

APN: 1418-22-501-004;
1418-22-501-005

R.P.T.T.: \$0.00

Recording Requested By:

uDeed, LLC
1349 Galleria Drive Suite 100
Henderson, NV 89014-8624

After Recording Mail To:

uDeed, LLC - 98787B
1349 Galleria Drive Suite 100
Henderson, NV 89014-8624

Send Subsequent Tax Bills To:

% David A. Friedman
2637 Larkin Street
San Francisco, CA 94109

AFFIDAVIT OF SURVIVING TRUSTEE

TITLE OF DOCUMENT

I, **Eleanor F. Friedman, Surviving Co-Trustee**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated **February 20, 2009, Phyllis K. Friedman** executed the **Eleanor F. Friedman 2009 Irrevocable Trust**.
2. By **Appointment and Acceptance of Co-Trustee** dated January 16, 2015, **Eleanor F. Friedman** was added as a Co-Trustee with **Phyllis K. Friedman**.
3. Said trust appointed me to serve as Surviving Co-Trustee upon the death or incapacity of **Phyllis K. Friedman**.
4. **Phyllis Koshland Friedman** died on **July 2, 2019** at **Hillsborough, California**, a resident of **San Mateo County, California** pursuant to the attached certified copy of the Certificate of Death and is the same person as said **Phyllis K. Friedman**.
5. Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Co-Trustee.
6. The real property subject hereof is part of the trust estate, situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

7. No other person has a right to the interest of the Trust in the described property.
8. The described property shall be transferred to **Eleanor F. Friedman, Surviving Co-Trustee**.

I, **Eleanor F. Friedman**, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.


Eleanor F. Friedman

Affiant
Title

DATED this 16 day of December, 2021.

Eleanor Friedman
Eleanor F. Friedman, Surviving Co-Trustee

STATE OF New York)

COUNTY OF New York) ^{SS}

SUBSCRIBED AND SWORN before me this 16th day of December, 2021,
by **Eleanor F. Friedman, Surviving Co-Trustee.**

NOTARY STAMP/SEAL

[Signature]
Notary Public

Title and Rank
My Commission Expires: 5/18/22

LINDA J. WANK
Notary Public, State of New York
No. 02WA6007233
Qualified in New York County
Commission Expires May 18, 2022

EXHIBIT "A"
LEGAL DESCRIPTION, Page 1 of 2

ALL INTEREST IN THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, TO WIT:

PARCEL A:

BEGINNING AT THE MEANDER CORNER ON THE EAST SHORE OF LAKE TAHOE BETWEEN SECTIONS 15 AND 22, TOWNSHIP 14 NORTH, RANGE 18 EAST, M.D.B. & M.;

THENCE SOUTH 0°50' WEST 258.08 FEET;

THENCE SOUTH 17°04' WEST 309.92 FEET TO THE POINT OF BEGINNING;

THENCE NORTH 72°59'40" WEST 99.01 FEET TO A POINT ON THE SHORE OF LAKE TAHOE;

THENCE ALONG THE SHORE SOUTH 26°30'30" WEST 36.50 FEET AND SOUTH 15°47'20" WEST 96.00 FEET;

THENCE LEAVING THE SHORE OF LAKE TAHOE SOUTH 73°29'10" EAST 328.08 FEET;

THENCE ON A CURVE TO THE LEFT WITH A DISTANCE OF 129.30 FEET, CENTRAL ANGLE 13°37'20", A RADIUS OF 543.83 FEET;

THENCE NORTH 72°59'40" WEST 228.04 FEET TO THE POINT OF BEGINNING.

BEING PARCEL 4 AS SHOWN ON THE RECORD OF SURVEY, CEDARBROOK PORTION OF LOGAN CREEK ESTATES, INC., FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON AUGUST 19, 1959.

NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED APRIL 5, 1993 IN BOOK 493, PAGE 494, AS DOCUMENT NO. 303734.

PARCEL B:

COMMENCING AT THE MEANDER CORNER ON THE EAST SHORE OF LAKE TAHOE BETWEEN SECTIONS 15 AND 22, TOWNSHIP 14 NORTH, RANGE 18 EAST, M.D.B. & M.;

THENCE SOUTH 0°06'50" WEST 258.08 FEET;

THENCE SOUTH 17°04' WEST 441.01 FEET TO THE TRUE POINT OF BEGINNING;

THENCE NORTH 73°29'10" WEST 102.85 FEET;

THENCE SOUTH 15°47'20" WEST 53.55 FEET;

THENCE SOUTH 36°57'40" WEST 63.00 FEET;

EXHIBIT "A"
LEGAL DESCRIPTION, page 2 of 2

THENCE SOUTH 64°04'00" EAST 282.21 FEET;

THENCE NORTH 56°29'00" EAST 67.50 FEET;

THENCE ON A CURVE TO THE LEFT, THE LONG CHORD OF WHICH BEARS NORTH 30°50'20" EAST A DISTANCE OF 110.60 FEET, WITH A RADIUS OF 543.83 FEET, THROUGH A CENTRAL ANGLE OF 11°40'25" FOR AN ARC DISTANCE OF 110.80 FEET;

THENCE NORTH 73°29'10" WEST 225.23 FEET TO THE POINT OF BEGINNING.

