DOUGLAS COUNTY, NV

2020-943562

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03/16/2020 02:45 PM

SIGNATURE TITLE - ZEPHYR COVE KAREN ELLISON, RECORDER

APN: 1320-36-002-014

Recording Requested By:

Name: SIGNATURE TITLE COMPANY, LLC

Address: 212 ELKS POINT RD., STE 445

P.O. BOX 10297

ZEPHYR COVE, NV 89448

(For Recorder's use only)

## Affidavit of Death of Trustee Succession of Successor Trustee and Certificate of The Charles L. Monson Jr. Living Trust

(Title of Document)

| <br>/ / | (Only use if applicable) -            |  | <b>\</b>  |
|---------|---------------------------------------|--|-----------|
| <br>P   |                                       | 75.  | A         |
|         | (Only use it applicable)              |  |           |
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|         |                                       |  |           |
|         |                                       |  |           |

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

Printed Name

After Recording Mail to:

Charles Monson III 868 S. Havenwood Circle Orange, CA 92869

Mail Tax Statements Same

The undersigned affirms that this document <u>does</u> contain the social security number of a person or persons, as required by NRS 440.380. (NRS 239B.030).

# AFFIDAVIT OF DEATH OF TRUSTEE SUCCESSION OF SUCCESSOR TRUSTEE AND CERTIFICATE OF THE CHARLES L. MONSON JR. LIVING TRUST

| STATE OF CALIFORNIA | )  |     |
|---------------------|----|-----|
|                     | ٤  | SS. |
| COUNTY OF ORANGE    | ٦) |     |

Charles Monson III of Orange, California being first duly sworn, does hereby swear under penalties of perjury under the laws of the State of California that the following statements are true:

- (1) By instrument dated August 21, 2017, Charles L. Monson Jr. executed the Declaration of the Charles L. Monson Jr. Living Trust ("Trust") in the County of Douglas, State of Nevada.
- (2) The Charles L. Monson Jr. Living Trust appointed Charles Monson III to serve as the Successor Trustee of the Trust and any sub-trusts created thereunder upon the death or incapacity of Charles L. Monson Jr.
- (3) Charles L. Monson Jr. died on August 27, 2019. Attached hereto as Exhibit "A" is a certified copy of the death certificate of Charles L. Monson Jr.
- (4) Pursuant to the terms of the Trust, Charles Monson III has assumed all the duties of Successor Trustee.
- (5) Charles Monson III is authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in any property.
- (6) Charles Monson III is authorized to act on behalf of the Trust, and is vested with the following powers concerning the management of the Trust property, in addition to the powers now or hereafter conferred under the laws of the State of Nevada, NRS 163.260 to 163.410, inclusive:

- (a) To invest the trust estate in any common or preferred stocks, mutual funds, investment trusts, bonds, deeds of trust, notes, real estate, or other property the Trustee in the Trustee's discretion select. The Trustee shall have the full power to invest the Trust funds without being restricted to forms of investments that the Trustee may otherwise be permitted to make by law.
- (b) To manage, control, grant options on, purchase, sell (for cash or deferred payments), convey, exchange, partition, divide, improve and repair real and personal Trust property.
- (c) To operate any business that the Trustee receives or acquires under the Trust for as long as the Trustee considers advisable.
- (d) To retain, purchase, or otherwise acquire unproductive real or personal property.
- (e) To hold securities or other property in the Trustee's own name or in a nominee's name, or to hold securities unregistered in such condition that ownership will pass by delivery.
- (f) To lease Trust property for terms within or beyond the term of the Trust for any purpose.
  - (g) To lend money to any person, including the probate estate of either Trustor.
- (h) To purchase property at its fair market value, as determined by the Trustee in the Trustee's discretion, from the probate estate of either Trustor.
- (i) To carry insurance of the kinds and in the amounts the Trustee considers advisable, at the expense of the Trust, to protect the trust estate and the Trustee personally against any hazard.
  - (7) No other person has a right to the interest of the Trust in the described property.
- (8) For the purpose of inducing all persons, organizations, corporations and entities including but not limited to any bank, broker, custodian, insurer, lender, title company, transfer agent, taxing authority, governmental agency, or party to act in reliance upon this Certificate of Trust, Charles Monson III hereby represents, warrants and agrees that:
- (a) If the Trust is revoked or amended under any circumstances, Charles Monson III, his estate, heirs, successors and assigns will hold any person, organization, corporation or entity (hereinafter referred to collectively as "Person") harmless from any loss suffered, or liability incurred by such Person in acting in accordance with the instructions of the Trustee acting under the Trust Agreement or this Certificate of Trust prior to the receipt by such Person of actual notice of any such revocation or amendment.
- (b) The powers conferred on the Trustee by the Trust Agreement as set out in this Certificate of Trust may be exercised by the Trustee and the Trustee's signature or act under the authority granted in the Trust Agreement may be accepted by Persons as fully authorized by the undersigned Trustee and with the same force and effect as if he was personally present, competent and acting on his own behalf.
- (c) No Person who acts in reliance upon this Certificate of Trust or any representations these Trustee may make as to the fact that the Trustee's powers are then in effect, the scope of the Trustee's authority granted under the Trust Agreement, the Trustor's competency at the time the Trust Agreement was executed, the fact that the Trust Agreement has not been

revoked, or the fact that the Trustee continues to serve as Trustee, shall incur any liability to the undersigned, Charles Monson III's heirs or assigns for permitting the Trustee to exercise any such authority. 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 Drange On 1/27/2020, before me, On 1/27/2020, before me, No tany Poblic, (here insert name and title of the officer), personally appeared CHARLES MONSON III, 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. Signature





#### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH **VITAL STATISTICS** 

| CASE EII                            | LE NO. 4100350  |   |   |                                 |                   |   |  | 00/0  | $\Lambda$                        |  |             |
|-------------------------------------|---|---|---|---------------------------------|-------------------|---|--|---|----------------------------------|--|-------------|
| YPE OR .                            | -L (10. 4)0030  |   | CERTI   | FICATE O                        | F DE/             | \TH   |  |   | 9017<br>E FILE NUI               |  |             |
| RINTIN                              | 1a. DECEASED-NAME (FIRST,M  | DDLE,LAST,SUFFIX                          | <b>()</b>   |                                 |                   | 2   | L DATE OF DEATH (M   |   |                                  | TY OF DEATH                                    | _           |
| RMANENT<br>ACK INK                  | Charles Lewis   |   | MONSON JR  DSPITAL OR OTHER INSTITUTION -Name(If not either, give street                |                                 | August 27,        | 2019  | 1 005  | Carson City   |                                  |  |             |
| CEDENT                              | Carson City   | 3, DEA:11   34 1130                       |   | hoe Regional N                  |                   |   | Inpatient(Spec   | #y)<br>iency Room   | 1 1                              |  | t<br>Male   |
| CEDEMI                              | 5. RACE (Specify) White   |   | 6. Hispanic Origin? Specify 74. AGE-tast birthday 75. UND No - Non-Hispanic (Years) MOS |                                 |                   | b. UNDER 1 YEAR 7c                          | UNDER 1 DAY  | B DATE  | OF BIRTH (Mo/Da                  | ay/Yr)   |             |
| F DEATH<br>CURRED IN<br>ITUTION SEE | 9a. STATE OF BIRTH (If not US/C   | <u>-</u> i                                |   | RY 12 EDUCATIO                  | N 11. MARIT       | 86<br>AL STATUS                             | (Specify) 12 SURVIV  | NG SPOUSE'S NA  |                                  | tune 11, 1933<br>e prior to first marriag      |             |
| TTUTION SEE<br>ANDBOOK<br>EGARDING  | name country) Connecticu 13. SOCIAL SECURITY NUMBER   |   | United States 16  USUAL OCCUPATION (Give Kind of Work Done Do                           |                                 | ne During I       | Divorced During Most of 14b. KIND OF BUSINE |  | IESS OD INDUS   | ESS OR INDUSTRY Ever in US Armed |  |             |
| PLETION OF<br>SIDENCE<br>ITEMS      | 3839  |   | Ow  | ner - Operator                  | • - 1 1           |   | ED   | UCATION   | iri                              | Forces? Ye                                     | 35          |
| L                                   | 15a. RESIDENCE - STATE 18   | о соинту<br>Douglas                       |   | ry, town or Loc<br>Gardnerville |                   | Filtrick Stager                             | EET AND NÜMBER<br>Horsebush Co                                     |   | -                                | 15e. INSIDE CI<br>LIMITS (Specify<br>or No) No | TY<br>y Yes |
| ARENTS                              | 16. FATHER/PARENT - NAME (F   | irst Middle Last St                       | uffix)  | Galutielvik                     |                   |   | RENT - NAME (First   | Middle Last S   |                                  | 1 40   | ·           |
|                                     | Char<br>16a. INFORMANT- NAME (Type o  | les Lewis MOI<br>r Print)                 |   | b. MAILING ADDR                 | ESS (St           | eet or R.F.                                 | Cathe<br>D. No. City or Town, S                                    | erine PLAN  | ET                               |  | - 1         |
|                                     | Charles L   | MONSON III                                |   | agus et a A                     | 868 9             | . Haven                                     | wood Circle Oran   | ge, Californi   |                                  | \  |             |
| OSITION                             | 19a. BURIAL, CREMATION, REM<br>Crematio   |   | afy) 196. CEMETE  | RY OR CREMATO<br>Walton's       | Sierra C          | remator                                     |  | lec LOCATION<br>Carso   |                                  | own State<br>evada 89706                       | <b>\</b> /  |
|                                     | 20a. FUNERAL DIRECTOR - SIGI  | NATURE (Or Person                         | Acting as Such)   | 206. FUNERAL D                  | PRECTOF           | 20c. NAM                                    | E AND ADDRESS OF F<br>Cremation So                                 | ACILITY   |                                  |  |             |
|                                     | SIGNATU   | RE AUTHENTICA                             | LTED  | FD861                           |                   | 1   | 1614 N Curry   |   |                                  |  |             |
| DE CALL                             | TRADE CALL - NAME AND ADDR  |   | ad at the time date   |                                 |                   |   | 7. 7. 1  | »:  |                                  |  |             |
|                                     | 🖁 💆 to the cause(s) stated.(Sign  | sature & Title)                           | ad at the tritis, date  | and brace suic one              | 92.9              | the time, de                                | asis of examination and/o<br>ste and place and due to t<br>thines. | he cause(s) state   | d. (Signatur                     | e & Title)                                     |             |
| RTIFIER                             | 21b. DATE SIGNED (Mo/D  | ay/Yr) 21                                 | Ic. HOUR OF DEA   | TH:                             | Comple<br>MER'S O | 25. DATE                                    | SIGNED (Mo/Day/Yr)   | 22c.  | HOUR OF                          |  | ICATED      |
|                                     | 21d, NAME OF ATTENDIN   | THER THAN CERT                            | IER THAN CERTIFIER 22d. PRONOUNCE   |                                 |                   | ptember 04, 2019<br>OUNCED DEAD (Mo/C       | 11                           |   | 01:40<br>NCED DEAD AT (          | (Hour)   |             |
|                                     | 23a. NAME AND ADDRESS OF C  | ERTIFIER (PHYSIC                          | IAN, ATTENDING  | PHYSICIAN, MEDIC                | CAL EXAM          | NER. OR                                     | August 27, 2019<br>CORONER) (Type of P                             | dot)  | 23b LICEN                        | 01:40<br>SE NUMBER                             |             |
|                                     | 24a. REGISTRAR (Signature)  | oroner Ruth Rh                            | ines 911 E l  | Viusser St. Car                 | son City          | NV 89                                       | 701<br>BY REGISTRAR  |   |                                  | 9307<br>MMUNICABLE DI                          | 16EAGE      |
| ISTRAR                              |   | SIGNATURE                                 | CA RAMIRE<br>AUTHENTICATI   | ED (                            | Mo/Day/Yr         | 100   | ember 04, 2019   | YE  |                                  | NO X   | ISEASE      |
| USE OF                              | 25. IMMEDIATE CAUSE<br>PART I (a) Acute Car   | (ENTER ONLY ONE<br>diopulmonar            | ECAUSE PER LIN<br>V Arrest  | E FOR (a), (b), AN              | D (c).)           | *   |  |   | Interval                         | between onset an                               | d death     |
|                                     | DUE TO, OR AS   | A CONSEQUENCE                             |   |                                 |                   |   | <u>degamenta.</u><br>Yangaharan 17                                 |   | Interval                         | between onset an                               | d death     |
| DITIONS IF<br>Y WHICH<br>E RISE TO  | DUE TO, OR AS A CONSEQUENCE OF:  Atherosclerotic Heart Disease  |   |   |                                 |                   |   |  |   |                                  |  |             |
| LEDIATE<br>AUSE<br>TING THE         |   |   |   |                                 |                   |   |  | oetween onset an  | KO OSSKIN                        |  |             |
| ERLYING<br>ISE LAST                 | DUE TO, OR AS A CONSEQUENCE OF.  (d) Hypertension Interval between onset and death  |   |   |                                 |                   |   |  |   |                                  |  |             |
| /                                   | PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. / 26. AUTO<br>Kidney Disease |   |   |                                 |                   |   |  | PSY (Special 27 WAS CASE<br>REFERRED TO CORONER<br>(Specially Yes of No.) Yes |                                  |  |             |
|                                     | 284. ACC., SUICIDE, HOM., UNDET.<br>OR PENDING INVEST. (Specify)  | (Mo/Day/Yr)                               | 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OF   |                                 |                   | IOW INJURY OCCURRED                         | 103 04 110   | " No  | (Specify Yes or No               | ° Yes  |             |
|                                     |   |   |   |                                 |                   | V 3   | žia i i  |   |                                  |  |             |
| \                                   | 28e. INJURY AT WORK (Specify<br>Yes or No)  | 281 PLACE OF INJ<br>building, etc. (Speci | URY- At home, fan<br>fy)  | m, street, factory, of          | ffice 28g.        | LOCATIO                                     | N STREET OR F  | .F.D. No Ci   | TY OR TO                         | MN S   | TATE        |

STATE REGISTRAR





**CERTIFIED COPY OF VITAL RECORDS** 

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

SEP 04 2019

Administrator



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

#### **EXHIBIT A**

### **Legal Description**

Lot 7, in Block C, as shown on the Final Map of WILDFLOWERS RIDGE UNIT 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 19, 1990, in Book 1290, Page 2541, as Document No. <u>241308</u>.

