

APN# 1320-30-820-016 & 1420-07-711-003



KAREN ELLISON, RECORDER

**Recording Requested by/Mail to:**

Name: Kevin O'Hara/ O'Hara & Greco

Address: 25361 Commercentre Drive, Suite 150

City/State/Zip: Lake Forest, CA 92630

**Mail Tax Statements to:**

Name: David Olivieri, Trustee

Address: 23201 Mill Creek Rd, Ste 100

City/State/Zip: Laguna Hills, CA 92653

**Affidavit of Successor Trustee**

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

     Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

     Judgment – NRS 17.150(4)

     Military Discharge – NRS 419.020(2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:

O'HARA & GRECO  
25361 Commercentre Drive, Suite 150  
Lake Forest, CA 92630  
Attn: Kevin O'Hara, Esq.

---

### AFFIDAVIT OF SUCCESSOR TRUSTEE

The undersigned, being first duly sworn, says: that he has read the foregoing document, and knows the contents thereof, and the same is true of his own knowledge:

1. On February 11, 1993, JAMES D. DAVIS and SUSAN J. DAVIS, as Trustors and Trustees established THE DAVIS FAMILY TRUST (the "Trust"). Upon the death of JAMES D. DAVIS on November 16, 2006, the CREDIT SHELTER TRUST UNDER THE DAVIS FAMILY (the "Credit Shelter Trust") was established under the terms of the Trust.

2. This Affidavit is a true and correct representation of the terms of the Credit Shelter Trust.

3. SUSAN J. DAVIS was named as the sole Trustee of the Credit Shelter Trust. Under the terms of the First Amendment to The Davis Family Trust dated February 11, 1993 (the "First Amendment), if SUSAN J. DAVIS becomes incompetent, then JANET LEE TURNER shall act as sole successor Trustee of the Credit Shelter Trust. Under the terms of the First Amendment, if JANET LEE TURNER declines to act as Trustee, then DAVID OLIVIERI shall act as sole Trustee of the Credit Shelter Trust.

4. Two physicians have certified that SUSAN J. DAVIS is unable to care for herself or her property as stated in a Physician's Certificate of Incapacity dated January 27, 2021, a copy of which is attached hereto, and a Physician's Report dated December 23, 2020. SUSAN J. DAVIS is therefore incompetent and unable to act as Trustee of the Credit Shelter Trust.

5. JANET LEE TURNER has declined to act as Trustee of the Credit Shelter Trust, a copy of which is attached hereto.

6. As a result of the incompetence of SUSAN J. DAVIS and declination of JANET LEE TURNER to act as Trustee, DAVID OLIVIERI is the sole Trustee of the Credit Shelter Trust.

7. The Credit Shelter Trust is not of record in any court of law and has not been recorded in the real property records of any county.

8. The Credit Shelter Trust has not been revoked, modified, or amended in any manner which would cause the representations contained herein to be incorrect.

9. DAVID OLIVIERI is filing this Affidavit with the Douglas County, Nevada Recorder to establish his succession as the sole Trustee pursuant to the aforesaid Credit Shelter Trust and to enable him to administer and distribute real estate pursuant to the terms of the Credit Shelter Trust.

10. The Credit Shelter Trust estate includes an interest in a real property in Douglas County, Nevada, described as follows:

Lot 14, as shown on the Final Subdivision Map PD# 01-21 for COTTAGES in MOUNTAIN GLEN, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 9, 2002, in Book 802, Page 2902, as File No. 549206. Parcel #1320-30-820-016.  
Address: 1046 Aspen Grove Circle, Minden, Nevada

11. Title holder of the foregoing real property was SUSAN J. DAVIS, Trustee of The Credit Shelter Trust created under the Davis Family Trust dated February 11, 1993, which Deed was signed by SUSAN J. DAVIS, as Grantor and recorded as Document No. 0705064 on July 12, 2007 of Official Records of Douglas County, State of Nevada.

12. The Credit Shelter Trust estate includes an interest in a real property in Douglas County, Nevada, described as follows:

Lot 6, Block E, as set forth on that subdivision map entitled SUNRIDGE UNIT NO. 1-A. recorded April 15, 1988, in Book 488, Page 1638, as Document No. 176220, Official Records of Douglas County, Nevada, Parcel #1420-07-711-003.  
Address: 995 Shadow Lane, Minden, Nevada.

