

APN# 1319-33-002-025

DOUGLAS COUNTY, NV **2021-968419**
Rec:\$40.00
\$40.00 Pgs=7 06/02/2021 08:53 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)

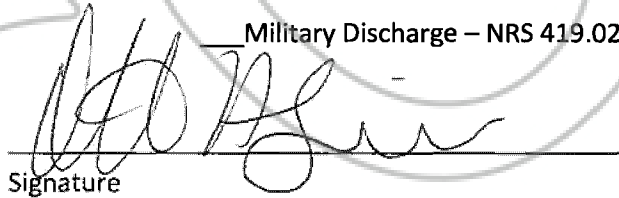
----- (Only use if applicable) -----

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: 1319-33-002-025

ESCROW NO.: 2112756

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 Family
Trust, dated June 20, 1990**

I/We, Robert D. Cassese, am/are of legal age, being first duly sworn, deposes and says:

- 1) Roy West and Ernestine West, the decedents named in the attached certified copy of the Certificate of Death, are the same persons named in that Trustees Deed dated September 5, 2008, and recorded October 17, 2008 as Document No. 0731585 , 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/We, Robert D. Cassese, am/are 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Trust, which was in effect at the time of the death of the decedent named in Paragraph 1 above, and which has not been revoked and I/We hereby consent to act as such.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, Robert D. Cassese, declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated: April 21, 2021

Robert D. Cassese TTE

Robert D. Cassese-Co-Successor Trustee

State of CA

County of Stanislaus

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.

Signed and sworn to (or affirmed) before me on this 4-27, 2021
by Robert D. Cassese, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Cheryl Lederle

Notary Public



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)		3. LAST (Family)	
ROY		WEST	
2. MIDDLE		4. DATE OF BIRTH	
LEE		12/15/1918	
5. UNDER ONE YEAR		6. UNDER 24 HOURS	
7. MONTH		8. DAY	
9. YEAR		10. HOUR	
11. MINUTE		12. SEX	
M			
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
LA		6010	
11. EVER IN U.S. ARMED SERVICES		12. MARITAL STATUS (as of time of death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree		14. DECEASED HISPANIC/LATINO/SPANISH? (if yes, see instruction on back)	
HS GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. DECEASED'S RACE - Up to 3 races may be listed (see instruction on back)	
GENERAL SUPERVISOR OF PARKS		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. YEARS IN OCCUPATION	
GENERAL SUPERVISOR OF PARKS		30	
19. DECEASED'S RESIDENCE (Street and number, or apartment)		20. DECEASED'S RESIDENCE (Street and number, or apartment)	
900 EAST STANLEY BLVD #266		900 EAST STANLEY BLVD #266	
21. CITY		22. COUNTY/PROVINCE	
LIVERMORE		ALAMEDA	
23. ZIP CODE		24. YEARS IN COUNTY	
94550		5	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		ROY WEST JR., SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and ZIP)		28. NAME OF SURVIVING SPOUSE (MR/MRS)	
630 POWDER HORN CT., SAN MARTIN, CA 95046		ERNESTINE	
29. MIDDLE		30. LAST (BIRTH NAME)	
		MEDLIN	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
ANDREW		LEE	
33. LAST		34. BIRTH STATE	
WEST		TX	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
PEARLIE		ALABAMA	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
NOLLEY		AR	
39. DISPOSITION DATE		40. PLACE OF FINAL DISPOSITION	
10/12/2010		OAKHILL MEMORIAL PARK	
41. TYPE OF DISPOSITION		300 CURTNER AVENUE, SAN JOSE, CA 95125	
CR/BU		42. SIGNATURE OF EMBALMER	
		NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
CALLAGHAN MORTUARY		FD416	
45. SIGNATURE OF LOCAL REGISTRAR		46. DATE	
MUNTU DAVIS, M.D.		10/12/2010	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
HACIENDA CARE CENTER		<input type="checkbox"/> P <input type="checkbox"/> EHP <input type="checkbox"/> ODA <input type="checkbox"/> Other	
103. COUNTY		104. IF OTHER THAN HOSPITAL, SPECIFY ONE	
ALAMEDA		<input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
76 FENTON ST.		LIVERMORE	
107. CAUSE OF DEATH		108. YEARS SINCE DEATH	
CONGESTIVE HEART FAILURE		0	
109. DEATH REPORTED TO CORONER?		110.opsy PERFORMED?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. AUTOPSY PERFORMED?		112. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		114. FEMALE PRECINCT (LAST YEAR)	
STROKES; MACULAR DEGENERATION, HYPERTENSION.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115. HAD OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date.)		116. SIGNATURE AND TITLE OF BIRTHMETER	
NO		PETER PAUL WONG M.D.	
117. CORONER'S CERTIFICATION		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
119. CORONER'S CERTIFICATION		5725 W LAS POSITAS BLVD # 100, PLEASANTON, CA 94588	
120. MANNER OF DEATH		121. INJURY DATE	
<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		10/11/2010	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 hour)	
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and state)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE	
128. TYPE (NAME, TITLE OF CORONER / DEPUTY CORONER)		129. FAX AUTH.#	
		07376*	

CERTIFIED COPY OF VITAL RECORDS

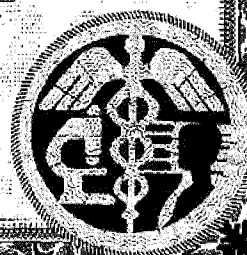
STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

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

[Signature]
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		LOCAL REGISTRATION NUMBER 3201344000684	
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	6. SEX F
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/SDP* (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 05/19/2013	8. HOUR (24 Hours) 0315
13. EDUCATION - Highest Level Degree (Full certificate on back) HS GRADUATE		14.16. WAS DECEDENT HISPANIC/LATINO/LA/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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	
21. CITY SANTA CRUZ		22. COUNTY/PROVINCE SANTA CRUZ	23. ZIP CODE 95062
24. YEARS IN COUNTY 3		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP ROBERT CASSES, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or care center, city or town, state and zip) 51 MURDELL LANE #67, LIVERMORE, CA 94560	
28. NAME OF SURVIVING SPOUSE/SDP - FIRST EUGENE		29. MIDDLE WENDELL	30. LAST (BIRTH NAME) MEDLIN
31. NAME OF FATHER/PARENT - FIRST ADA		32. MIDDLE MAE	33. LAST (BIRTH NAME) ILEY
34. BIRTH STATE TN		35. BIRTH STATE OK	
36. DISPOSITION DATE mm/dd/yyyy 05/22/2013		37. PLACE OF FINAL DISPOSITION ALTA MESA MEMORIAL PARK 695 ARASTRADERO ROAD, PALO ALTO, CA 94306	
41. TYPE OF DISPOSITION (M) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER FD416		44. SIGNATURE OF LOCAL REGISTRAR LISA B HERNANDEZ, MD, MPH	
45. DATE mm/dd/yyyy 05/22/2013		46. LICENSE NUMBER G91017	
47. DATE mm/dd/yyyy 05/21/2013		48. SIGNATURE OF LOCAL REGISTRAR LISA B HERNANDEZ, MD, MPH	
101. PLACE OF DEATH SUNSHINE VILLA		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ED/ICU <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		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 80 FRONT STREET	
106. CITY SANTA CRUZ		107. CAUSE OF DEATH (A) CEREBROVASCULAR ACCIDENT	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BAPSEY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED BY DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. (Decedent's Attended Place) (at) (Date) (Decedent Last Seen Alive) 10/19/2010 05/19/2013		115. SIGNATURE AND TITLE OF CERTIFIER ROBERT BRADLEY KEET M.D.	
116. LICENSE NUMBER G91017		117. DATE mm/dd/yyyy 05/21/2013	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROBERT BRADLEY KEET M.D. 1595 SOQUEL DR STE 400, SANTA CRUZ, CA 95065		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"/> Hanging <input type="checkbox"/> Firing <input type="checkbox"/> Could not be determined	
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)		122. 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		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA
 COUNTY OF SANTA CRUZ

