11/17/2021 03:26 PM

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APN: 1320-33-311-025

RECORDING REQUESTED BY and AFTER RECORDING MAIL THIS DOCUMENT TO:

Gene M. Kaufmann, Esq. SULLIVAN LAW 1625 State Route 88, Suite 401 Minden, NV 89423

KAREN ELLISON, RECORDER

### MAIL TAX STATEMENTS TO:

Guillaume Etchechury, Trustee 1485 Longfellow Lane Gardnerville, NV 89410

I, the undersigned, hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

## AFFIDAVIT OF DEATH OF CO-TRUSTEE

### I, GUILLAUME ETCHECHURY, being duly sworn say:

- 1. This Affidavit of Death refers to the ETCHECHURY FAMILY TRUST dated February 15, 1996, (the "Trust") under a revocable trust agreement executed by GUILLAUME ETCHECHURY and JUDITH ANNE ETCHECHURY as the Grantors.
- 2. The original Grantors and Trustees of the Trust were GUILLAUME ETCHECHURY and JUDITH ANNE ETCHECHURY.
- 3. I declare and affirm that JUDITH ANNE ETCHECHURY died on December 14, 2016. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death is the same person as JUDITH ANNE ETCHECHURY, Trustee of the ETCHECHURY FAMILY TRUST dated February 15, 1996.
- 4. In accordance with the terms of the Trust, I, GUILLAUME ETCHECHURY, am empowered to act as sole Trustee for the Trust after the death of JUDITH ANNE ETCHECHURY. I hereby affirm my incumbency as Trustee, and declare my intention to act as the current sole Trustee of the ETCHECHURY FAMILY TRUST dated February 15, 1996.
- 5. GUILLAUME ETCHECHURY and JUDITH ANNE ETCHECHURY are the named Trustees and Grantees in that certain Grant Deed, granting to GUILLAUME ETCHECHURY and JUDITH ANNE ETCHECHURY, Trustees, and subsequent Trustees of to the ETCHECHURY FAMILY TRUST dated February 15, 1996, all right, title and interest in the following identified real property:

APN: ......1320-33-311-025

Commonly Known As: ...... 1485 Longfellow Lane, Gardnerville, NV 89410

Recorded On: ...... May 14, 2007

Legal Description:......Lot 31, Block B, as set forth on Final Subdivision Map FSM-1006-2 for CHICHESTER ESTATES Phase 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 9, 1996, in Book 1296 at Page 1286, as Document No. 402540, and by Certificate of Amendment recorded July 17, 2001, Book 0701, Page 3929, as Document No. 518479.

- 6. The assets held under this Trust are to be held under the following title: GUILLAUME ETCHECHURY, TRUSTEE ETCHECHURY FAMILY TRUST dated February 15, 1996
- 7. The ETCHECHURY FAMILY TRUST dated February 15, 1996 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 8. I hereby declare my authority to act as the authorized Trustee and the current sole Trustee. As the sole Trustee, I have all Trustee powers to sell, encumber, retain, or otherwise manage all property belonging to the ETCHECHURY FAMILY TRUST dated February 15, 1996, including, but not limited to, the above-described real property, including any portion thereof.

GUILLAUME ETCHECHURY, Trustee

ETCHECHURY FAMILY TRUST dated February 15, 1996

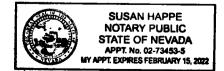
JURAT

State of Nevada ) County of Douglas )

Signed and sworn to (or affirmed) before me on November \_\_//\_, 2021, by GUILLAUME

ETCHECHURY.

