

APN: 1220-14-010-006

When Recorded Return To:

Phillip M. Stone, Esq.
The Stone Law Firm, PC
6900 S. McCarran Blvd., Suite 2040
Reno, Nevada 89509

Send Tax Statements To:
Christina Louise Mast, Trustee
7512 Matherly Drive
Wake Forest, North Carolina 27587

Please complete Affirmation Statement below:

- I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B.030)
- OR-
- I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law: NRS 40.525
(State specific law)

Phillip M. Stone
Signature
Phillip M. Stone, Esq.
Print name

Attorney
Title

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NORTH CAROLINA)
) SS.
COUNTY OF WAKE)

CHRISTINA LOUISE MAST, the undersigned, being of legal age, being first duly sworn, deposes and says under penalty of perjury under the laws of the State of North Carolina that the following is true and correct:

1. My name is CHRISTINA LOUISE MAST and I reside at 7512 Matherly Drive, Wake Forest, North Carolina 27587.

2. HANNE ELIZONDO, the decedent referred to in the attached certified Certificate of Death, is the same person as HANNE ELIZONDO, who is named as Trustee of THE HANNE ELIZONDO 2010 REVOCABLE LIVING TRUST DATED

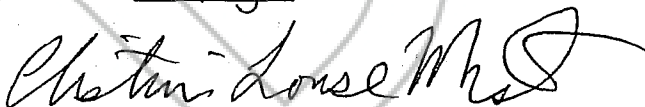
NOVEMBER 8, 2010, (the "Trust"), a trust created under a trust agreement dated November 8, 2010.

3. The trust agreement appoints me to serve as Trustee of the Trust upon the death or incapacity of HANNE ELIZONDO, and I have now assumed the responsibilities as Trustee because of the death of HANNE ELIZONDO on September 2, 2020.

4. I am authorized under the terms of the Trust to act as Trustee with respect to the real property described below, which is part of the trust estate:

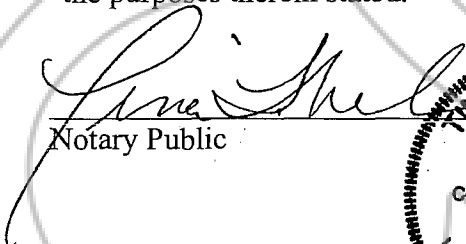
The Trust is a grantee named in that certain Grant, Bargain, Sale Deed executed by HANNE ELIZONDO and ROBERT A. ELIZONDO, Trustees of the Elizondo Living Trust dated September 10, 1990, recorded as Instrument No 0775877, on December 22, 2010, if the Official Records of Douglas County, State of Nevada, regarding the real property located in Douglas County, State of Nevada, described on Exhibit "A" attached hereto.

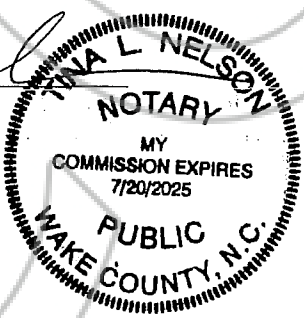
Executed on 10-19, 2020, at Raleigh, North Carolina.


CHRISTINA LOUISE MAST

STATE OF NORTH CAROLINA)
) ss.
COUNTY OF WAKE)

On this 19 day of October, 2020, before me, a Notary Public, personally appeared CHRISTINA LOUISE MAST, known to me (or proved) to be the person who executed the foregoing document, and acknowledged to me that she executed the same for the purposes therein stated.


Notary Public



STATE OF NORTH CAROLINA
CERTIFICATION OF VITAL RECORD

JOHNSTON COUNTY
OFFICE OF REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

