

APN# 1418-15-510-008

**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)**

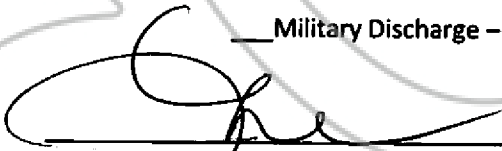
------(Only use if applicable)-----

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECORDING REQUESTED BY:  
Signature Title Company

AND WHEN RECORDED MAIL TO:

Diane Wendy Baruh Trustee  
880 Wallace Drive  
Menlo Park CA 94025

A.P.N.: 1418-15-510-008  
Order No.:  
Escrow No.: ZC3215-JL

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

### AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA  
COUNTY OF DOUGLAS

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 Diane 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, Diane 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 \_\_\_\_\_

*SEE ATTACHED FOR CA NOTARY (seal)*  
\_\_\_\_\_  
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.

APN: 1418-15-510-008



# 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 SAN MATEO }

On 9/30/2024 before me, ALFONSO ANDRADA Notary  
Date Insert Name and Title of the officer

Public, personally appeared DIANE WENDY BAZUH

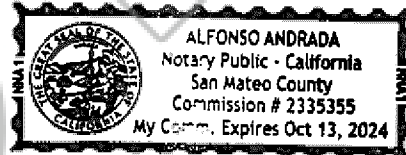
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Handwritten Signature]



OPTIONAL

*Though this section is optional, completing this information 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: AFFIDAVIT DEATH OF TRUSTEE Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signers Name: \_\_\_\_\_

Corporate Officer – Title(s) \_\_\_\_\_

Partner -  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signers Name: \_\_\_\_\_

Corporate Officer – Title(s) \_\_\_\_\_

Partner -  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM
SAN MATEO, CALIFORNIA

3052020191367

CERTIFICATE OF DEATH

3202041003142

Form containing personal data, residence, informant, funeral, place of death, cause of death, physician's certification, and coroner's use only sections.

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.

DATE ISSUED 08/31/2020 Ivonne Torres

Barcode and number \*001068827\*

Signature of Scott Morrow, MD

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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

