

APN# 1319-33-002-026

DOUGLAS COUNTY, NV

2021-968418

Rec:\$40.00

\$40.00 Pgs=8

06/02/2021 08:38 AM

TOIYABE TITLE

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Toiyabe Title

Address: 6774 S. McCarran Blvd.

City/State/Zip: Reno, NV 89509

Mail Tax Statements to:

Name: Maverick Springs

Address: 6770 S. McCarran Blvd.

City/State/Zip: Reno, NV 89509

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

Otto Aguirre

Printed Name

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

APN: 1319-33-002-026

ESCROW NO.: 2112757

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 January 31, 2008, and recorded February 8, 2008, as Document No. 717721, 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Trust, which was in effect at the time of the death of the decedent named in Paragraph 1 above, and which has not been revoked and I hereby consent to act as such.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, Roy L. West, Jr., declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated: April 21, 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.



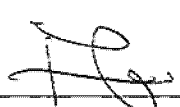
Notary Public

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

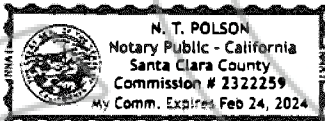
Signature of Document Signer No. 2 (if any)

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

Form containing fields for decedent's personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only.

STATE REGISTRAR A B C D E CERTIFIED COPY OF VITAL RECORDS FAX AUTH# *02010807376*

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

3201344000684

STATE FILE NUMBER 3052013098770		STATE OF CALIFORNIA USE BLACK INK ONLY / HS EMPLOYED, WHITEOUTS OR ALTERATIONS VS-1 MREV 3/00		LOCAL REGISTRATION NUMBER 3201344000684		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST, (Given) ERNESTINE	2. MIDDLE M	3. LAST (Family) WEST			
	AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 09/10/1923	5. AGE Yrs. 89	
	9. BIRTH STATE/FOREIGN COUNTRY TX	10. SOCIAL SECURITY NUMBER 9828	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/RDP* (at Time of Death) WIDOWED	7. DATE OF DEATH mm/dd/yyyy 05/19/2013	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. IS WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SALES MANAGER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RETAIL DEPARTMENT STORE		19. YEARS IN OCCUPATION 20	
20. DECEDENT'S RESIDENCE (Street and number, or location) 80 FRONT STREET						
USUAL RESIDENCE	21. CITY SANTA CRUZ		22. COUNTY/PROVINCE SANTA CRUZ	23. ZIP CODE 95062	24. YEARS IN COUNTY 3	
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP ROBERT CASSES, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 51 MURDELL LANE #67, LIVERMORE, CA 94550		
SPOUSE/SIBLING AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SIBLING - FIRST -		29. MIDDLE -	30. LAST (BIRTH NAME) -		
	31. NAME OF FATHER/PARENT - FIRST EUGENE		32. MIDDLE WENDELL	33. LAST MEDLIN		
	35. NAME OF MOTHER/PARENT - FIRST ADA		36. MIDDLE MAE	37. LAST (BIRTH NAME) ILEY		
				34. BIRTH STATE TN		
FUNERAL DIRECTORY LOCAL REGISTRAR	38. DISPOSITION DATE mm/dd/yyyy 05/22/2013		40. PLACE OF FINAL DISPOSITION ALTA MESA MEMORIAL PARK 695 ARASTRADERO ROAD, PALO ALTO, CA 94306			
	41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
	44. NAME OF FUNERAL ESTABLISHMENT CALLAGHAN MORTUARY		45. LICENSE NUMBER FD416	46. SIGNATURE OF LOCAL REGISTRAR LISA B HERNANDEZ, MD, MPH		
				47. DATE mm/dd/yyyy 05/22/2013		
PLACE OF DEATH	101. PLACE OF DEATH SUNSHINE VILLA		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ED <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
	104. COUNTY SANTA CRUZ	103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 80 FRONT STREET		106. CITY SANTA CRUZ		
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events - disease, injury, or combination - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. CEREBROVASCULAR ACCIDENT			Time Interval Between Onset and Death (a) DYS	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	IMMEDIATE CAUSE (final disease or condition resulting in death) (b)			(b) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	109. GROSSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	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 (c) NONE			(c) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN 107 NONE			(d) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO						
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED. Decedent Attended Since: mm/dd/yyyy Decedent Last Seen Alive: mm/dd/yyyy 10/19/2010 05/19/2013		115. SIGNATURE AND TITLE OF CERTIFIER ROBERT BRADLEY KEET M.D.		116. LICENSE NUMBER G31017	
			117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROBERT BRADLEY KEET M.D. 1595 SOQUEL DR STE 400, SANTA CRUZ, CA 95065		117. DATE mm/dd/yyyy 05/21/2013	
	119. 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					
CORONER'S USE ONLY	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
	124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
	125. LOCATION OF INJURY (street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER						
127. DATE mm/dd/yyyy			128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			



STATE OF CALIFORNIA
 COUNTY OF SANTA CRUZ

CERTIFIED COPY OF VITAL RECORDS



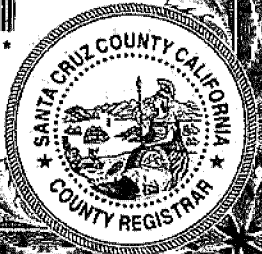
* 000256234 *

DATE ISSUED **MAY 28 2013**

Poli 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 3-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.





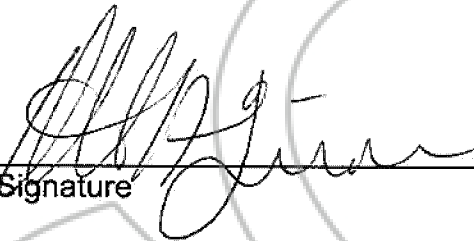
Douglas County Recorder's Office
Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>
kellison@co.douglas.nv.us
(775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.



Signature

06/01/2021
Date

Otto Aguirre
Printed Name