RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

WealthPLAN, PC John F. Doyle, Esq. 1960 The Alameda, Suite 185 San Jose, CA 95126 Rec:\$40.00
Total:\$40.00
WEALTHPLAN
Pgs=5



2020-958060

KAREN ELLISON, RECORDER

DOUGLAS COUNTY, NV

MAIL TAX STATEMENTS TO:

David V. Marr, Trustee 181 San Bernabe Dr. Monterey, CA 93940

APN: 1418-22-511-002

Address: 1736 Logan Creek Drive, Glenbrook, NV 89413

AFFIDAVIT-DEATH OF TRUSTEE

STATE OF CALIFORNIA COUNTY OF MONTEREY

DAVID V. MARR, of legal age, being first duly sworn, deposes and says:

- 1. KENNETH V. MARR and HELEN F. MARR, as Trustors and Trustees, created the KENNETH V. MARR AND HELEN F. MARR 1990 REVOCABLE LIVING TRUST AGREEMENT under a declaration of trust dated October 17, 1990, as seventh amended and completely restated on November 16, 2004 ("Trust"). The Trust remains in full force and effect.
- 2. KENNETH V. MARR, also known as Kenneth Vinson Marr, died on March 2, 2016, in Santa Clara County, California, as evidenced by the certified death certificate attached hereto. Upon his death, HELEN F. MARR became the sole Trustee of the Trust.
- 3. HELEN F. MARR, also known as Helen Susan Frindt Marr ("Decedent") died on October 10, 2020, in Santa Clara County, California, as evidenced by the certified death certificate attached hereto.
- 4. Pursuant to Section 2.2 of the Trust, upon the death of the Decedent, DAVID V. MARR, the undersigned, is designated to serve as Trustee of the Trust. DAVID V. MARR is currently acting as Successor Trustee of the Trust.
- 5. The Trust estate includes an 100% interest in and to the following parcel of real property, previously recorded as Document No. 1990-238993 on November 16, 1990 of Official Records in the office of the County Recorder of Douglas County, State of Nevada, describing the following parcel of real property located in Glenbrook, County of Douglas, State of Nevada and more particularly described as follows:

Lot 3, Block B, as shown on the map of Logan Creek Estates, filed in the office of the County Recorder of Douglas County, Nevada, on March 8, 1960.

APN: 1418-22-511-002 Address: 1736 Logan Creek Drive, Glenbrook, NV 89413 6. The above-described property is now vested in title as follows: "DAVID V. MARR, Trustee of the KENNETH V. MARR AND HELEN F. MARR 1990 REVOCABLE LIVING TRUST AGREEMENT dated October 17, 1990, as amended" 11-25-20 DATED: DAVID V. MARR, Trustee of the KENNETH V. AND HELEN MARR F. MARR 1990 REVOCABLE LIVING TRUST AGREEMENT dated October 17, 1990, as amended **DECLARATION** I, the undersigned, state the following: I have read the foregoing Affidavit-Death of Trustee and I know the contents thereof, which are true of my own knowledge, except as to any matters therein stated upon my own information or belief, and as to those matters, I believe them to be true. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on /// **20** . 2020. DAVID V. MARR, Trustee of the KENNETH V. MARR AND HELEN F. MARR 1990 REVOCABLE LIVING TRUST AGREEMENT dated October 17, 1990, as amended 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 **COUNTY OF MONTEREY** Subscribed and sworn to (or affirmed) before me on this _____ day of ___ by DAVID V. MARR proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

Signature

CALIFORNIA JURAT

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 }
COUNTY OF Manrevey }
Subscribed and sworn to (or affirmed) before me on this 25th day of November, 2020
by David V. Marry
Name of Signers
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
Signature: JULIANA MADELEINE VALDEZ Notary Public - California
Signature of Notary Public Signature of Notary Public Monterey County Commission # 2304296 My Comm. Expires Sep 8, 2023
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Seal
Place Notary Seal Above
The state this species is partially completing this information are detailed at the decrease or fraudulant
Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.
Description of Attached Document
Title or Type of Document: Affidavit - Dearn or Trustee
Document Date: Signed 11/25/2020
Number of Pages:
Signer(s) Other Than Named Above:
Signer(s) Other Trian Named Above: 1011