13. Title holder of the foregoing real property was SUSAN J. DAVIS, Trustee of The Credit Shelter Trust created under the Davis Family Trust dated February 11, 1993, which Deed was signed by SUSAN J. DAVIS, as Grantor and recorded as Document No. 0705063 on July 12, 2007 of Official Records of Douglas County, State of Nevada.

14. The successor title holder to the two (2) real properties described above will be DAVID OLIVIERI, Trustee of The Credit Shelter Trust created under the David Family Trust Dated February 11, 1993.

15. Pursuant to the terms of the Trust, DAVID OLIVIERI has assumed the responsibilities of sole Trustee of the Credit Shelter Trust.

16. DAVID OLIVIERI is authorized under the terms of the Credit Shelter Trust and the provisions of the California Probate Code to act as the Trustee with respect to the Credit Shelter Trust's interest in the real property described above.

17. No other person has a right to the interest of the Credit Shelter Trust in the real properties described above.

18. The real properties described above shall be transferred to DAVID OLIVIERI, Trustee of The Credit Shelter Trust created under the David Family Trust Dated February 11, 1993.

Executed at Laguna Hills, on January 21, 2021.

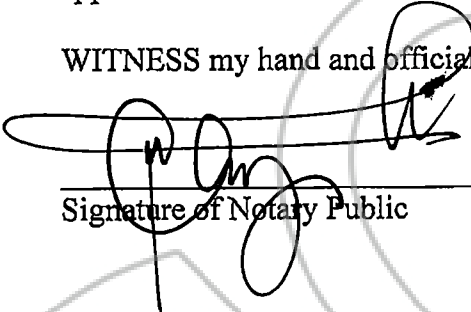
  
\_\_\_\_\_  
DAVID OLIVIERI

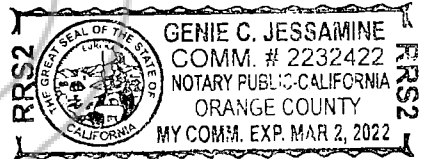
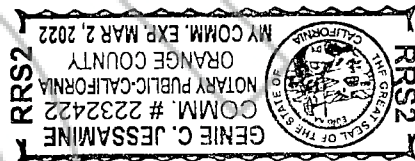
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

STATE OF CALIFORNIA )  
                                  )  
COUNTY OF ORANGE )

Subscribed and sworn to (or affirmed) before me on this 21<sup>st</sup> day of January, 2021, by DAVID OLIVIERI, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

