10/13/2021 12:59 PM \$40.00 Pgs=5 APN# 1418-15-510-008 SIGNATURE TITLE - ZEPHYR COVE KAREN ELLISON, RECORDER Recording Requested by/Mail to: Name: Diane Wendy Baruh Trustee Address: 80 Wallace Drive City/State/Zip: Menlo Park CA 94025 Mail Tax Statements to: Name: Miner Moe Trust Address: 8137 N. 68th St City/State/Zip: Parasie Valley AZ 85253 Affidavit Death of 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 J Lane **Printed Name** This document is being (re-)recorded to correct document #\_\_\_\_\_, and is correcting

DOUGLAS COUNTY, NV

Rec:\$40.00

2021-975436

RECORDING REQUESTED BY:
Signature Title Company

AND WHEN RECORDED MAIL TO:
Diane Wendy Baruh Trustee
880 Wallea Drive
Menio Park CA 94025

A.P.N.: 1418-15-510-008

Order No.: Escrow No.:

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

#### AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA COUNTY OF DOUGLAS

ZC3215-JL

Diane Wendy Baruh Successor Trustee, of legal age, being first duly sworn, deposes and says:

That Florence Schwartz the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Florence Ann Schwartz, trustee of the Edwin A. Schwartz and Florence Schwartz Revocable Trust Agreement dated July 10, 1990, named as one of the parties in that certain Grant Bargain Sale Deed dated 7-17-2008, executed by Edwin A. Schwartz and Florence Schwartz trustees of the Edwin A. Schwartz and Florence Schwartz Trust Agreement dated July 10, 1990, to Edwin A. Schwartz and Florence Schwartz Trustees of the Edwin A. Schwartz and Florence Schwartz Revocable Trust Agreement dated July 10, 1990, recorded as Instrument No. 2008-0727669, on July 30, 2008, of Official Records of Douglas County, California covering the following described real property situated in the County of Douglas, State of California:

## SEE ATTACHED EXHIBIT A LEGAL DESCRIPTION

A section of the trust provides that if either Florence Schwartz or Dlane Wendy Baruh is, through death, disability or refusal to act, unable or unwilling to act as Trustee, the other shall act alone as Trustee. That at the date hereof, Dlane Wendy Baruh is the sole Trustee of the above named Trust.

Dated: September 21, 2021

Diane Wendy Baruh

STATE OF NEVADA COUNTY OF DOUGLAS

} ss:

This instrument was acknowledged before me on

by \_\_\_\_

SIT ATTACHUD FOR CA WOTARY

**Notary Public** 

## **LEGAL DESCRIPTION**

## **EXHIBIT "A"**

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

Lot 12, of GLENBROOK UNIT NO. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1977, as Document No. 9693.



## **CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT**

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 SAU MARETO							
On 9 30 200 before me,	AUTONSO ANDRADA NOTARY						
Public, personally appeared	Insert Name and Title of the officer WEUTH BARUH						
Name(s) of Signer(s)							
subscribed to the within instrument and ackno	ry evidence to be the person(s) whose name(s) is/are wledged to me that he/she/they executed the same in it by his/her/their signature(s) on the instrument the person(s) acted, executed the instrument.						
I certify under PENALTY OF PERJURY under the la	ws of the State of California that the foregoing paragraph						
is true and correct.							
WITNESS my hand and official seal.  Signature:	ALFONSO ANDRADA Notary Public - California San Mateo County Commission # 2335355 My Comm. Expires Oct 13, 2024						
Though this section is optional, completing this info	ormation can deter alteration of the document or fraudulent						
attachment of this form to an unintended document.							
Description of Attached Document Title or Type of Document: AFFIDANT DOATS Number of Pages: Signer(s) Other Tha	A OF TRUSTE Document Date:						
Capacity(ies) Claimed by Signer(s)							
Signers Name:	Signers Name:						
☐ Corporate Officer – Title(s)	☐ Corporate Officer – Title(s)						
□ Partner - □ Limited □ General	□ Partner - □ Limited □ General						
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact						
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator						
Other: Signer is Representing:	Other:Signer is Representing:						

# **COUNTY OF SAN MATEO**

## HEALTH SYSTEM

SAN MATEO, CALIFORNIA

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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.

DATE ISSUED

08/31/2020

**Ivonne Torres** 