STATE OF CALDED TONDA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

	CERTIFICATE OF DEATH					:	3201643001926			
	STATE FILE MUMBER 1. NAME OF DECEDENT-FIRST (CAVID)	USE BLACK BR ONLY NO REMORE WHITEOUTS OR ALTERATIONS 2. MICROLE 3. LAST GENTLY 4. LAST GENTLY 1. LAST GENT				LOCAL REGISTRATION NUMBER				
DECEDENT'S PERSONAL DATA	KENNETH		VINSON		MARR					
	AXA. ALSO KNOWN AS - Include MI AXA (FIRST, MIDDLE, LAST)			11/05/			DER ONE YEAR IF UNC	Minutes M.		
	8, BIRTH STATE/FOREKIN COUNTRY 10. SOCIAL SECURITY N		X YES	wo ux V	MARRIED	03	/02/2016	2035		
CEDENT	13. EDUCATION - Highest Lavel/Degree 14/15, WAS DOCTORATE YES_		 	W	DECEDENT'S RACE - UP HITE	C				
8	17. USUAL OCCUPATION - Type of work for most SENIOR ADMINISTRATO		NO OF BUSINESS OR INDU UCATION	ISTRY (a.g., grocery store,	road construction, e	n, employment agency, etc.) 19, YEARS IN OCCUPATION				
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or bostion) 3872 TIMBERLINE DRIVE									
	SAN JOSE SAN		TY/PROVINCE TA CLARA	23. ZIP CO 95121	4	2	CA			
MEOR	DAVID V. MARR, SON									
E/SRDP AND INFORMATION	28. NAME OF SURVIVING SPOUSE/SROP-FIRST HELEN		8. MIDDLE SUSAN	/ ./	FRINDT	1	/ /			
	31, NAME OF FATHER/FARENT-FIRST WALTER		2. MIDDLE JOHN		MARR		34. EIRTH STA UNKNO			
EPOUR PARENT	PAULINE	-	e. MIDDLE		S7. LAST (BUTTH NAME)		/	SA, BIRTH STATE UNKNOWN		
L DIRECTOR/ REGISTRAR	03/10/2016 320	53 W MCCAB	E ROAD, SAN	JIN VALLEY N NTA NELLA, C	ATIONAL CE A 95322	METERY				
FUNERAL DIRECTOR/ LOCAL REGISTRAR	l l			42. SIGNATURE OF EMBALMER NOT EMBALMED				3. LIGENSE NUMBER		
FUNETA	DARLING - FISCHER GA	RDEN CHAPE	FD557	76.	H CODY, ME	794	539	7.DATE meriodocy 03/08/2016		
ð,	101. PAGE OF DEATH 102. IF HOSPITAL SPECIFY ONE REGIONAL MEDICAL CENTER 103. IF OFFICE THAN HOSPITAL SPECIFY ONE Planting Decelerate One One One									
PLACE OF DEATH	106, COUNTY 108, FACILITY ADDRESS OR LOCATION WHERE FOUND (Preval and number, or location) SANTA CLARA 225 N JACKSON AVENUE					SAN JOSE				
	MANAGERIA DE LA CARDIACA	fec arrest, respiratory errest,	es, injuries, or complications , or ventricular Scribtion will	that directly baused death out showing the etiology. DC	n. DO NOT erfer terminel ew O NOT ABBREVIATE.	orda euch	Committee Control of	X Ass		
	condition resulting	<u> </u>	EART DISEAS	_ \	-\-			6-00873 8. BIOPSY PERFORMED?		
Ĕ.	Sequentially, list toochions, if any, leading to cause	EART DISEASE				30 YRS YES X				
CAUSE OF DEATH	UNDERLYING CAUSE (Gleane or	<u> </u>		······································		· · · · ·		YES X NO		
2	resulting in death) LAST	10 TO	NAVY DEGLETTING BY TUE	BUTCH VIEW CATTOR PRICE	1 1		(PT) : 11	ABS NO		
	112 OTHER SCHOOL TO CONTINUOUS CO									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN THEM 107 OR 1127 (Fyee, left type of operation and date.) 113A IF FRANCE, FRESHING NO										
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY INCALEDO AT THE HOUR, DATE, MICIPLACE STATED FROM THE C December # Attended Brice December 1	ALGES STATED	SONATURE AND TITLE OF	NID CHIMATH	AKA M.D.	<i>5</i>	A20240	03/04/2016		
	(A) mm/sd/ccyy (B) mm/s 09/15/2006 11/24/2	U15 39k	3 BLOSSOM I	CHANGE MAILING AF HILL ROAD SL	JITE 200, SAN	JUSE, C	4 95123			
	119, (CERTIFY THAT IN MY OFFICIAL DESTRICTION OF DEATH NIBBLES		Suitable Pending	Could not be	120. INJURIED AT W	DRK7 NO UNK	121. INJURY DATE ment	SCANOTY 122, HOURI (24 Hours)		
ONLY	123. PLACE OF PULTRY (e.g., home, construction site, wooded sines, etc.)									
A'S USE	124. DESCRIBE HOW INJURY OCCURRED (Everts which in indied in hyby)									
CORONER'S USE ONLY	123, LOCATION OF INJUST (Street and number, or location, and city, and city)									
	129, SIGNATURE OF CORONER / DEPUTY CO	RONER	12	7, CATE mm/dd/coyy	128. TYPE NAME, TITL	OF CORONER/	DEPUTY CORONER			
ST/ REGIS	TE A B	C D	E	HONOR (THICATA) (AND HAN ALLOWING	iminiminiminiminimini T		FAX AUTHJ	CENSUS TRACT		
				01000	01003184366	f	·····			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SANTA CLARA

