## ASSESSOR'S PARCEL NO. <u>1320-04-001-008</u>

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:
ANDERSON VAZDI HWANG

ANDERSON YAZDI HWANG MINTON + HORN LLP Steven D. Anderson, Esq. 350 Primrose Road Burlingame, CA 94010

MAIL TAX STATEMENTS TO:

Claudette D. Vogel, Trustee 2922 Comistas Drive Walnut Creek, CA 94598-4544 DOUGLAS COUNTY, NV

Rec:\$40.00

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2021-971877 08/02/2021 11:08 AM

Total:\$40.00 U8/U2/20/ ANDERSON YAZDI HWANG MILTON

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KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## AFFIDAVIT OF SUCCESSOR TRUSTEE

CLAUDETTE D. VOGEL, over the age of eighteen years, being duly sworn, deposes and says that:

- 1. RONALD W. VOGEL is named as one of the trustees of THE VOGEL FAMILY TRUST (the "Trust") under agreement dated October 25, 2016 (the "Trust Agreement").
- 2. RONALD W. VOGEL died on January 11, 2021, and is the decedent named in the certified Certificate of Death attached hereto and made a part hereof.
- 3. RONALD W. VOGEL, the decedent, is the same person named as the trustee grantee in the Trust Transfer Deed recorded as document number 2018-919960 on September 24, 2018 in the Office of the Recorder of Douglas County, State of Nevada, commonly known as 2589 Wildhorse Drive, Minden, NV 89423-8990 and more particularly described as:

Lot 12, in Block E as shown on the Official Map of Carson Valley Business Park Phase 1, recorded in the Office of the Douglas County Recorder, State of Nevada on September 21, 1993 in Book 993 at Page 3579 as File No. 318019, Official Records.

4. Pursuant to the provisions of the Trust Agreement, as a result of the death of RONALD W. VOGEL, the undersigned CLAUDETTE D. VOGEL is now the sole Trustee of said Trust and has consented to act Trustee of the Trust. The Trust has not been revoked as is in effect as of the date of death of RONALD W. VOGEL.

The undersigned has signed this Affidavit of Successor Trustee this 31 day of March, 2021.

CLAUDETTE D. VOGEL

APN: 1320-04-001-008

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 ) ss. COUNTY OF <u>CONTA COSTA</u>

Subscribed and sworn to (or affirmed) before me on this <u>31</u> day of <u>MOVCO</u>, 2021, by CLAUDETTE D. VOGEL, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