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REGISTRATION DISTRICT NO. 051-70	LOCAL NO.	COUNTY OF DEATH Johnston	STATE FILE NO.
DECEASED'S LEGAL NAME			
1a. FIRST Hanne	1b. MIDDLE	1c. LAST Elizondo	1d. SUFFIX
1e. LAST NAME PRIOR TO FIRST MARRIAGE Skovgaard			
2. SEX F	3a. AGE LAST BIRTHDAY (Yr) 84	3b. UNDER 1 YEAR Months Days Hours Minutes	3c. UNDER 1 DAY
4. DATE OF BIRTH (Month/Day/Year) 01/08/1936		5. BIRTHPLACE (County/State or Foreign Country) Denmark	6. GATE OF DEATH (Month/Day/Year) 09/02/2020
PLACE OF DEATH (Check only one)			
7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
7b. FACILITY NAME (If not institution, give street and number) SECU Hospice House		7c. CITY OR TOWN Smithfield	7d. COUNTY OF DEATH Johnston
8. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE (Give name prior to first marriage) Bookkeeper	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired) Machine Shop
11. SOCIAL SECURITY NUMBER 0042	12a. RESIDENCE—STATE OR FOREIGN COUNTRY NV	12b. COUNTY Douglas	12c. CITY OR TOWN Gardnersville
12d. STREET AND NUMBER 1748 Merino Circle		12e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	12f. ZIP CODE 89410
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)			
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credits, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			
15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)			
<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)			
16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)			
<input checked="" type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese			
17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) Carl Skovgaard		18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) Oda Prebensen	
19a. INFORMANT'S NAME Christina Mast		19b. RELATIONSHIP TO DECEDENT Daughter	
19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 7512 Matherly Drive, Wake Forest, NC 27587			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) The Oaks Crematory	
20c. LOCATION (City or town and State) Raleigh, NC			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>B. A.</i>		21b. LICENSE NUMBER 3462	21c. NAME OF EMBALMER Not Embalmed
22. NAME AND ADDRESS OF FUNERAL HOME City of Oaks Cremation, LLC 4900 Green Road, Raleigh NC 27616			
23. PART I. Enter the chain of events (disease, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) → BACTEREMIC SEPSIS DUE TO PNEUMONIA			
Due to (or as a consequence of)			
Due to (or as a consequence of)			
Due to (or as a consequence of)			
Due to (or as a consequence of)			
PART II. Other (applicable) conditions contributing to death but not resulting in the underlying cause given in PART I.			
24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined	26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. TIME OF DEATH (Approximate) 19:20	28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
29. IF FEMALE: <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			
30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
31d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc.		31e. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
32. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
33a. SIGNATURE AND TITLE OF CERTIFIER <i>Dennis Kopper MD</i>		33b. LICENSE NUMBER 93-0094	33c. DATE SIGNED (Month/Day/Year) 9/6/20
34. NAME AND ADDRESS OF CERTIFIER (Print legibly) DENNIS KOPFER 426 HOSPITAL RD SMITHFIELD NC 27579		35. DATE REGISTERED BY STATE	
36. PORTAL LOCAL REGIS (Name) <i>Quinn Holloway Asst. Reg.</i>		37. DATE FILED (Month/Day/Year) 9-14-2020	
DATE CORRECTED (Mo/Day/Yr)		(ITEMS) CORRECTED:	
DATE AMENDED (Mo/Day/Yr)		(ITEMS) AMENDED:	

DATE 1/27/2017
REVISED 8/15/2017
N.C. VITAL RECORDS

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

051-284719

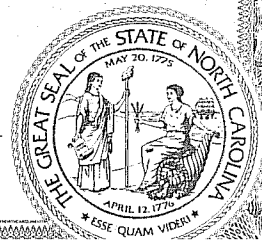
Witness my hand and official seal
this the 14th day of September 20 20

DHHS 3914 (REVISED 8/15) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.

Craig Olive
Register of Deeds
Johnston County

By: *Amy S Zieverink*
Deputy/Assistant Register of Deeds



The Hanne Elizondo 2010 Revocable Living Trust

Article One Establishing My Trust

The date of this trust agreement is November 8, 2010. The parties to this agreement are Hanne Elizondo (the "Grantor") and Hanne Elizondo (my "Trustee").

I intend that this agreement create a valid trust under the laws of Nevada and under the laws of any state in which any trust created under this agreement is administered. The terms of this trust agreement prevail over any provision of Nevada law, except those provisions that are mandatory and may not be waived.

Section 1.01 Identifying My Trust

For convenience, my trust may be referred to as:

"The Hanne Elizondo 2010 Revocable Living Trust dated November 8, 2010."

To the extent practicable, for the purpose of transferring property to my trust or identifying my trust in any beneficiary or pay-on-death designation, my trust should be identified as:

"Hanne Elizondo, Trustee of the Hanne Elizondo 2010 Revocable Living Trust dated November 8, 2010, and any amendments thereto."

For all purposes concerning the identity of my trust or any property titled in or payable to my trust, any description referring to my trust will be effective if it reasonably identifies my trust and indicates that the trust property is held in a fiduciary capacity.

Section 1.02 Reliance by Third Parties

From time to time, third parties may require documentation to verify the existence of this agreement, or particular provisions of it, such as the name or names of my Trustee or the powers held by my Trustee. To protect the confidentiality of this agreement, my Trustee may use an affidavit or a certification of trust that identifies my Trustee and sets forth the authority of my Trustee to transact business on behalf of my trust in lieu of providing a copy of this agreement. The affidavit or certification may include pertinent pages from this agreement, such as title or signature pages.

A third party may rely upon an affidavit or certification of trust that is signed by my Trustee with respect to the representations contained in the affidavit or certification of trust. A third party relying upon an affidavit or certification of trust shall be exonerated from any liability for actions the third party takes or fails to take in reliance upon the representations contained in the affidavit or certification of trust.

Article Three Trustee Succession Provisions

Section 3.01 Resignation of a Trustee

A Trustee may resign by giving notice to me. If I am deceased, a resigning Trustee shall give notice to the income beneficiaries of the trust and to any other Trustee then serving.

Section 3.02 Trustee Succession During My Lifetime

During my lifetime, this Section governs the removal and replacement of my Trustees.

(a) Removal and Replacement by Me

I may remove any Trustee with or without cause at any time. If a Trustee is removed, resigns or cannot continue to serve for any reason, I may serve as sole Trustee, appoint a Trustee to serve with me or appoint a successor Trustee.

(b) During My Incapacity

During any time that I am incapacitated, the following, in the order named, will replace any then serving Trustee:

Christina Louise Mast; then

Andrew B. Mast; and then

Charles Elizondo

If I am incapacitated, the person appointed my guardian may remove any Trustee with or without cause.

If I am incapacitated and there is no named successor Trustee, the person appointed my guardian may appoint an individual or a corporate fiduciary to serve as my successor Trustee.

All appointments, removals and revocations must be by signed written instrument.

Notice of removal must be delivered to the Trustee being removed and will be effective in accordance with the provisions of the notice.

Notice of appointment must be delivered to and accepted by the successor Trustee and shall become effective at that time. A copy of the notice may be attached to this agreement.

Section 3.03 Trustee Succession After My Death

After my death, this Section will govern the removal and replacement of my Trustees.

(a) Successor Trustee

I name the following, in the order named, to serve as my successor Trustee after my death, replacing any then serving Trustee:

Christina Louise Mast; then

Andrew B. Mast; and then

Charles Elizondo

(b) Trustees of the Separate Trusts

The primary beneficiary of a separate trust created under this agreement may, upon attaining the age of 25, appoint himself or herself as a Cotrustee of his or her separate trust and may serve as the sole Trustee of the trust.

If the interest of a beneficiary will be merged into a life estate or an estate for years because the beneficiary is serving as sole Trustee, the beneficiary must appoint a Cotrustee to avoid such merger. Similarly, if the interest of a beneficiary becomes, or is likely to become, subject to the claims of any creditor or to legal process as a result of serving as sole Trustee the beneficiary must appoint an Independent Trustee to serve as Cotrustee.

(c) Removal of a Trustee

A Trustee may be removed only for cause, which removal must be approved by a court of competent jurisdiction upon the petition of any beneficiary. The petition may only subject the trust to the jurisdiction of the court to the extent necessary to make the appointment and may not subject the trust to the continuing jurisdiction of the court.

If a beneficiary is a minor or is incapacitated, the parent or legal representative of the beneficiary may act on behalf of the beneficiary.

(d) Default of Designation

If the office of Trustee of a trust created under this agreement is vacant and no designated successor Trustee is able and willing to act as Trustee, the primary beneficiary of the trust may appoint an individual or corporate fiduciary that is not related or subordinate to the person or persons making the appointment within the meaning of Section 672(c) of the Internal Revenue Code as successor Trustee.

Any beneficiary may petition a court of competent jurisdiction to appoint a successor Trustee to fill any vacancy remaining unfilled after a period of 30 days. The petition may only subject the trust to the jurisdiction of the court to the extent necessary to make the appointment and may not subject the trust to the continuing jurisdiction of the court.

If a beneficiary is a minor or is incapacitated, the parent or legal representative of the beneficiary may act on behalf of the beneficiary.

Section 3.04 Notice of Removal and Appointment

Notice of removal must be in writing and delivered to the Trustee being removed, along with any other Trustees then serving. The notice of removal will become effective in accordance with its provisions.

Hanne Elizondo 2010 Revocable Living Trust

will be effective on the date personally delivered or on the date of the return receipt. If a party giving notice does not receive the return receipt but has proof that he or she mailed the notice, notice will be effective on the date it would normally have been received via certified mail. If notice is required to be given to a minor or incapacitated individual, notice will be given to the parent or Legal Representative of the minor or incapacitated individual.

(f) Severability

The invalidity or unenforceability of any provision of this agreement does not affect the validity or enforceability of any other provision of this agreement. If a court of competent jurisdiction determines that any provision is invalid, the remaining provisions of this agreement are to be interpreted and construed as if the invalid provision had never been included in this agreement.

I have executed this agreement on November 8th, 2010. This trust instrument is effective when signed by me, whether or not now signed by a Trustee.

Hanne Elizondo
Hanne Elizondo, Grantor and Trustee

STATE OF NORTH CAROLINA)
) ss.
COUNTY OF DOUGLAS Wake)

I, SERGIO B. ROCAMORA, Notary Public, certify that Hanne Elizondo, as Grantor and as Trustee, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this day, 8th NOV, 2010.

Sergio B. Rocamora
Notary Public
My commission expires: Apr 20, 2015