DATE ISSUED

By MAR 18 2016

* 4 0 2 0 2 2 4 7 8

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Jana. Coly US
SARA H. CODY
HEALTH OFFICER AND LOCAL FEGISTRAF

SARA H. CODY / |

HEALTH OFFICER AND LOCAL BEGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

NOO GROUDS

CLARA COLLARA COLLARA



COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

	3052020234	CEF	CERTIFICATE OF DEATH STALE OF CALFORMA USE BLACK BIK ONLY MO ESTAGES, WHITEOUTS OR ALTERATIONS 15-14-6624 2000				3202043009175							
STATE FILE NUMBER 1. NAME OF DECEMENT- FIRST (GIVIN)								LOCAL REGISTRATION NUMBER						
DECEDENT'S PERSONAL DATA	1. NAME OF DECEMENT- FIRST (GIVEN)			2. MIDDLE SUSAN FRINDT			RR			-\		\		
	AKA, ALSO KNOTRIN AS - Include for		4. DATE OF SHITH IMP/dis/ceyy 5. AG 09/24/1923 97				IF UNDER O		UNIDFR 24 HC	Cinc. chan	6. SEX			
	9. BIRTH STATE/FOREIGN COUNTR CA	-8988			TES X NO UNK WIDOW							0830		
DEM	13. BOUCLONHybrid LevelDeprey 14/13. WAS DECEDENT HISPANICATINO(A/SPANISH? If you now workshout or black) 16. DECEDENT'S PACE - Up to 3 reaces may be listed Bee workshout on black 18. DECEDENT'S PACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black NO. CAUCASIAN 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black 18. DECEDENT SPACE - Up to 3 reaces may be listed Bee workshout on black 18. DECEDENT SPACE - Up to 3 reaces may b													
<u> </u>	17, USUAL OCCUPATION - Type of	18. KIND OF BUSINE	SS OR INDU	STRY (a.g., groce	y store, road constructi	on, employ	on, amployment agency, etc.) 19. YEARS IN OCCU			CCUPATION				
\dashv	SECRETARY EDUCATION 7 80. DECEDENT'S RESIDENCE (Sirent and number, or location)													
2 8	3872 TIMBERLINE DRIVE													
	SAN JOSE SAN		COUNTY/PROVINCE ANTA CLARA	NTA CLARA 95121			1 45 CA							
INFOR-	26 NFORMANT'S NAME, RELATIONSHIP 27 NFORMANT'S MALING ADDRESS (SYMM and) 3 DAVID MARR, SON 181 SAN BERNABE DRIVI							TÉRÉ	Ÿ, CA 93	940 ^{zp)}				
7	20 NAME OF SURVIVING SPOUSE		29. MIDDLE	_/	- 1	20 LAST (B.FIT)	NAME	₹						
	31. NAME OF FATHER/PARENT-FI	Der	22 MENON C	<u>/</u>	/_	-	\				вияти 9	Tarr		
INFO IN	JOSEPH		Z.	32 MIDDUE Z.			FRINDT			HUN				
SPOUSE/SRDP PARENT INFORM	25 NAME OF MOTHER/PARENT-FIRST SUSAN			35 MIDDLE 37 LAST (BRITH NAME) VON WENTRICH ROMAK				7			UNG			
ê 5	39. DISPOSITION DATE mm/sd/ccy 10/17/2020	32053 WEST	MCCABE RO	AQUIN VAL	LEY N	ATIONAL CA 953	CEMETER	Y 🆊						
DERECTOR/ EGISTRAR	41. TYPE OF DISPOSITION(S)	102000 11201		SNATURE OF EMBALA		407100		/		43. LICEN	ISE NUM	BER		
7 K	CR/BU		OT EMBALI	750	OF LOCAL DEG	ETTIAD .	-		- 47 DATE					
FUNERAL	TRIDENT SOCIET	Y	110000000	I	7704	H CODY		41	50	1 .	6/202			
