WHEN RECORDED MAIL TO:

Jeanne A. Tomalas, Trustee of The James Tomalas Trust, dated January 2, 2013 310 Cerro lune

LHC, a2. 8403

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

**DOUGLAS COUNTY, NV** 

2020-949303

Rec:\$40.00

\$40.00 Pgs=4

07/17/2020 08:27 AM

TICOR TITLE - GARDNERVILLE KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02003997RLT

APN No.: 1320-29-610-072

## AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada County of **Douglas** 

Jeanne A James, being duly sworn, deposes and says:

 Raymond Louis Tomales, the decedent mentioned in attached copy of Certificate of Death, is the same person as Raymond Louis Tomales named as one of the trustee(s) in that certain Grant Bargain and Sale Deed dated 3-11-2013, executed by ABN Enterprises, LLC to Raymond Louis Tomales and Jeanne A James, Trustees if the James Tomales Trust, recorded on 03/28/2013 as instrument number 820827, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

- 2. That I, Jeanne A James, am named within the aforementioned trust as surviving trustee;
- 3. That I hereby consent to act as trustee of the aforementioned trust and do hereby assume the powers and duties as trustee of such trust;
- 4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: July 8, 2020	
Jeanne A James, Surviving Trustee	
Jeanne A James, Surviving Trustee	
STATE OF NEVADA	
COUNTY OF DOUGLAS SS	
This instrument was acknowledged before me on	7/9/2012
by Ruphy A halls	,
NOTARY PUBLIC	
	RISHELE L. THOMPSON  Notary Public - State of Nevada  Appointment Recorded in Douglas County
	No: 99-54931-5 - Expires April 10, 2023

ORIGINAL

## STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS

State File Number

STATE COPY	19000	CERTIFICA	TE OF DEATH	MANUAL TO A TO	102-2020-02330
1. DECEDENT'S LEGAL NAME (FIRST, MIDE	DLE, LAST, SUFFIX)		2. AKA'S (IF ANY	) *************************************	3. DATE OF DEATH
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J2590416

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.

Revised 07/2016

KRYSTAL COLEURN ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the failed seal of the issuing agency.

