DOUGLAS COUNTY, NV

2021-975341

Rec:\$40.00 Total:\$40.00

10/12/2021 08:52 AM

ALPERSTEIN SIMON FARKAS GILLIN

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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

00143693202109753410050054

KAREN ELLISON, RECORDER

Space Above for Recorder's Use

APN: 1318-23-510-001

<b>AFFIDAVIT</b>	OF CH	[ANGE	OF T	rrus	TEE
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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

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

X	See Attached Document (Notary to	o cross out lines 1-6 below)
	See Statement Below (Lines 1-6 to	be completed only by document signer[s] not Notary)
1		MIL
2		
3		
4		
5		
5	Signature of Document Signer	
A not	ary public or other officer completing this concument to which this certificate is attached, a	ertificate verifies only the identity of the individual who signed and not the truthfulness, accuracy, or validity of that document.
STATI	E OF CALIFORNIA	Subscribed and sworn to (or affirmed) before me on this 21 day of Sept 20 21, by
COUN	ITY OF RIVERSIDE	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
سر \		the person(s) who appeared before me.
New 2	MARIA I. LOAISIGA Notary Public - California Riverside County Commission # 2290311 My Comm. Expires Jun 23, 2023	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•)





CERTIFICATION OF VITAL RECORD

# COUNTY OF ORANGE HEALTH CARE AGENCY

	3052020026962	CERTIFICATE	OF DEATH	3202030002191	1							
_	STATE FILE NUMBER	USE BLACK MY ONLY / NO ENACEMBER VS-1 WIREV		LOCAL REGISTRATION NUMBE	R							
	1. NAME OF DECEDENT- FIRST (GAVIN) PAMELA	JOAN	3: UST (Family) MULLENS		1							
DATA	AKA, ALSO KNOWN AS - Include MI AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRDH mm/dd/coyy B. AGE Ye	IF UNDER ONE YEAR   IF UNDER 2	HOUPS   6 EEX							
₹.			06/01/1942 77	Months Days Hours	Market F							
ģ	9 BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY	NUMBER 11. EVER IN U.S. ARMED F	CRCEB? 12 MARITAL STATUS/SROP per Time of	Death 7. DATE OF DEATH mm/dd/oxyy	B HOUR (24 Hours)							
Ē	KS -9146	YES X NO	wk WIDOWED	02/02/2020	0927							
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DECEDENT'S PERSONAL	HS GRADUATE L YES	, 1	X 100 CAUCASIAN		The state of the s							
뿝	17 USUAL COCUPATION - Type of work for most of life. DO NOT USE HOMEMAKER	RETURED 18 KIND OF BUSY OWN HOL	NESS OR INDUSTRY la.g., procery store, read or	pretruction, employment agency, etc.) 19.	YEARS IN OCCUPATION							
	20. DECEDENT'S RESIDENCE (Street and number, or location)	OWN HO	VIE.		49							
. 8	3055 BONNYVIEW CIRCLE			ha.	The second name of the second							
USUAL	21, CITY 22 CC	DUNITY/PROVINCE	23. 2IP CODE 24, YEARS IN	COUNTY 25. STATE/FOREIGN COUNTH	Y 25. STATE/FOREIGN COUNTRY							
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5 %	36. NAME OF JUDTHER/PAPENT-FIRST	3g NIDOFE	37. LAST (BIRTH NAVIO)		30. BIFITH STATE							
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8 3	02/11/2020 3055 BONNYV	EW CIRCLE, CORON	AMELA MULLENS	/ /								
REC.	41 TYPE OF DISPOSITION(S)	42, BIGHATURE OF EMBA		43.10	CENSE MUNICER							
A	CR/RES	▶ NOT EMBA	LMED	/  -								
FUNERAL DIRECTORY LOCAL REGISTRAR	44 NAME OF FUNERAL ESTABLISHMENT PACIFIC VIEW MORTUARY		NO. SIGNATURE OF LOCAL REGISTRAR	Timb)	TE mm/dd/ocyy							
2 -	IDI PLACE DE DEATH	FD 1176	NICHOLE QUICK, MD	A	/11/2020							