BEING PARCEL 5 AS SHOWN ON THE RECORD OF SURVEY FOR K. AMUNDSEN, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON AUGUST 19, 1959 UNDER FILE NO. 14816.

MORE commonly known as: **1700 and 1710 Highway 50, Glenbrook, Nevada 89413**

Per NRS 111.312 – The Legal Description appeared previously in **Grant, Bargain, and Sale Deed**, recorded on **June 4, 2014**, as Document No. **0843930**, and in **Grant, Bargain, and Sale Deed**, recorded on **December 28, 2011**, as Document No. **0794960** in Douglas County Records, Douglas County, Nevada.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM
SAN MATEO, CALIFORNIA

3052019135589

CERTIFICATE OF DEATH

3201941002403

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITENOUTS OR ALTERATIONS VS-1 (REV 3/05)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT—FIRST (Given) PHYLLIS		2 MIDDLE KOSHLAND		3 LAST (Family) FRIEDMAN		
	AKA ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)			4 DATE OF BIRTH mm/dd/yyyy 08/27/1923		5 AGE Yrs 95	
	9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER 7093		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/SIDP* (at Time of Death) WIDOWED
	13 EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14/15 WAS DECEDENT HISPANIC/LATINO/AS/PANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		7 DATE OF DEATH mm/dd/yyyy 07/02/2019
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SOCIAL WORKER		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COUNTY GOVERNMENT				8 HOUR (24 Hour) 1336	
19 YEARS IN OCCUPATION 10		20 DECEDENT'S RESIDENCE (Street and number, or location) 119 RESERVOIR ROAD					
USUAL RESIDENCE	21 CITY HILLSBOROUGH		22 COUNTY/PROVINCE SAN MATEO		23 ZIP CODE 94010		24 YEARS IN COUNTY 80
	25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP DAVID A. FRIEDMAN, SON				
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2637 LARKIN STREET, SAN FRANCISCO, CA 94109		28 NAME OF SURVIVING SPOUSE/SIDP—FIRST -					
29 MIDDLE -		30 LAST (BIRTH NAME) -		31 NAME OF FATHER/PARENT—FIRST DANIEL			
32 MIDDLE E.		33 LAST KOSHLAND SR.		34 BIRTH STATE CA			
35 NAME OF MOTHER/PARENT—FIRST ELEANOR		36 MIDDLE -		37 LAST (BIRTH NAME) HAAS		38 BIRTH STATE CA	
SPOUSE/SIDP AND PARENT INFORMATION	39 DISPOSITION DATE mm/dd/yyyy 07/05/2019		40 PLACE OF FINAL DISPOSITION HOME OF PEACE CEMETERY 1299 EL CAMINO REAL, COLMA, CA 94014				
	41 TYPE OF DISPOSITION(S) BU		42 SIGNATURE OF EMBALMER NOT EMBALMED				43 LICENSE NUMBER -
	44 NAME OF FUNERAL ESTABLISHMENT SINAI MEMORIAL CHAPEL-CHEVRA KADISHA		45 LICENSE NUMBER FD262		46 SIGNATURE OF LOCAL REGISTRAR SCOTT MORROW, MD		47 DATE mm/dd/yyyy 07/03/2019
PLACE OF DEATH	101 PLACE OF DEATH OWN RESIDENCE		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ATC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ATC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104 COUNTY SAN MATEO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 119 RESERVOIR ROAD		106 CITY HILLSBOROUGH		
	107 CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) SEVERE ANEMIA		Time Interval Between Onset and Death (A) 1 MNTH		108 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) GASTROINTESTINAL BLEEDING		1 MNTH		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(C) DIVERTICULOSIS, COLON		1 MNTH		110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(D) DYSPHAGIA		1 MNTH		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DYSPHAGIA							
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO							
113A IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK							
PHYSICIAN'S CERTIFICATION	114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen Alive (A) 06/03/2019 (B) 07/02/2019		115 SIGNATURE AND TITLE OF CERTIFIER RONALD WATSON M.D.		116 LICENSE NUMBER A37852		117 DATE mm/dd/yyyy 07/03/2019
	118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RONALD WATSON M.D. 4850 UNION AVENUE, SAN JOSE, CA 95124						
	119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
CORONER'S USE ONLY	120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
	121 INJURY DATE mm/dd/yyyy						
	122 HOUR (24 Hours)						
	123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)						
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125 LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126 SIGNATURE OF CORONER / DEPUTY CORONER				127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH #		CENSUS TRACT	

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 **07/16/2019** **Ivonne Torres**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.
PB/CO (Rev) 01/17

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



* 001021685 *

Scott Morrow MD
SCOTT MORROW, MD
HEALTH OFFICER AND REGISTRAR