4	101. PLACE OF DEATH RESIDENCE			The state of the s	102. IF H	DSPITAL, SPECIF		OTHER TH	AN HOSPITAL, S	De De	cedenfs [Otner		
PLACE OF DEATH	104. COUNTY		SS OR LOCATION WHERE		, —			'	Home/LTC 6. City.		me [
-4.							7%	SOL MAS						
	107. CAUSE OF DEATH BAMEDUATE CAUSE (A) CON Finel disease or	🥒 as carciac arrest, respirator	- dissess inures or compley arest, or werincuter forfact. F NEURODEG	on without showing the	stology DO	NOT ABBREVIATE	TENNI SUSPINIS SUCT					NG X		
	condition resulting in death; (8)			_		\	_		EARS	109 BIOPS	Y PERFO	RMED?		
Ξ	Sequentially, list consistent, if any, leading to one					_\		70"		YE.		X WO		
F DEATH	leading to cause (C) on Line A. Enter (C) UNDERLYING CALISE followers or	\			\	1		ľ	ות ו	110 AUTO		DRIMED?		
JEE OF	injury that initiated the events (D)	1			_	_			m	111 USED N	DETERMEN	<u> </u>		
ð	resulting in death) LAST 112, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE ONEN IN 107								Ŭ YE	s ——	NO			
	NONE													
	NO PERATION PERFORME	D FOR ANY CONDITION IN ITE	M 107 OR 1329 (If year, last ty	ype of operation and d	ate)	7			1134.1	YES X	_ ,	UNK		
<u>ه</u> ₹	114. I CERTIFY THAT TO THE BEST OF M AT THE HOUR, DATE, AND PLACE STATE	Y KNOWLEDGE DEATH OCCUPRED DEROM THE CAUSES STATED	116 SIGNATURE AND T	TILE OF CERTIFIER		/		116.	LICENSE NUMB	<u> </u>	<u>.,</u>	todictyy		
FICAL	Decedent Attended Since	Decedent Last Seen Alive	THE TYPE ATTENDING	AMUEL WA	RSHAL	. M.D.		C	41468	10/	13/20	20		
PHYSICIAN'S CENTIFICATION	December Law Sees Asset Printing Printing And Sees Asset P													
	119, I CERTIFY THAT IN MY OPINION DE MANNER OF DEATH NUMBER	ACCIDENT HOUR DA	to Domesto DP	enting [mm] c	could not be	1	DATWORK?		INJURY DATE	envided/eccyty	122 HOU	/R (24 Hours)		
)AE	123. PLACE OF BULRY (a.g., horns, construction she, wooded area, etc.)													
COHONER'S USE ONLY	124 DESCRIBE HOW INJURY OCCUPARED (Events which resulted in Injury)													
HOME	1/25. LOCATION OF REAUTY (Street and number, or location, and city, and zio)													
ដ	128. SIGNATURÉ OF CORONÉR /	128. SKEMATURÉ OF CORONER / DEPUTY CORONER 127, DATE mendationy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER												
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ST/ FIEGIS	TRAR B	(° /	D E	1988 1881 1999		1004692874*		FA	K AUTH,#		CENS	US TRACT		
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SANTA CLARA DATE ISSUED

10/29/2020 Ву

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

SAHA H. CODY | HEALTH OFFICER AND LOCALIFEG OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