B	ST. JOSEPH HOSPITAL	The state of the s	100. IF HOSPITAL SPECIFY ONE 1	122, IF OTHER THAN HOSPITAL, SPECIFY OF HOSPICE Home/LTC	ONE Decederate Other Harpe							
PLACE OF DEATH		OF LOCATION WHERE FOUND (Street am		106.CITY	HOTEL							
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	condition resulting	DI EED GEGOVIDADIG	TO ANTIOCACULANT		PSY PERFORMED?							
_	60 GASTROINTESTINAL Sequentially, list Conditions, if arty, THERAPY		YES X NO									
\$	MALTASTATIC BREAST	CANCER	1 1		TOPSY PERFORMED?							
8	CAUSE trimenee or	<del></del>	<u> </u>	·11/0   L	AEE X NO							
CAUSE OF DEATH	Intery that Intered the grants (D) resulting in dealth LAST		\ \	' ' -	VE6 NO							
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N	112. OTHER BOWN CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GAYS) IN 107 ATRIAL FIBRILLATION											
7%	113, WAS OPETATION PERFORMED FOR ANY CONDITION IN ITEM IS NO	07 OR 1127 (1 yes, Lat type of operation and	data)		PRECHANT IN LAST YEARS							
	No. 10 No	, , , , , , , , , , , , , , , , , ,			DATE mm/dd/ccy/							
EN3	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	15. SIGNATURE AND TITLE OF CERTIFIER  AMIR KHOSROW GH	IVESIMD	052272 02	V40/2020							
DE C	Decedent Attended Sings Decedent Last Sean Alive  [A] instricted Sings Decedent Last Sean Alive   1  [A] instricted Sings Decedent Last Sean Alive Sean Aliv	16. TYPE ATTENDING PHYSICIAN'S NAME	MAILING ADDRESS, 20 COOPE AMIR K	C52272 02	/10/2020							
PHYSICIAN'S CERTIFICATION	02/02/2020 02/02/2020 1	100 W. STEWART DR	IVE, ORANGE, CA 92868	KNOSKOW GHIASSI W	.0.							
	119. I CERTIFY THAT IN MY OPINION DEATH OCCUPRED AT THE HOUR, DATE, I	NID PLACE STATED FROM THE CAUSES STATED		121. INJURY DATE INTO UCIDICA	122.HOUR (24 Hours)							
_	MANNER OF DEATH Natural Accident Hombste	Brackin Pending Investigation	constrained YES NO									
N N	123, PLACE OF NARHY (a.g., home, constitution see, wooded area, etc.)											
8	121. DESCRIBE HOW NUITY OCCURRED (Events which maded in Injury)											
6												
CORONER'S USE ONLY	125. LOCATION OF HUURY (Street and number, or location, and city,	and zipi										
8	1.3.											
-	128 SICHATURE OF CORONER (PERIOTY CORONER	1447 DATE										
	128. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE trust	oblicety 128. TYPE NAME, TITLE OF CO	RONER / DEPUTY CORONER								
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CERTIFIED COPY OF VITAL RECORDS

\* 0 0 4 4 6 6 1 8 9 \*

STATE OF CALIFORNIA COUNTY OF ORANGE

SS

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.

DATE ISSUED

February 19, 2020

Mishole Quick, MD Lu D Harlle H.O.

ERIC G. HANDLER, M.D. HEALTH OFFICER ORANGE COUNTY, CALIFORNIA

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

## **COUNTY OF LOS ANGELES**

### REGISTRAR-RECORDER/COUNTY CLERK

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AND	PAMELA	IVING SPOURE/SF	IOP-4 UST		JOAN .			30 LAST (BATTH NAME) ANDERSON									
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HE.	MANNER OF DEATH   Natural   Account   Hamada   Success   The superior   VES   NO UNA   123 PLACE OF NUURY (s.g., nome, construction site, viscosed sites, etc.)																
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This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.



Registrar-Recorder/County Clerk

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