DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 ALLING & JILLSON, LTD 2020-947190 06/05/2020 11:28 AM

Pgs=5

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Jamie L. Walker, Esq. c/o ALLING & JILLSON, LTD. 276 Kingsbury Grade, Suite 2000 Post Office Box 3390 Lake Tahoe, Nevada 89449-3390

APN: 1418-10-710-060



KAREN ELLISON, RECORDER

Pursuant to NRS 440.380, I, the undersigned, affirm that this document submitted for recording does contain personal information of any person or persons.

NOTICE OF DEATH OF TRUSTEE

COMES NOW Samantha A. Dinsmore, and being first duly sworn, deposes and says:

- 1. She is the sole serving Trustee of the PEGGY G. ARONSTAM 1991 TRUST dated April 10, 1991;
 - 2. That she was a Co-Trustee with PEGGY G. ARONSTAM;
- 3. That as Trustee, PEGGY G. ARONSTAM, acquired title pursuant to that Trust Transfer Deed, recorded in the official records of the Douglas County Recorder on July 22, 2015, Document No. 2015-866657, as to an undivided one-half (½) interest in and to all that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

PARCEL 1:

LOT 65, IN BLOCK B, AS SHOWN ON THE SECOND AMENDED MAP OF GLENBROOK SUBDIVISION UNIT 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JANUARY 30, 1980, BOOK 180, PAGE 1512, AS DOCUMENT NO. 41035, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

PARCEL 2:

THE EXCLUSIVE RIGHT TO USE FOR GARAGE PURPOSES THAT PARCEL DESIGNATED AS "GARAGE EASEMENT" THAT IS APPURTENANT TO LOT 65, IN BLOCK B, AS SHOWN ON THE MAP REFERENCED IN PARCEL ONE ABOVE. .

- 4. That PEGGY A. ARONSTAM died in San Mateo, California, on or about January 25, 2020. The State of California issued a Death Certificate, bearing State File No. 3052020018671, attached hereto as **Exhibit A** and incorporated herein by reference.
- 5. Pursuant to Article III.A. of the PEGGY G. ARONSTAM 1991 TRUST dated April 10, 1991, instrument which states, "If Peggy G. Aronstam shall for any reason cease to act as Trustee, Samantha A. Dinsmore shall act as sole Trustee." Now, therefore, be it known the undersigned is acting as sole Trustee of the PEGGY G. ARONSTAM 1991 TRUST dated April 10, 1991.

IN WITNESS WHEREOF, Grantor and Trustee have executed this document County, California, on this 25 day of May, 2020.

PEGGY G. ARONSTAM 1991 TRUST dated April 10, 1991

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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 CALLEDONAL (SS COUNTY OF SAME CAPA

On before me, think how how home personally appeared Samantha A. Dinsmore, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the persons, or the entity upon behalf of which the person 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.

that the foregoing paragraph is true and o

WITNESS my hand and official seal.

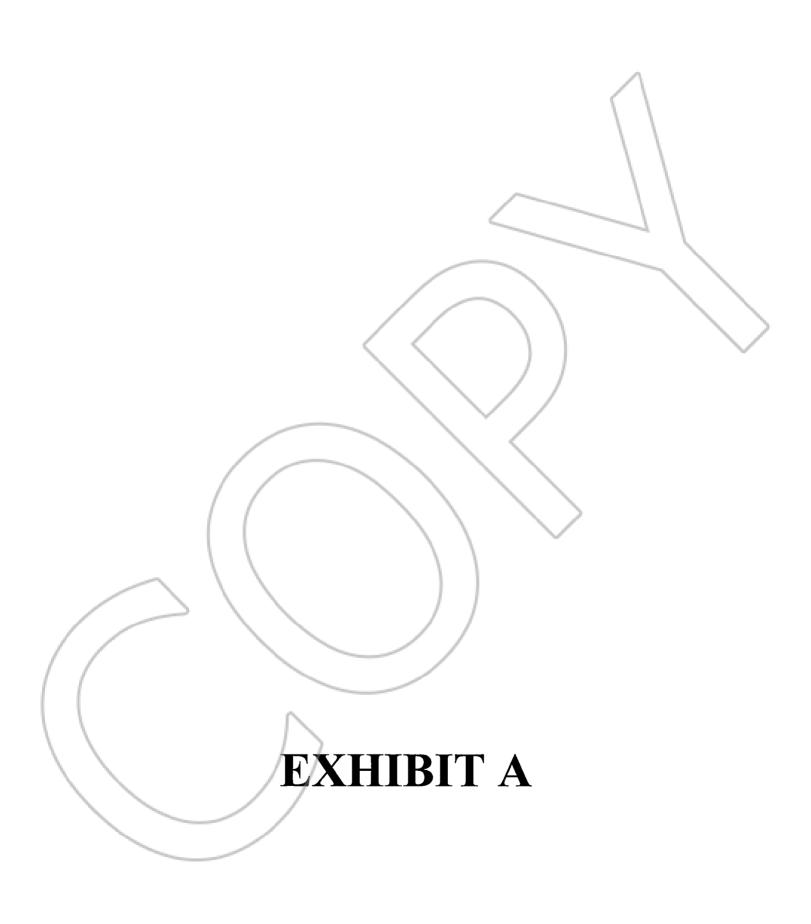
(Seal)