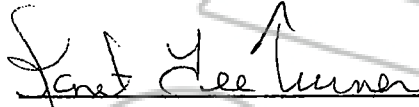
  
\_\_\_\_\_  
Signature of Notary Public



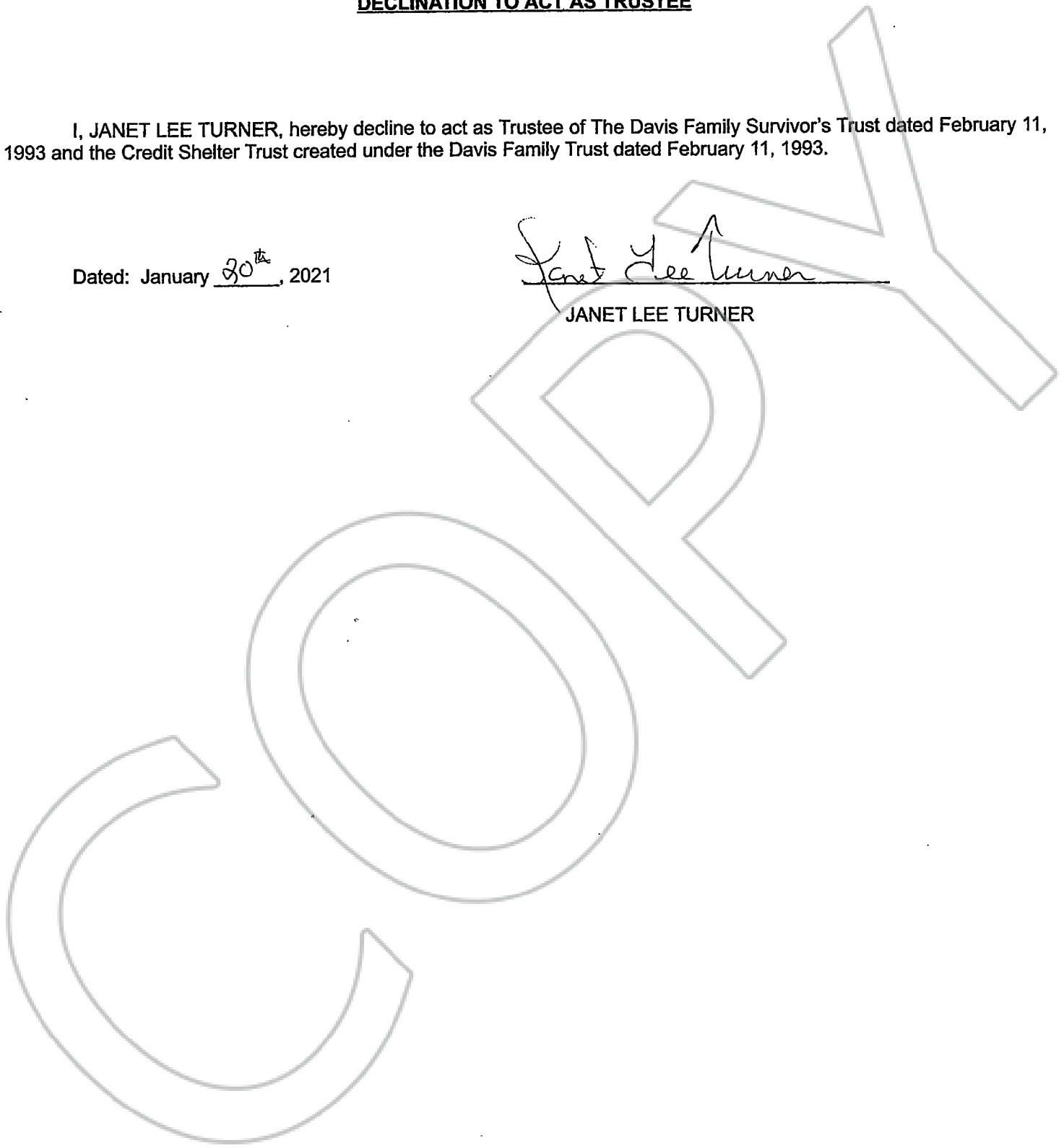
**DECLINATION TO ACT AS TRUSTEE**

I, JANET LEE TURNER, hereby decline to act as Trustee of The Davis Family Survivor's Trust dated February 11, 1993 and the Credit Shelter Trust created under the Davis Family Trust dated February 11, 1993.

Dated: January 30<sup>th</sup>, 2021

  
\_\_\_\_\_


JANET LEE TURNER



**ACCEPTANCE BY TRUSTEE**

DAVID OLIVIERI hereby accepts and assumes the duties and responsibilities as Trustee of The Credit Shelter Trust under Davis Family Trust dated February 11, 1993.

Dated: January 21, 2021

  
\_\_\_\_\_  
DAVID OLIVIERI, Trustee of The Credit Shelter  
Trust under Davis Family Trust dated February 11,  
1993

DRAFT

## PHYSICIAN'S CERTIFICATE OF INCAPACITY

### Physician's Certification of Incapacity

I, Michael Haga, MD, am a physician whose professional office is located at 1001 AVENIDA PICO C517 San Clemente, CA 92673, County of Orange County, State of California. My office telephone number is 949-226-8416.

1. I am a physician licensed to practice in the State of California acting within the scope of my licensure.

2. I am a physician attending to the continuing care of Susan J. Davis hereinafter referred to as "Patient." The most recent occasion on which I saw Patient was on 01/13/2021.


3. It is my professional opinion that Patient has become severely impaired physically and mentally and that she is currently unable to care properly for herself or for her property. Also in my professional opinion, Patient is no longer able to understand or appreciate information relevant to making any decision(s) concerning her own health care, nutrition, finances, shelter, clothing, hygiene or safety.

4. It is my further opinion that she is not able to intellectually understand options for meeting her financial or personal care needs or to appreciate the reasonably foreseeable consequences of any decision(s) or lack of decision. In my opinion, she therefore lacks capacity and competence to provide for her physical needs, or to manage her personal affairs, or to give informed consent to any legal or other decision(s) regarding any aspect of her life, including the management or other exercise of control or care over finances and property.

5. In the event that Patient should show any improvement(s) suggesting recovery of partial capacity and competence to exercise a measure of control over her personal affairs and to make informed decisions regarding her care, my recommendation is that any doubts, uncertainties or ambiguities regarding such capacity or competence should be resolved in favor of any trustee, attorney-in-fact, agent or other caretaker charged with authority and responsibility for management of her person or estate.

I certify and declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 01/27/21

  
\_\_\_\_\_  
Signature

Michael Haga, MD

\_\_\_\_\_  
Print Name