

A. P. No. 1220-21-110-035

When recorded mail to:

Tor Trygstad
19915 SE Petrovitsky Road
Maple Valley, WA 98038

Mail tax statements to:

Tor Trygstad, Trustee
The Anderson Family Trust
19915 SE Petrovitsky Road
Maple Valley, WA 98038



KAREN ELLISON, RECORDER

**AFFIRMATION PURSUANT TO
NRS 111.312(1) (2) and 239B.030(4)**

The undersigned, hereby affirm(s) that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF WASHINGTON)
) SS.
COUNTY OF KING)

I, TOR TRYGSTAD, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated September 9, 2002, WARREN C. ANDERSON and BONNIE J. ANDERSON, executed the ANDERSON FAMILY TRUST.

(2) Said trust appointed TOR TRYGSTAD to serve as

Successor Trustee upon the death or incapacity of WARREN C. ANDERSON and BONNIE J. ANDERSON.

(3) That WARREN C. ANDERSON aka WARREN CHARLES ANDERSON is now deceased, having died in the City and County of San Francisco, State of California, on June 16, 2020. Attached hereto is a certified copy of the Certificate of Death of WARREN CHARLES ANDERSON, which has been duly filed with the San Francisco Department of Public Health. Your affiant expressly incorporates said Certificate of Death in this affidavit.

(4) That BONNIE J. ANDERSON signed a resignation of Trustee on June 22, 2020.

(5) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.

(6) That during the lifetime of the said WARREN C. ANDERSON and BONNIE J. ANDERSON, as Trustees of the ANDERSON FAMILY TRUST dated September 9, 2002, they were the owners of the real property commonly known as 764 Morning Sun Court, Gardnerville, Nevada, under that certain Trust Transfer Deed recorded October 28, 2002, in Book 1002, Page 11914, as Document No. 0555990, Official Records, Douglas County, Nevada, situate in the City of Gardnerville, County of Douglas, State of Nevada, more particularly described as follows:

Lot 42, as set forth on the Final Map of Tillman Estates, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 12, 1994, Book 494, at Page 2192, as Document No. 334956.

(7) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest under the Deed.

(8) No other person has a right to the interest of

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

3052020134189

CERTIFICATE OF DEATH

3202038002964

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 KEY# 306)				LOCAL REGISTRATION NUMBER									
1. NAME OF DECEDENT - FIRST (Given) WARREN		2. MIDDLE CHARLES		3. LAST (Family) ANDERSON											
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 12/26/1939		5. AGE Yrs. 80		IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX M							
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 1973	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/ccyy 06/16/2020		8. HOUR (24 Hours) 1029							
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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) CAUCASIAN		17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED CHIEF FINANCIAL OFFICER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONTRACTOR	18. YEARS IN OCCUPATION 45						
20. DECEDENT'S RESIDENCE (Street and number, or location) 100 WINSTON DRIVE		21. CITY SAN FRANCISCO		22. COUNTY/PROVINCE SAN FRANCISCO		23. ZIP CODE 94132		24. YEARS IN COUNTY 80	25. STATE/FOREIGN COUNTRY CA						
26. INFORMANT'S NAME, RELATIONSHIP BONNIE J. ANDERSON, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 100 WINSTON DRIVE, SAN FRANCISCO, CA 94132													
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST BONNIE		28. MIDDLE J		30. LAST (BIRTH NAME) TRYGSTAD											
31. NAME OF FATHER/PARENT - FIRST CHARLES		32. MIDDLE ALEXANDER		33. LAST ANDERSON		34. BIRTH STATE CA									
35. NAME OF MOTHER/PARENT - FIRST MARGARET		36. MIDDLE -		37. LAST (BIRTH NAME) HELLER		38. BIRTH STATE CA									
39. DISPOSITION DATE mm/dd/ccyy 06/22/2020		40. PLACE OF FINAL DISPOSITION CYPRESS LAWN MEMORIAL PARK 1370 EL CAMINO REAL, COLMA, CA 94014													
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -									
44. NAME OF FUNERAL ESTABLISHMENT DUGGAN'S FUNERAL SERVICE-DUGGAN WELCH FAMILY		45. LICENSE NUMBER FD44		46. SIGNATURE OF LOCAL REGISTRAR TOMAS ARAGON, MD, DR.P.H.		47. DATE mm/dd/ccyy 06/22/2020									
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		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 SAN FRANCISCO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 100 WINSTON DRIVE		106. CITY SAN FRANCISCO											
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) MYOCARDIAL INFARCTION (B) AORTIC ANEURYSM (C) CORONARY ARTERY DISEASE (D) HYPERTENSION Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Time Interval Between Onset and Death (A) MINS (B) YRS (C) YRS (D) YRS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REGISTRATION NUMBER NC 2020-0667 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO											
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO													
114. 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: 10/22/2007 Decedent Last Seen Alive: 02/03/2020		115. SIGNATURE AND TITLE OF CERTIFIER AMY NICHOLS BOSSEN M.D.		116. LICENSE NUMBER G54885		117. DATE mm/dd/ccyy 06/19/2020									
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE AMY NICHOLS BOSSEN M.D. 909 HYDE ST STE 317, SAN FRANCISCO, CA 94109		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK													
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)											
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)													
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER													
127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER				FAX AUTH.#									
STATE REGISTRAR		A		B		C		D		E		FAX AUTH.#		CENSUS TRACT	

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

DATE ISSUED

AUG 04 2020

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



003753226

Tomas Aragon
TOMAS ARAGON, MD, DRPH
COUNTY HEALTH OFFICER