CATHY M. WONG COMM. #2241814

Notary Public - California Santa Clara County My Comm. Expires June 4, 202

Signature

ALLAGARO LO RALLE OF DEALH OF LINDRE ONLEO HAM



STATE OF CALDED RNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

3052020018671		CERTIFICATE (CERTIFICATE OF DEATH SINTE OF CALIFORNIA USE BLACK BIX ONLY IND PRAISES WHITEOUTS OR ALTERATIONS SET URGEN VIOLE SET URGEN VIO	
	STATE FILE NUMBER			LOCAL RECUSTRATION NUMBER
DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT-FIRST (GIVER) PEGGY	G.	3 LAST (FAITUM) ARONSTAM	\ \
	AXA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAS		4 DATE OF BUTTH ITEM/dd/ocyy 5 AGE Y/s M	FUNDER ONE YEAR FUNDER 24 HOURS 8 SEX ONTON Days Hours Manufes F
		312 YES X NO [_] № WIDOWED	01/25/2020 1922
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1030	17 USUAL OCCUPATION - Type of work for most at the DO NO HOMEMAKER	T USE RETIRED 18 KIND OF BUSINI OWN HOM	ESS OR INDUSTRY (e.g., grocery store, road constructor	on, emptoyment agency, etc.) 19 YEARS IN OCCUPATION 60
USUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Streat and number, or location) 128 TUSCALOOSA AVENUE			
	ATHERTON	22 COUNTYPROVINCE SAN MATEO	23 ZIP CODE 24 YEARS IN COUNT 45	CA
INFOR-	27 INFORMANT'S MANE, RELATIONSHIP 2046 BRYANT STREET, PALO ALTO, CA 94301			
SPOUSE/SHDP AND ARENT INFORMATION	28 NAME OF SURVIVING SPOUSE/SROP"-FIRST	28 MIDDLE	30 LAST (BIRTH NAME)	\
	31 NAME OF FATHER PARENT-FIRST LEON	32 MIDDLE S.	33 LAST GLASER	34 BIRTH STATE
	35 NAME OF MOTHER/PARENT-FIRST	38 MIDDLE	37 LAST (BIRTH NAME)	28 BIRTH STATE
	MARGARET LEE STRAUSS IL 38 DISPOSITION DATE MIRMOSCOPY 40 PLACE OF FINAL DISPOSITION DETERMINATION DETERMINATION DETERMINATION DETERMINATION DETERMINATION DETERMINATION DETERMINATION DETERMINATION DETERMINATION DE CONTROL DE CONTRO			
FUNERAL DIRECTOR/ LOCAL REGISTRAN	01/31/2020 2046 BRYA 41 TYPE OF DISPOSITION(S)	42 SIGNATURE OF EMBAL		43 LICENSE NUMBER
	CR/RES	▶ NOT EMBAL	MED BIGNATURE OF LOCAL REGISTRAR	/
	44 NAME OF FUNERAL ESTABLISHMENT TULIP CREMATION		SCOTT MORROW, MD	01/30/2020
OF 1	OWN RESIDENCE			THER THAN HOSPITAL EPECIFY ONE SERICE HOMEALIC X DECEMBRY HOMEALIC X HOPE
PLACE OF DEATH	104 COUNTY 105 FACLITY ADD	RESS OR LOCATION WHERE FOUND (Street End.)	number, or location)	100 CITY ATHERTON
	107 CAUSE OF DEATH Enter the chan of event	s diseases, vigures, or complexions that directly	caused death DO NOT enter terminal events such	Time Interval Between 108 DEATH REPORTED TO CORONERS
CAUSE OF DEATH	IMMEDIATE CAUSE W CARDIAC ARREST Final disease or conducton resulting	atory acresil, or vientocular Social on verinout showing the	a GLOIGGY DO NOT ABBREVIATE	Ocacl and Death YES X NO SECS
	in death) (P) RESPIRATORY FA	LURE		BT) 109 DROPSY PERFORMED? YES X NO
	conditions, if eny, leading to cause on Line & Enter on UNDERILIMING	A OF PERITONEUM		DAYS LITE AUTOPSY PERFORMED?
	CAUSE (classes or Injury that			YRS X YES NO
	unitated the ensure TEAJ (disease) in death) LAST			YES X NO
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PRESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
	113 WAS OPERATION PERFORMED FOR ANY CONDITION IN I	TEM 107 OR 1127 (If year, list type of operation and o	(ata)	113A IF FEMALE, PREGNANT IN LAST YEAR? YES X NO UNK
PHYSICIAN'S CERTIFICATION	114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURR AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	ED 115 BIGNATURE AND TITLE OF CERTIFIER	F.C.	118 LICENSE NUMBER 117 DATE min/dd/coyy
	Decedent Attended Since Decedent Last Seen Abre (A) mm/dd/copy (B) mm/dd/copy	► KATHRYN KEELAN RE	ENSCHLER M.D. 500	G61915 01/29/2020 KEELAN RENSCHLER M.D.
	03/10/1994 01/21/2020	003 EL CAMINO REAL	1 E. D. PALO ALTO, CA 943	KEELAN RENSCHLER M.D. 101
CORONER'S USE ONLY	118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR. MANNER OF DEATH Notural Accident Home	DATE, AND PLACE STATED FROM THE CAUSES STATED cade Suncide Investigation		121 INJURY DATE ministracy 122 HOUR (24 Hours)
	123 PLACE OF UNUMY (e.g., horos, construction site, wooded aree, etc.)			
	124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in pluy)			
	129 LOCATION OF PAUNTY (Street and number, or boardon, and city, and nip)			
i	128 SIGNATURE OF CORONER / DEPUTY CORONER	127 DATE minde	Id/coyy 128 TYPE NAME, TITLE OF CORONER	A / DEPUTY CORONER
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REGISTRAR TO 1000 100 443 4930 *** "O1000 100 443 4930 ***				

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

DATE ISSUED

02/04/2020

Herminia Gabe



SMound MD

SCOTT MORROW, MD HEALTH OFFICER AND REG STRAF

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer

