

RECORDING REQUESTED BY:  
Stewart Title Company

WHEN RECORDED MAIL TO:  
Sharon A. King, Successor Trustee of the Charles Hunt  
King Revocable Trust Dated October 9, 2018  
2112 Cabernet Way  
Livermore, CA 95450

ORDER NO. 1159752  
A.P.N. No.: 1318-22-002-019

DOUGLAS COUNTY, NV **2021-966133**  
Rec:\$40.00  
\$40.00 Pgs=2 04/23/2021 02:32 PM  
STEWART TITLE COMPANY - NV  
KAREN ELLISON, RECORDER

### AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }  
County of Douglas } ss.

Sharon A. King of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant Deed dated October 9, 2018, executed by Charles H. King, an unmarried man to Charles Hunt King, Trustee of the Charles Hunt King Revocable Trust dated October 9, 2018, recorded as Instrument No. 2018-921449 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Stateline, County of Douglas, State of Nevada.

that property in the County of Douglas, State of Nevada, described as follows:

Lot 1 as shown on the map of STANFORD SQUARE, recorded September 9, 1980 in Book 980, Page 575, as Document No. 48290, of Official Records of Douglas County Nevada.

Together with an undivided one-eighths (1/8ths) interest in the common area. (All that land lying outside individual sites) as shown on map.

2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor 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 subject property.

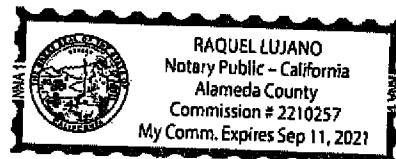
Dated: April 14, 2021

Sharon A. King as Successor Trustee  
By: Sharon A. King, as Successor Trustee

State of California  
County of Alameda

Subscribed and sworn to (or affirmed) before me on this 20<sup>th</sup> day of April, 2021 by Sharon A. King.

Signature Raquel Lujano (Seal)



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY**  
**PUBLIC HEALTH DEPARTMENT**

3052021052458

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WETTERINGS OR ALTERATIONS  
(5-11-REV 3/06)

3202101001651

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
CHARLES		KING	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
HUNT		09/26/1925	
5. AGE Yrs.		6. SEX	
95		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 hour)	
02/17/2021		1230	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
OR		-0850	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (ORP for Type of Divor)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		DIVORCED	
13. EDUCATION - Highest Level/Degree		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
MASTER'S		CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
PHYSICS PROFESSOR		PHYSICS	
17. YEARS IN OCCUPATION		18. DECEDENT'S RESIDENCE (Street and number, or location)	
20		499 N. THIRD STREET	
19. CITY		20. COUNTY/PROVINCE	
SAN JOSE		SANTA CLARA	
21. ZIP CODE		22. YEARS IN COUNTY	
95112		75	
23. STATE/FOREIGN COUNTRY		24. INFORMANT'S NAME, RELATIONSHIP	
CA		SHARON KING, DAUGHTER	
25. INFORMANT'S MAILING ADDRESS (Street and number, or street name, city or town, state and zip)		26. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST	
2112 CABERNET WAY, LIVERMORE, CA 94550		-	
27. NAME OF FATHER/PARENT-FIRST		28. MIDDLE	
CHARLES		-	
29. LAST (BIRTH NAME)		30. LAST	
KING		KING	
31. NAME OF MOTHER/PARENT-FIRST		32. MIDDLE	
META		SAMUEL	
33. LAST (BIRTH NAME)		34. BIRTH STATE	
LUMPHREYS		OR	
35. LAST (BIRTH NAME)		36. BIRTH STATE	
LUMPHREYS		CA	
37. DATE OF DISPOSITION mm/dd/yyyy		38. PLACE OF FINAL DISPOSITION	
02/23/2021		SAN JOAQUIN VALLEY NATIONAL CEMETERY	
39. TYPE OF DISPOSITION(S)		40. ADDRESS (Street and number, or location)	
CR/BU		32053 MCCABE ROAD, SANTA NELLA, CA 95322	
41. SIGNATURE OF EMBALMER		42. LICENSE NUMBER	
NOT EMBALMED		-	
43. SIGNATURE OF LOCAL REGISTRAR		44. DATE mm/dd/yyyy	
NICHOLAS J MOSS, MD, MPH		02/23/2021	
45. LICENSE NUMBER		46. PLACE OF DEATH	
FD429		TUSCANY VILLA SENIOR LIVING	
47. IF OTHER THAN HOSPITAL, SPECIFY ONE		48. IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input checked="" type="checkbox"/> Nursing Home, ETC		<input checked="" type="checkbox"/> Nursing Home, ETC	
49. CITY		50. DEATH REPORTED TO CORONER	
LIVERMORE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
51. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		52. DEATH REPORTED TO CORONER	
790 HOLMES STREET		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
53. CAUSE OF DEATH		54. IMMEDIATE CAUSE (final disease or condition resulting in death)	
SENILE DEGENERATION OF BRAIN		SENILE DEGENERATION OF BRAIN	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107		56. IMMEDIATE CAUSE (final disease or condition resulting in death)	
NONE		SENILE DEGENERATION OF BRAIN	
57. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		58. IMMEDIATE CAUSE (final disease or condition resulting in death)	
NO		SENILE DEGENERATION OF BRAIN	
59. SIGNATURE AND TITLE OF CERTIFIER		60. LICENSE NUMBER	
KULJEET KAUR MULTANI M.D.		A96874	
61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		62. DATE mm/dd/yyyy	
KULJEET KAUR MULTANI M.D.		02/23/2021	
63. MANNER OF DEATH		64. INJURED AT WORK?	
<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"/> LINK	
65. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		66. INJURY DATE mm/dd/yyyy	
-		-	
67. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		68. HOUR (24 hours)	
-		-	
69. LOCATION OF INJURY (Street and number, or location, and city, and zip)		69. SIGNATURE OF CORONER / DEPUTY CORONER	
-		-	
70. DATE mm/dd/yyyy		71. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
-		-	

1 of 1

CA ALAMEDA 01

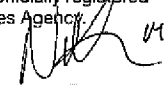

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF ALAMEDA



This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED

**FEB 25 2021**

INTERIM HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

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

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