siane Lively

(seal



52668-00001\WORKSITE\9734118.1

## **COUNTY OF CONTRA COSTA**

MARTINEZ, CALIFORNIA

3052021009761			CERTIFICATE OF DEATH  USE BLACK FOR ONLY 1/5 THE OF CAL FERNIA  - USE BLACK FOR ONLY 1/5 THEORY STOR					3202107000272					
	STATE FILE NUMBER  1. NAME OF DECEDENT - FIRST (Oven)			2. MIDDLE 9. LAST (Family				roc	DAL REGISTRA	ATION NUMBE	: <b>Я</b>	-+	
DECEDENT'S PERSONAL DATA	RONALD  AND ALSO KNOWN AS - Include that AKA (FIRST, MIDDLE, LAST)		WARRE	WARREN		VOGEL  DATE OF BIRTH mm/dd/coyy 8. AGE Yrs.			A ONE YEAR	FUNDERS	4 HOURS	a.sex	
	ANA, ALSO KYKOWY AS - INCREM ION A	(CACCAST, MEDICE, DOS)			02/14	/1935	85	Months	Days	Hours	Minde	M	
	9. BIRTH STATE/FOREIGN COUNTRY  CA	10, SOCIAL SECURITY N		YES AR		MARRIED		1	E OF DEATH #		18, HOUR 0958	(24 Hours)	
ST.	15. EDUCATION - Highest Lives Degree   14/15. WAS DECEDENT HISPANIC/LATINOCA/SPANISH? (if yes, see exclahest on back)   16. DECEDENT'S PLACE - Up to 3 races may be fasted (see exclahest on back)								·				
ECED	BACHELOR L	RETIRED	IRED 18. KIND OF BUSINESS OF INDUSTRY (a.g., grocery				uction, emit	kyment egeng	y, e(c.) 19.	YEARS IN C	OCCUPATION		
٥	INVESTOR		REAL ESTATE				65				The Real Property lies, the Persons Lies, the Pe		
2 2	20. DECEDENT'S RESIDENCE (Street and number, or location) 620 LAKE SHORE BLVD												
	21.CITY	UNTY/PROVINCE				24. YEARS IN COU							
	MARLA BAY DOU! 26, INFORMANT'S MAME, RELATIONSHIP		UGLAS	27.	1								
INFOR-													
SPOUSE/SROP AND PARENT INFORMATION			JEAN			DELUCCHI							
	31. NAME OF FATHER/PARENT-FIRST ARNOLD		32 MIDDLE WALKER			SS. LAST VOGEL			1	34. BIRTH STATE			
	35. NAME OF MOTHER/PARENT-FIRST		38. MIDDLE		$\prec$	37, LAST (BIRTH NAME)				- 1	38. BIRTH STATE		
	IDA 30. DISPOSITION DATE Inmidd/oxyy		ELEANOR			CHAPMAN			NV				
FUNERAL DIRECTORY LOCAL REGISTRAR	01/19/2021 2922 COMISTAS DRIVE, WALNUT CREEK, CA 94598												
	41. TYPE OF DISPOSITION(S)  CR/RES	42.5	42. SIGNATURE OF EMBALMER.							ense num	BEA		
	AA MANE DE EIDJEDAL ESTADI ISHIN	L 45.U	45. LICENSE MUMBER AL SYCHATURE DE LOCAL DECISTAR.					47. DATE mm/dd/ccyy					
<u>"</u> -	OUIMET BROS CONCORD FUNERAL FD1006 01/19/2021 01/19/2021 100. F HOSPITAL BRECEFY ONE 100. F GTHER THAN HOSPITAL SPECIFY ONE												
PLACE OF DEATH	RESIDENCE OF WIF	OR LOCATION WHER	DOA H					tospice Nursing Decedents X Other					
25	CONTRA COSTA	AS DRIVE	DRIVE					WALNUT CREEK					
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	(Finel disease or condition resulting							YRS 2021-0309 (07) 108 BIOPSY PERFORMED?					
	Sequentially, list conditions, if any,							YES X NO					
	leading to cause on Line A. Enter UNDERLYING CAUSE (decade of					1	\ \		(CI)		TOPEY PERF YES	ORMED?	
	Injury that initiated the events (D) resulting in death) LAST	+		-			1		(DT)		IN DETERMIN	NO CAUSE?	
3	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PROSTATE CANCER, MYELODYSPLASTIC SYNDROME								<u> </u>				
-	PROSTATE CANCER, MYELODYSPLASTIC SYNDROME  113, WAS DEPARTON PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 BY yes, les type of operation and date)  1134 FEBRUE, PREDIMIT NUSSTYCHEN												
1	NO	1	1						1. LICENSE NI	YES	NO	UNK	
ATION	114. I CERTIFY THAT TO THE BEST OF MY KN AT THE HOUR, DATE, AND PLACE STATED FR Decedent Attended Since	ON THE CAUSES STATED.	S GIGNATI DE ANTI	·					G50400	01	/14/20		
PHYSICIANS	(N) mm/dd/ocyy (B) mm/dd/ocyy 11B. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP COOLE RUSS DAVID GRANICH M.D.												
CONOMER'S USE ONLY CE	118.1 CENTIFY THAT IN MY OP MOON DEATH	OCCUPRED AT THE HOUR, DATE, A	NO PLACE STATED FROM			120, INJURE	AT WORK?		I. INJURY DAT	E mm/dd/ccyy	122. HOU	R (24 Hours)	
	MANNER OF DEATH Netural 23, PLACE OF INJURY (e.g., home, co	Accident Homicide		nvestigation	determined	YES	□ ∞ □ ′	JAK			l		
	404 PERCENT LIMITINE TV OCCIO	DED E	test Co		_								
	124. DESCRIBE HOW INJURY OCCUPRED @works which resulted in Velvy)												
OHOO	125, LOCATION OF PLIURY (Street and number, or location, and city, and stp)												
Ì	127. DATE INVIAMONT 128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER												
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REGIST	TRAR			1184	*0100	01004802823*			<del></del> -				



**CERTIFIED COPY OF VITAL RECORD** 

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Recorder.