Notary Public



# **COUNTY of KERN**

**PUBLIC HEALTH SERVICES DEPARTMENT** 

1800 MT. VERNON AVE., BAKERSFIELD, CALIFORNIA 93306-3302 3201615005335 3052016247874 CERTIFICATE OF DEATH

	STATE FILE NUM		USK, BLALA PER URU	VS-11=(REV 3/06)	LCG 13 GRACI	LIVOTONO		LÖCAL REGISTRA	ATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DEGEDENT-FIRST (GIVEN) JUDITH		ANNE				3. LAST (FAMM) ETCHECHURY				
	AKA, ALSO KNOWN AS - Include fo		4. DATE OF BIRTH mm/dd/ccyy 5. AGE Ym. 72			IF UNDER ONE YEAR Months Days	IF UNDER 24 HO Hours M	URS 8. SEX			
	CA 9940 YES			X ~ [	Lund				/14/2016 0745		
	13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE	14/15. WAS DECEDENT HISPANICA		X	NO CA	UCASIA	N.	nay be lieted (see works		\ \	
	17. USUAL OCCUPATION Type of SECRETARY	KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road corestruction, a IGH SCHOOL REGISTRAR				ction, employment agenc	replayment agency etc.) 19. YEARS IN OCCUPATION 20				
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 5909 BURKE WAY										
	BAKERSFIELD	UNTY/PROVINCE RN		23. ZIP CODE 24. YEARS IN COUNTY 93309 53			CA				
INFOR-	22. NFORMANTS NAME, RELATIONSHIP GUILLAUME ETCHECHURY, HUSBAND  27. NFORMANTS NAME, RELATIONSHIP 5909 BURKE WAY, BAKERSFIELD, CA 93309								1		
SPOUSE/SRDP AND PARENT INFORMATION	28. NAVE OF SURVIVING SPOUSE GUILLAUME	29. MIODLE	20. LAST (BIRTH NAME) ETCHECHURY			-/	\				
	31. NAME OF FATHER/PARENT-FIRST		32. MIODLE O.		33, LAST BUSCH				34. BIRTH STATE		
	35. NAME OF MOTHER/PARENT-FIRST LEAH		36. MIDDLE O.	/	37 LAST (BIRTH NAME) QUERYEL			.	38, BIRTH STATE CA		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	32. DISPOSITION DATE IMPAGEDERY 40. PLACE OF FINAL DISPOSITION HILL CREST MEMORIAL PARK 12/23/2016 9101 KERN CANYON RD., BAKERSFIELD, CA 93306										
	41, TYPE OF DISPOSITION(S)  42, SIGNA			TURE OF EMBALMER AWN ROSS				<b>F</b>	43, LICENSE NUMBER EMB8744		
	MORTUARY				BER 40. SIGNATURE OF LOCAL REGISTRAR  ▶ CLAUDIA JONAH, MD				47. DATE mm/dd.ccyy 12/20/2016		
PLACE OF DEATH	102, IF HOSPITAL SPECIFY ONE 103, IF OTHER THAN HOSSITAL SPECIFY ONE NUMBER OF SECURITY ONE HOSPITAL SPECIFY ONE NUMBER OF SECURITY ONE HOSPITAL SPECIFY ONE OF SECURITY ONE HOSPITAL SPECIFY ONE OF SECURITY ONE HOSPITAL SPECIFY ONE OF SECURITY ONE OF SECU										
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CAUSE OF DEATH	LYMEDIATE CAUSE IN CAR	as cardiac arrest resuratory as	rrest or ventroular febr <b>ila</b> tern					Great arc De (AT)	X YES	SA KANDA	
	condition resulting	EBROVASCULAR	ACCIDENT	-		$\top$		MIN (BT)	C0264	Y PERFORMED?	
	conditions, if any, (earling to cause on Line A. Enter UNDERLYING	<del>\</del>		<del></del>	$\vdash$	+		MINS	<u> </u>	PSY PERFORMED?	
	CAUSE (disease or valuy Urat or disease or valuy Urat or disease or CO) resulting on death) LAST							(PD)			
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERCHOLESTEROLEMIA, HISTORY OF STROKE										
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR (127 (If yee, but type of operation exist distar)  113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR (127 (If yee, but type of operation exist distar)  113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR (127 (If yee, but type of operation exist distar)  113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR (127 (If yee, but type of operation exist distar)  113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR (127 (If yee, but type of operation exist distar)  113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR (127 (If yee, but type of operation exist distar)  113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR (127 (If yee, but type of operation exist distar)										
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PHYSICIAN'S CERTIFICATION	December Later Company									<u> </u>	
CORONER'S USE ONLY	118, I CERTIFY THAT IN MY OPINION DO		Pond	rg [ˈCor	ulid not be lermined	120, INJURE YES	NO L	121, INJURY D	ATE mm/dd/coyy	122, HOLJR (24 Hours)	
	123. PLACE OF INJURY (e.g., home, construction sile, wooded area, etc.)										
	124, DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)										
CORON	125. LOCATION OF BAURY (Street and number, or location, and city, and zep)										
128. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd-copy 128, TYPE NAME, TITLE OF CORONER / DEPUTY CORONER								ER			
	ATE A B	C D	E			03422878	A UNITED AND LESS AND	FAX AUTHL®	·	CENSUS TRACT	
No.		- APP									

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA ) ss COUNTY OF KERN

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

DEC 2 1 2016



Jorohnaha

E DEPARTMENT OF PUBLIC HEALTH SERVICES.

CLAUDIA JONAH, MD

PUBLIC HEALTH OFFICER AND LOCAL REGISTRAR

OF BIRTHS AND DEATHS

This copy is not valid unless prepared on engraved border displaying seal and signature of registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE