signature of Deputy County Clerk-Recorder.

STEPHEN L. VAGHINI
 County Clerk-Recorder

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE