

**RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:**

Jamie L. Walker, Esq.  
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Post Office Box 3390  
Lake Tahoe, Nevada 89449-3390

APN: 1418-10-710-060



00112334202009471900050058

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 (1/2) 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 at *Santa Clara* County, California, on this 28 day of May, 2020.

PEGGY G. ARONSTAM 1991 TRUST dated April 10, 1991

*Samantha A. Dinsmore*  
SAMANTHA A. DINSMORE, Trustee

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 )  
 :ss.  
 COUNTY OF SANTA CLARA

On MAY 28, 2020 before me, CATHY M. WONG, Notary Public 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.

WITNESS my hand and official seal.



Signature Cathy M. Wong (Seal)

Attached to NOTICE OF DEATH OF THURSTON, DATED MAY 28, 2020

COPY

**EXHIBIT A**

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM
SAN MATEO, CALIFORNIA

305200018671

CERTIFICATE OF DEATH

3202041000325

Form containing fields for Decedent's Personal Data, Usual Residence, Informant, Spouse/Parent Information, Funeral Director, Place of Death, Cause of Death, Physician's Certification, and Coroner's Use Only.

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

Signature of Scott Morrow MD, Health Officer and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

