

RECORDING REQUESTED BY

AND

WHEN RECORDED RETURN TO:

ALPERSTEIN, SIMON, FARKAS,
GILLIN & SCOTT, LLP (lmk)
15760 Ventura Blvd., #1520
Encino, CA 91436-3026

Mail Tax Statements To:

ANDRIA PAIGE TAVODA, Trustee
3027 Bonnyview Circle
Corona, CA 92882-6076



KAREN ELLISON, RECORDER

APN: 1318-23-510-001

Space Above for Recorder's Use

AFFIDAVIT OF CHANGE OF TRUSTEE

STATE OF CALIFORNIA)
)
) ss.
COUNTY OF RIVERSIDE)

ANDRIA PAIGE TAVODA, of legal age, being first duly sworn, deposes and says:

1. Original Title Document: Grant, Bargain and Sale Deed recorded 01/22/2013, as Document No. 0816810
2. Name of Trust: **Gordon E. Mullens Irrevocable Trust**, as amended, created under the MULLENS FAMILY REVOCABLE TRUST, dated July 2, 1986, as amended and fully restated on May 31, 2001, as amended (who acquired title as **Gordon E. Mullens Irrevocable Trust** created under the MULLENS FAMILY REVOCABLE TRUST, dated July 2, 1986, as amended and fully restated on May 31, 2001; as amended).
3. Trustor(s)/Settlor(s): GORDON E. MULLENS
4. Original Trustee(s): PAMELA J. MULLENS
5. Successor Trustee(s): ANDRIA PAIGE TAVODA
6. Real Property: Legal Description attached hereto as Exhibit "A" and made a part hereof.

Dated: December 31, 2020

ANDRIA PAIGE TAVODA, successor Trustee of the **Gordon E. Mullens Irrevocable Trust**, as amended, created under the MULLENS FAMILY REVOCABLE TRUST, dated July 2, 1986, as amended and fully restated on May 31, 2001, as amended

CALIFORNIA JURAT WITH AFFIANT STATEMENT
(Government Code §8202 – California Jurat with Affiant Statement)

- 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)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Signature of Document Signer

MIL

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 RIVERSIDE

Subscribed and sworn to (or affirmed) before me on this
21 day of Sept., 2021, by
Date Month Year

(1) Andria Paige Tavoda

(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 Maria I. Loaisiga
Signature of Notary Public



Seal
Place Notary Seal Above

EXHIBIT "A"

THAT CERTAIN REAL PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

LOT 1, N BLOCK A, OF TERRACE VIEW HEIGHTS SUBDIVISION, AS SHOWN ON THE MAP THEREOF FILED IN THE OFFICE OF THE COUNTY RECORDER, OF DOUGLAS COUNTY, NEVADA, ON AUGUST 10, 1964, AS DOCUMENT NO. 25806.

TOGETHER WITH ALL TENEMENTS, HEREDITAMENTS AND APPURTENANCES, INCLUDING EASEMENTS AND WATER RIGHTS, IF ANY, THERETO BELONGING OR APPERTAINING, AND ANY REVERSIONS, REMAINDERS, RENTS, ISSUES OR PROFITS THEREOF.

(•APN: 1318-23-510-001. Commonly known as 350 Terrace View Drive, Stateline, NV 89449•)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE HEALTH CARE AGENCY

3052020026962

CERTIFICATE OF DEATH

3202030002191

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT'S NAME, SPOUSE/STEP AND PARENT INFORMATION, FUNERAL DIRECTORY, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY.

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA } SS
COUNTY OF ORANGE

DATE ISSUED February 19, 2020

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Signature: Nichole Quick, MD
Eric G. Handler H.O.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

3052011044368

CERTIFICATE OF DEATH

3201119010425

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/PARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, date of birth, social security number, marital status, and cause of death.



This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Signature of Dean C. Logan, Registrar-Recorder/County Clerk

JUN 18 2021
100004513593
0008338334 - 05

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANGRE