DOUGLAS COUNTY, NV

Rec:\$40.00

\$40.00 Pgs=4

2021-972660

08/18/2021 08:10 AM

ALLING & JILLSON LTD

KAREN ELLISON, RECORDER

APN: 1318-09-810-037

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Ronald D. Alling, Esq. c/o ALLING & JILLSON, LTD. Post Office Box 3390 Lake Tahoe, Nevada 89449-3390

Pursuant to NRS 440.380, I, the undersigned, affirm that this document submitted for recording does contain personal information of any person or persons.

NOTICE OF DEATH OF TRUSTEE

COMES NOW Dominica C. Anderson, and being first duly sworn, deposes and says:

- 1. She is the sole serving Trustee of The E&D Anderson 2007 Trust;
- 2. That she was a Trustee with Eric J. Anderson;
- 3. Eric J. Anderson and Dominica C. Anderson, Trustees of The E&D Anderson 2007 Trust, acquired an undivided interest in that certain real property situate in the County of Douglas, State of Nevada, legally described as:

Lot 10, Block D as shown on the Amended Map of Subdivision No. 2, Zephyr Cove Properties, Inc., in Sections 9 and 10 Township 13 North, Range 18 East, M.D.B.&M., filed in the office of the County Recorder of Douglas County, Nevada on August 5, 1929, as Document No. 267.

- 4. That Eric J. Anderson died in San Mateo County, CA, on or about June 13, 2021. The State of California issued a Death Certificate, State File Number 3052021157455, attached hereto as **Exhibit A** and incorporated herein by reference.
- 5. Section 8.02 B of the Trust states, "In the event of the death of either Eric or Dominica, or if for any reason whatsoever one of them ceases to serve as a Trustee hereunder, the other shall serve as sole Trustee hereunder.

IN WITNESS WHEREOF, Grantor and Trustee has executed this document at Douglas County, Nevada, on this 16th day of August 2021.

DOMINICA C. ANDERSON, Trustee

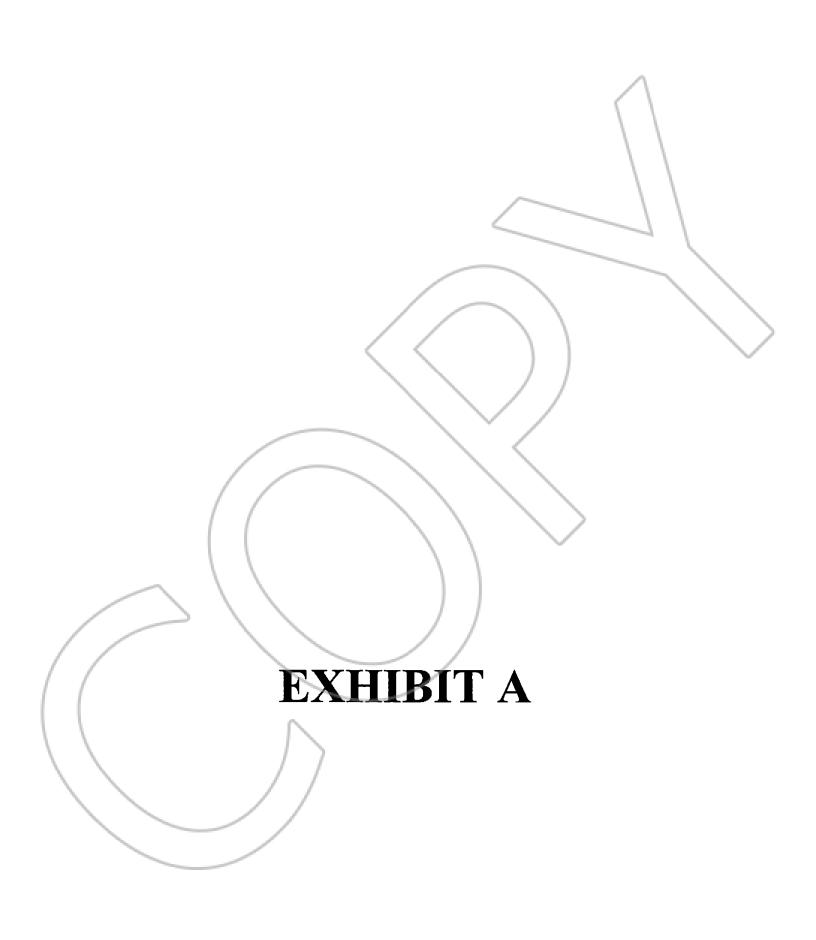
STATE OF NEVADA) ss. COUNTY OF DOUGLAS)

This instrument was acknowledged before me on August 16, 2021, by Dominica C. Anderson.

WITNESS my hand and official seal.

NOTARY PUBLIC

JANICE EADY
Notary Public, State of Nevada
Appointment No. 18-2530-5
My Appt. Expires May 17, 2022



STATE OF CALAGORNIA

₹ CERTIFICATION OF VITAL RECORD:

