

APN: 1319-33-002-024
ESCROW NO.: 2112754

DOUGLAS COUNTY, NV **2021-968406**
Rec:\$40.00
\$40.00 Pgs=6 06/01/2021 03:27 PM
TOIYABE TITLE
KAREN ELLISON, RECORDER

RECORDING REQUESTED BY:

Toiyabe Title
6774 S McCarran Blvd Ste 102A
Reno, Nevada 89509-6131

WHEN RECORDED MAIL TO

Toiyabe Title
6774 S McCarran Blvd Ste 102A
Reno, Nevada 89509-6131

AFFIDAVIT OF SUCCESSOR TRUSTEE(S) Of The Roy and Ernestine West


Dated June 20, 1990

I, Roy L. West, Jr., am of legal age, being first duly sworn, deposes and says:

- 1) Roy West and Ernestine West, the decedents named in the attached copy of the Certificate of Death, are the same person named in that Trustees Deed dated September 5, 2008, and recorded October 17, 2008 as Document No. 0731584 , in the County of Douglas, State of Nevada;
- 2) This Affidavit of Successor Trustee(s) is in connection with that real property described in a legal description attached hereto and made a part hereof as Exhibit "A".
- 3) That I, Martha A. Griggs, am the named Successor Trustee(s) under the above referenced Trust, which was in effect at the time of the death of the decedent named in Paragraph 1 above, and which has not been revoked and I hereby consent to act as such.
- 4) There are no federal estate taxes as a result of the decedent's death mentioned in Paragraph 1 above.

I/We, , declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated: April 22, 2021



Roy L. West Jr.- Co-Successor Trustee

State of California

County of Santa Clara

Signed and sworn to (or affirmed) before me on this 4/27, 2021,
by Roy L. West Jr., who proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

NTN

Notary Public

See Attached Certificate

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)



Signature of Document Signer No. 1

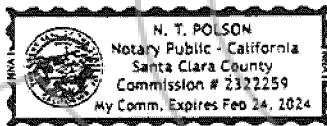
Signature of Document Signer No. 2 (if any)

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 Santa Clara

Subscribed and sworn to (or affirmed) before me
 on this 27th day of April, 2021,
 by Date Month Year

(1) Roy L. West Jr.
 (and (2) _____),
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature NTP
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Successor Trustee(s) Document Date: 4/27/2021

Number of Pages: _____ Signer(s) Other Than Named Above: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201001006265

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ROY		3. LAST (Family) WEST	
2. MIDDLE LEE		4. DATE OF BIRTH mm/dd/yyyy 12/15/1918	
5. AGE Yrs. 91		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY LA		8. HOUR (of Death) 0700	
9. SOCIAL SECURITY NUMBER [REDACTED]-6010		10. MARRIED STATUS (at Time of Death) MARRIED	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		12. DATE OF DEATH mm/dd/yyyy 10/08/2010	
13. EDUCATION - Highest Level (Degree) HS GRADUATE		14. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of the (DO NOT USE RETIRED) GENERAL SUPERVISOR OF PARKS		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food canning, employment agency, etc.) PARKS AND RECREATION	
17. DECEDENT'S RESIDENCE (Street and Number, or location) 900 EAST STANLEY BLVD #266		18. YEARS OF OCCUPATION 30	
19. CITY LIVERMORE		20. COUNTY/PROVINCE ALAMEDA	
21. ZIP CODE 94550		22. YEARS IN COUNTY 6	
23. STATE/FOREIGN COUNTRY CA		24. INFORMANT'S NAME, RELATIONSHIP ROY WEST JR. SON	
25. INFORMANT'S MAILING ADDRESS (Street and Number, or rural route number, city or town, state and ZIP) 630 POWDER HORN CT., SAN MARTIN, CA 95046		26. DATE mm/dd/yyyy	
27. NAME OF SURVIVING SPOUSE/SURV - FIRST ERNESTINE		28. MIDDLE MEDLIN	
29. NAME OF FATHER/PARENT - FIRST ANDREW		30. LAST (BIRTH NAME) WEST	
31. MIDDLE LEE		32. LAST WEST	
33. NAME OF MOTHER/PARENT - FIRST PEARLIE		34. BIRTH STATE TX	
35. MIDDLE ALABAMA		36. LAST (BIRTH NAME) NOLLEY	
37. BIRTH STATE AR		38. PLACE OF FINAL DISPOSITION OAKHILL MEMORIAL PARK 300 CURTNER AVENUE, SAN JOSE, CA 95125	
39. DISPOSITION DATE mm/dd/yyyy 10/12/2010		40. PLACE OF FINAL DISPOSITION	
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMBALLER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT CALLAGHAN MORTUARY	
45. LICENSE NUMBER FD416		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy 10/12/2010		48. PLACE OF DEATH HACIENDA CARE CENTER	
49. COUNTY ALAMEDA		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and Number, or location) 76 FENTON ST. LIVERMORE	
51. CAUSE OF DEATH CONGESTIVE HEART FAILURE		52. TIME INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE YRS	
53. IMMEDIATE CAUSE (Final disease or condition resulting in death)		54. DEATH CERTIFICATE TO BE COMPLETED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. CAUSE (disease or injury that initiated the events leading to death) LAST		56. MOPBY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ON 107 STROKES; MACULAR DEGENERATION, HYPERTENSION		58. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. HAD OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 117 (If yes, list type of operation and date)		59. LINED BY DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. SIGNATURE AND TITLE OF CERTIFIER PETER PAUL WONG M.D.		61. LICENSE NUMBER G17444	
62. DATE mm/dd/yyyy 10/08/2010		63. DATE mm/dd/yyyy 10/11/2010	
64. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PETER PAUL WONG M.D. 5725 W LAS POSITAS BLVD # 100, PLEASANTON, CA 94588		65. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined	
66. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		67. INCURRED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.	
68. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)		69. INJURY DATE mm/dd/yyyy	
69. LOCATION OF BURIAL (Street and Number, or location, and city, and state)		70. HOUR (of Death)	
71. SIGNATURE OF CORONER / DEPUTY CORONER		72. DATE mm/dd/yyyy	
73. TYPE (NAME, TITLE OF CORONER / DEPUTY CORONER)		74. TYPE (NAME, TITLE OF CORONER / DEPUTY CORONER)	

STATE REGISTRAR A B C D E CERTIFIED COPY OF VITAL RECORDS FAX AUTH. * 07376 *

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS
This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.
DATE ISSUED: 02/15/2011
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

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CRUZ
SANTA CRUZ, CALIFORNIA

3052013098770

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO ERASURE, WHITE OUTS OR ALTERATIONS
 VS-1 (REV. 3/00)

3201344000684

1. NAME OF DECEDENT - FIRST, (Given)		2. MIDDLE		3. LAST (Family)	
ERNESTINE		M		WEST	
AKA, ALSO KNOWN AS - Include the AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
09/10/1923		89		F	
9. BIRTH STATE/DISTRICT/COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
TX		9828		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDP (at Time of Death)		13. DATE OF DEATH mm/dd/yyyy		14. HOUR (24 Hours)	
WIDOWED		05/19/2013		0315	
15. EDUCATION - Highest Level Degree (See worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)			
HS GRADUATE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
SALES MANAGER		RETAIL DEPARTMENT STORE		20	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
80 FRONT STREET					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
SANTA CRUZ		SANTA CRUZ		95062	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
3		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
ROBERT CASSES, SON			51 MURDELL LANE #67, LIVERMORE, CA 94550		
28. NAME OF SURVIVING SPOUSE/SDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
EUGENE		WENDELL		MEDLIN	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. BIRTH STATE	
TN		ADA		OK	
37. MIDDLE		38. MIDDLE		39. BIRTH STATE	
MAE		MAE		ILEY	
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION (Street and number, or rural route number, city or town, state and zip)			
05/22/2013		ALTA MESA MEMORIAL PARK 695 ARASTRADERO ROAD, PALO ALTO, CA 94306			
42. TYPE OF DISPOSITION(S)		43. SIGNATURE OF EMBALMER		44. LICENSE NUMBER	
CR/BU		▶ NOT EMBALMED			
45. NAME OF FUNERAL ESTABLISHMENT		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
CALLAGHAN MORTUARY		▶ LISA B HERNANDEZ, MD, MPH		05/22/2013	
48. LICENSE NUMBER		49. SIGNATURE OF LOCAL REGISTRAR		50. DATE mm/dd/yyyy	
FD416		▶ LISA B HERNANDEZ, MD, MPH		05/22/2013	
101. PLACE OF DEATH					
SUNSHINE VILLA					
102. COUNTY		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		104. CITY	
SANTA CRUZ		80 FRONT STREET		SANTA CRUZ	
105. CAUSE OF DEATH					
Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator disconnection without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (A) Cerebrovascular Accident					
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					
NONE					
106. DEATH REPORTED TO CORONER?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
107. BIOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
108. AUTOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
109. USED IN DETERMINING CAUSE?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 101					
NONE					
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)					
NO					
112. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED.		114. SIGNATURE AND TITLE OF CERTIFIER		115. LICENSE NUMBER	
Decedent Attended Since		▶ ROBERT BRADLEY KEET M.D.		G31017	
Decedent Last Seen Alive		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
10/19/2010		1595 SOQUEL DR STE 400, SANTA CRUZ, CA 95065		05/21/2013	
118. 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					
119. INJURED AT WORK?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	



STATE OF CALIFORNIA
 COUNTY OF SANTA CRUZ

CERTIFIED COPY OF VITAL RECORDS



DATE ISSUED MAY 28 2013
Pali Namkungma
 CHIEF PUBLIC HEALTH OFFICER
 SANTA CRUZ, CALIFORNIA



This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Santa Cruz County Public Health Department.

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit "A"

All that real property situated in Township 13 North, Range 19 East, Section 33, County of Douglas, State of Nevada, more specifically described as follows:

Parcel 1-A, as set forth on Amended Final Parcel Map for D.J Wright & Associates, filed for record on the office of the Douglas County Recorder on June 6, 2005, as Document No. 646055, in Book 0605, at Page 1633, Official Records of Douglas County, Nevada.

COPY