DATE ISSUED **MAY 28 2013**

Poli Namkung
 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

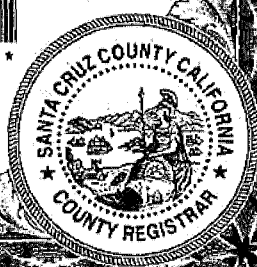
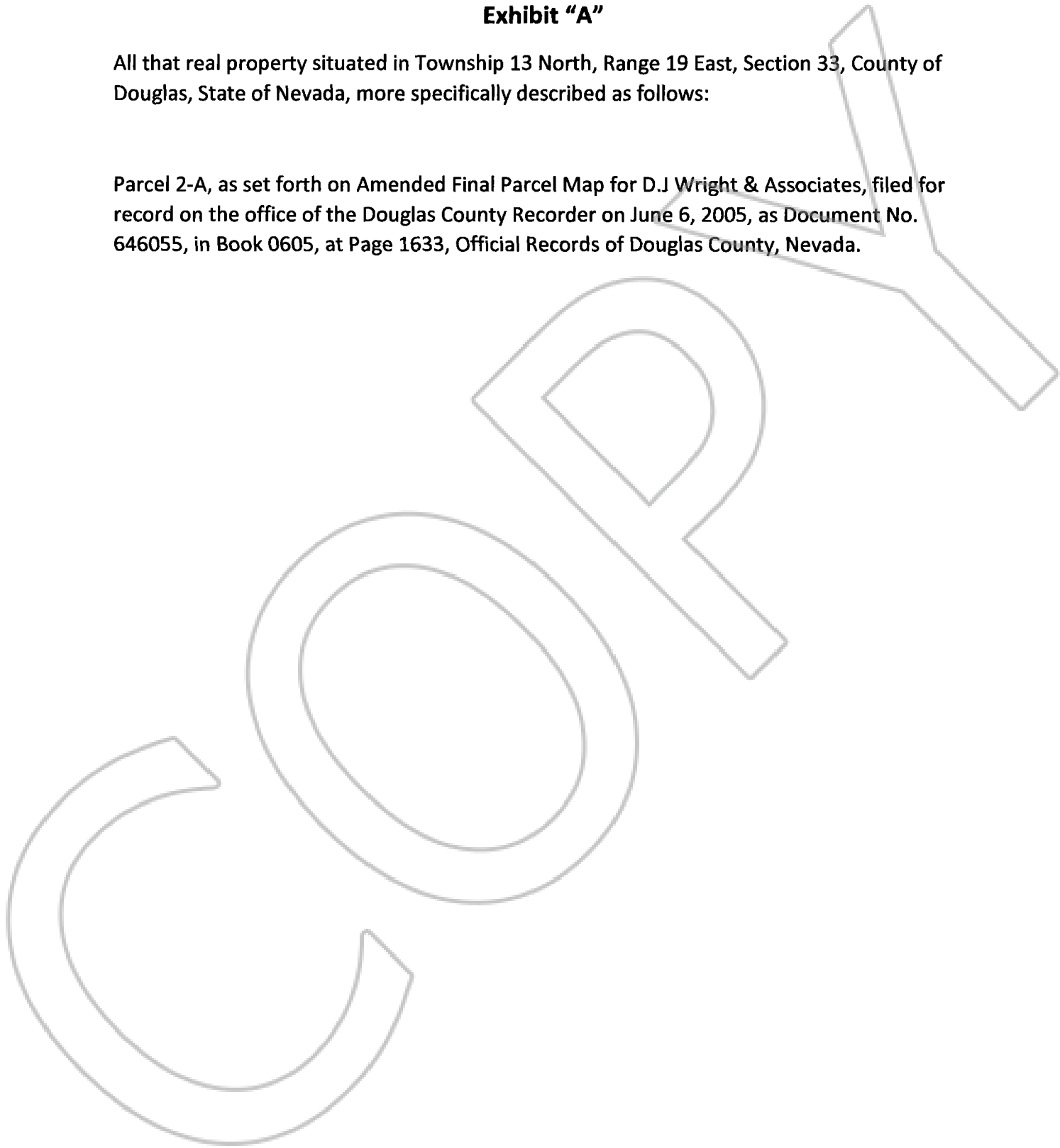


Exhibit "A"

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 2-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.





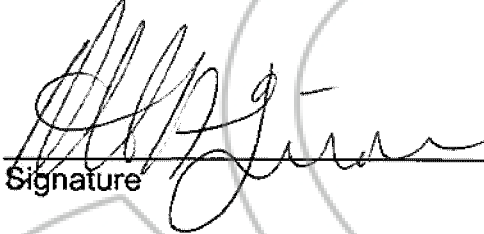
Douglas County Recorder's Office
Karen Ellison, Recorder

<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