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

	3052021157455		CERTIFICATE OF DEATH USE RACK MICHAEL AND THE SELECT MICHAEL AND						3202141002451					
	STATE FILE MUNICIPAL 1 MANE OF DECEDENT PART (Cover)		2 MIDOLE			a LAST FRANKA				LOCAL REGISTRATION HUMBER				
EDENT'S PERSONAL DATA	ERIC AKA ALBO KNOWN AS - ILIE LIJ AKA (FIRST, LIJOOLE, LABT)		JAMES		ANDERS							(FUNDER 24 HOURS 6 BEX		
	A GIRTH A DATE-FOREIGH COLANTA			·	02/0	1/1954		67	Months	Digit.	Hours	MACHA	M	
	CA	-8005		YES X HO	UNK	MARE	RED	CIP" (at This of Doub)	06/1	3/2021	-	0936		
	13 STUCKTON - Hybrat Landflaguar per restablest on bedge BACHELOR	1415 WAS DECEDENT HISPANIC	LATHOPPERMESHI		X	CAUC	ASIAN	- Up to 3 racts &	sey be he	ed has made	test on back)		1	
8	17 UBLIAL OCCUPATION - Type of the SOFTWARE ENGINE	RETIRED						-						
URUAL	20 DECEDENT'S RESIDENCE (Busine			1120111101						-		40		
	519 BLAIR AVE.	LASTY/PROVERCE	23 ZEP CODES 24 YEARS IN COUNTY				n la	25 STATE-FOREIGN COUNTRY						
- M	PIEDMONT		LAMEDA		94611 67			CA						
5 4	DOMINICA ANDERSON, SPOUSE 519 BLAIR AVE., PIEDMONT, CA 94611											:#) 	_	
SPOUSS/SPEEP AND AVENT INFORMATION	28 NAME OF BURNNING BPOUSE/SADP-FIRST DOMINICA		29 MODULE		SO LAST SHRTH NAME) CORTUM			WED 1		\mathcal{L}	•	,		
	31 NAME OF PATHERMANIENT PRIST HOWARD		32 MEDILE :		SO LAST ANDERS			ON				34 GERTH STATE UNKNOWN		
	16 HAME OF NOTHERPARENT-PRIST MARION		SE MODIE		-	37 UAS	MA HTRIBUT				36 BIRTH STATE			
- Re	39 DISPOSITION DATE IMMAGINGLY	39 DIRPOSTICH DATE MINISTRUM 46 PLACE OF FRUIL DISPOSITION RES. DOMINICA AND FRSON								<u>l</u>	CA			
ETALL DIRECT	08/21/2021	519 BLAIR AVE	., PIEDMO	NT, CA 946	11,	- '	N	_/_			160	ENSE NUMB	EA	
	CR/RES	NOT EMBALMED 44 LICENSE NAMEEN 44 SIGNATURE OF LOCAL REDISTRAG					_							
2 3	ADIRECTCREMATI	ON COM OF ORNIA		THEOLOGIC	SCC	TT MC	RRO	N, MD.		500		21/202		
LACE OF DEATH	SEQUOIA HOSPITAL X F- OSPITAL X											Offer		
38	SAN MATEO : 170 ALAMEDA DE LAS PULGAS									REDWOOD CITY				
CAUSE OF DEATH	107 GAIRE OF GEATH Enter the chapt or exercise security and a confection in the chapt of exercise security and a confection in the chapt of exercise security and a confection in the chapt of the chapt of exercise security and a confection in the chapt of the chapt of each							-	Time interval Submisso Tole DEATH REPORTED TO COMPARENT Organ and Diseas. X YES NO					
	Similar desease or condition mentions —								1 DAY NONE			[
	Sequencially, but conditions, if any,							• •	w WKS	1	OB BIOPSY PERFORMED?			
	leading to cause on Line A Britar LANDERLYING CAUSE Ideases or	\ \							on,	F	OPEY PERFO	AMED7 X NO		
	ritory that							em l		111 7880	III VOED HOTTE/MORIGICALISET			
	HIS OTHER EXCHIPICANT CONDITIONS CONTINUATING TO DEATH BUT NOT RESULTING BY THE UNDERLYING CAUSE GIVEN IN 107								بانب		إلىا (res		
	AORTIC ROOT AND HEMIARCH RECONSTRUCTION 06/12/2021, PREVIOUS AORTIC ROOT "ILL PROME PROMET MILES YOUR AND ARCH REPLACEMENT- DATE UNKNOWN"													
PHYSICIAN'S	AND ARCH REPLAT	CEMENT- DATE L	NKNOWN	TITLE OF CERTIFIER	2021	, FRE	vious	AURTIC	RUC	UCEHSE MU	768 [uw	
	Deceded Alterdad Since	The second secon	LUIS CAST	RO M.D.	adiras.	CHAPTER S			Ι.			/18/202		
	06/10/2021 06	ILE AVE ST	E AVE STE 140, REDWOOD CITY, CA 9					4062						
CORONER'S USE ONLY	MANNER OF DEATH NAUTH		Bucde		Could -rel b		NUMED AT	WOAKT		MUURY DATE	rem/dd/ccyy	122 HOUR	(\$4 Mount)	
	123 PLACE OF PLANT (F.g. home, construction see, recoded area, etc.)												ᅱ	
		184 DESCRIBE HOW BAURY DODAFFED genets which maked in spary).												
	125 LOCATION OF MARRY (Simest and number, as location, and only, and page													
	126 SIGNATURE OF CORONER / DEPUTY CONONER 127 DATE INVASORORY 128 TYPE NAME TITLE OF CONONER / DEPUTY CORONER													
PENSTER A B C O E INDIVISION PENDED FAX AUTH & CEAS											Laguer			
REGIS		<u> </u>			0100 0100	01004983	986. MUNIM	LT MEN TABLE		AUIHF	<u>-</u>	CENSUS	(RACT	
									-					

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

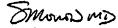
This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

06/24/2021

Christina Ogden



001107217



SCOTT MORROW, MD HEALTH OFFICER AND REGISTRAR

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer

CANY ANTERATION OF FAMILIE WORDS THIS CERTIFICATION AND ANTERATION OF FAMILIE WORDS THIS CERTIFICATION OF FAMILIES OF THE COMPANY AND THE SAME OF THE COMPANY AND THE COMPANY

