



KAREN ELLISON, RECORDER

APN: 1318-15-111-064

**Prepared By/ When Recorded, Mail to:**  
Jeffrey Burr, Ltd.  
2600 Paseo Verde Parkway  
Henderson, NV 89074

**Mail Tax Statements to:**  
FIDALEO FAMILY TRUST  
8558 El Paseo Grande  
La Jolla, CA 92037

**AFFIDAVIT OF SURVIVING TRUSTEE**

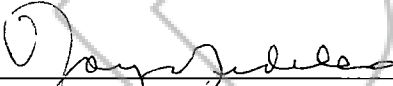
STATE OF NEVADA     )  
  ) SS:  
COUNTY OF DOUGLAS )

RAYMOND A. FIDALEO, being first duly sworn, deposes and says as follows:

1. RAYMOND A. FIDALEO and KATHLEEN T. FIDALEO created the FIDALEO FAMILY TRUST dated February 26, 1999, wherein RAYMOND A. FIDALEO and KATHLEEN T. FIDALEO were designated as the original Trustors and Trustees.
2. KATHLEEN T. FIDALEO died May 10, 2019. A certified copy of her Death Certificate is attached hereto as Exhibit "1".
3. RAYMOND A. FIDALEO is named in the trust instrument to serve as the Surviving Trustee of the FIDALEO FAMILY TRUST dated February 26, 1999 and agrees to serve as the Surviving Trustee of the FIDALEO FAMILY TRUST dated February 26, 1999.
4. RAYMOND A. FIDALEO hereby files this Affidavit and accepts the office of the Surviving Trustee of the FIDALEO FAMILY TRUST dated February 26, 1999.

5. Real property located in the County of Douglas, State of Nevada, more particularly described in Exhibit "2" was conveyed to the FIDALEO FAMILY TRUST dated February 26, 1999.
6. The Trust is currently in effect and has not been revoked.
7. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated this 13<sup>th</sup> day of May, 2020.

  
\_\_\_\_\_  
RAYMOND A. FIDALEO, Surviving Trustee

NOTARY ACKNOWLEDGEMENT CONTINUED TO NEXT PAGE

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.

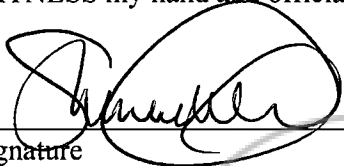
**NOTARY ACKNOWLEDGMENT**

State of California )  
County San Diego )

On May 13, 2020, before me, Shannon Kahle, a Notary Public, personally appeared Raymond A. Fidaleo, 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 he executed the same in his authorized capacity, and that by his signature on the instrument the person, 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



(Seal)

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Exhibit "1"  
Certified Death Certificate – Kathleen T. Fidaleo

COPY

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SAN DIEGO

#### CERTIFICATE OF DEATH

3201937008834

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>KATHLEEN</b>		2. MIDDLE <b>THERESA</b>		3. LAST (Family) <b>FIDALEO</b>	
AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>10/09/1941</b>		5. AGE Yrs <b>77</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>NY</b>		13. SOCIAL SECURITY NUMBER <b>████████-2094</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRPC* (at time of death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>05/10/2019</b>		8. HOUR (of hour) <b>0655</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>52</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>8558 EL PASEO GRANDE</b>		21. CITY <b>LA JOLLA</b>		22. COUNTY/PROVINCE <b>SAN DIEGO</b>	
23. ZIP CODE <b>92037</b>		24. YEARS IN COUNTY <b>48</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>RAYMOND FIDALEO, SPOUSE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>8558 EL PASEO GRANDE, LA JOLLA, CA 92037</b>			
28. NAME OF SURVIVING SPOUSE/SRPC* - FIRST <b>RAYMOND</b>		29. MIDDLE <b>ALEXANDER</b>		30. LAST (BIRTH NAME) <b>FIDALEO</b>	
31. NAME OF FATHER/PARENT - FIRST <b>GEORGE</b>		32. MIDDLE <b>-</b>		33. LAST <b>BERNARD</b>	
34. BIRTH STATE <b>CANADA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>MARY</b>		36. MIDDLE <b>JOSEPHINE</b>	
37. LAST (BIRTH NAME) <b>MEEHAN</b>		38. BIRTH STATE <b>IRELAND</b>		39. DISPOSITION DATE mm/dd/yyyy <b>05/21/2019</b>	
40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF RAYMOND FIDALEO 8558 EL PASEO GRANDE, LA JOLLA, CA 92037</b>		41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>CREMATION SERVICES INC</b>		45. LICENSE NUMBER <b>FD1618</b>	
46. SIGNATURE OF LOCAL REGISTRAR <b>▶ WILMA J WOOTEN, MD MPH</b>		47. DATE mm/dd/yyyy <b>05/21/2019</b>		101. PLACE OF DEATH <b>RESIDENCE</b>	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER-OP <input type="checkbox"/> DDA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY <b>SAN DIEGO</b>	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>8558 EL PASEO GRANDE</b>		106. CITY <b>LA JOLLA</b>		107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thromboembolism without showing the etiology. DO NOT ABBREVIATE. <b>(A) ADENOCARCINOMA OF THE LUNG, METASTATIC TO BOWEL, LYMPH, LUNG</b>	
108. DEATH REPORTED TO CORONER (Interval Between Onset and Death) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIRTH NUMBER <b>YRS</b>		110. BOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. UNDERLYING CAUSE (of disease or injury that initiated the events resulting in death) LAST <b>NONE</b>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		113. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>RIGHT UPPER LOBECTOMY 12/15/2008, LEFT UPPER LOBE WEDGE RESECTION 12/16/2015, TOTAL COLECTOMY WITH ILEOSTOMY 04/13/2019</b>		115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ SUSAN KAY BODTKE M.D.</b>		116. LICENSE NUMBER <b>G88460</b>		117. DATE mm/dd/yyyy <b>05/20/2019</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SUSAN KAY BODTKE M.D. 500 LA TERRAZA BLVD, STE #130, ESCONDIDO, CA 92025</b>		119. 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: <b>05/03/2019</b> Decedent Last Seen Alive: <b>05/10/2019</b>		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		122. PLACE OF INJURY (e.g., home, construct on site, wooded area, etc.)		123. INJURY DATE mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (Events on which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER <b>▶</b>	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		"010001004211562"		CENSUS TRACT	

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY and THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

*Wilma J. Wooten, M.D.*

DATE ISSUED: 6/5/2019 WILMA J. WOOTEN, M.D., MPH  
REGISTRAR OF VITAL RECORDS  
County of San Diego



CASANDIEOJ

Exhibit "2"  
Legal Description

**APN: 1318-15-111-064**

**LOT: 115 SUBD: PINEWILD #2 SEC/TWN/RNG/MER: SEC 15 TWN 13N RNG 18E**

**Commonly known as: 600 Highway 50, #115, Zephyr Cove, Nevada.**

