DOUGLAS COUNTY, NV

Rec:\$40.00

2022-984545

\$40.00 Pgs=6

05/04/2022 02:42 PM

UDEED, LLC

KAREN ELLISON, RECORDER

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 – 98787C 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, **David A. 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 David A. Friedman 2009 Irrevocable Trust.
- 2. By Appointment and Acceptance of Co-Trustee dated January 16, 2015, David A. 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 David A. Friedman, Surviving Co-Trustee.
- I, **David A. 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.

David atil	Affiant
David A. Friedman	Title

DATED this 13th day of DECEMBER, 2021.	
David A. Friedman, Surviving Co-Trustee	$\left\langle \cdot \right\rangle$
STATE OF	-1
COUNTY OF	
SUBSCRIBED AND SWORN before me this day of by David A. Friedman, Surviving Co-Trustee.	, 20
NOTARY STAMP/SEAL	
Notary Public	
Title and Rank My Commission Expires:	
see attachment	

CALIFORNIA JURAT CERTIFICATE

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the

this
be the person(s) who appeared before me. REBECCA B. KUANG Notary Public - California San Francisco County Commission # 2257693 My Comm. Expires Sep 9, 2022
be the person(s) who appeared before me. REBECCA B. KUANG Notary Public - California San Francisco County Commission # 2257693 My Comm. Expires Sep 9, 2022
REBECCA B. KUANG Notary Public - California San Francisco County Commission # 2257693 My Comm. Expires Sep 9, 2022
REBECCA B. KUANG Notary Public - California San Francisco County Commission # 2257693 My Comm. Expires Sep 9, 2022
Notary Public - California San Francisco County Commission # 2257693 My Comm. Expires Sep 9, 2022
(Notary Seal)
Any affidavit subscribed and sworn to before a notary shall use sections 1189 and 8202. A jurat certificate cannot be affixed, including electronic means, whereby the signer did not on by the notary public. The seal and signature cannot be ditional option an affiant can produce an affidavit on the minate the use of additional documentation.

CAPACITY CLAIMED BY THE SIGNER
Individual
Corporate Officer Partner
Attorney-In-Fact
Trustee Other:
, ,

MMX V. BAN2 510.409.1334 www.BayAreaNotary.com

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 <u>Grant, Bargain, and Sale Deed</u>, recorded on <u>June 4, 2014</u>, as Document No. <u>0843930</u>, and in <u>Grant, Bargain, and Sale Deed</u>, recorded on <u>December 28, 2011</u>, as Document No. <u>0794960</u> in Douglas County Records, Douglas County, Nevada.



STAYDE OF CALDE ORNIA

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

•	305201913558	9	CERTIFICATE OF DEATH					3201941002403					
	1 NAME OF DECEDENT-FIRST (Given	DECEDENT-FIRST (Given) 2 MIDDLE				STATE OF CALEGRAM ONLY I NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 N(REY 3/06) 3 LAST (Farminy)				LOCAL REGISTRATION NUMBER			
DATA	PHYLLIS AKA ALSO KNOWN AS - Include full AN	VA JEIRST MIDDI E 1 ASTO	KOSH	ILAND	I A DAT	OF BIRTH	1	DMAN 5 AGE YIS	IF UND	R ONE YEAR Days	IF UNDER 24	HIDWAS	6 SEX
		<u> </u>			08/2	7/1923	}	95	!	1	Hours	Minutes	F
PERSONAL	B BIRTH STATE/FOREIGN COUNTRY CA	7093	JMBER 1		ARMED FORCES?		AL STATUS/SI DWED	RDP" (at Time of De	1	02/2019	m/dd/ocyy	1336	
DECEDENT'S	11 EOUCATION - Highest Level/Degree 14/1 (see worksheel on back)	IS WAS DECEDENT HISPANICAL	ATINO(AVSPAN	SH? (II yes, see	worksheet on back)	11471117		E - Up to 3 rece	a may be le	ited (soe worksh	eet on beck)		
DECE	MASTER'S	k for most of We DO NOT USE	RETIRED		D OF BUSINESS OF	INDUSTRY (store, road cons	truction, em	ployment agency	(etc) 19	YEARS IN O	CCUPATION
_	20 DECEDENT'S RESIDENCE (Street and number, or location)										10		
USUAL	119 RESERVOIR RO	· · · · · · · · · · · · · · · · · · ·	JNTY/PROVING	¥	[23 7	P CODE	. 124	YEARS IN CO	UNITY 12	STATE/FOREN	IN COUNTRY		
	HILLSBOROUGH	SAN	MATE		940	010		80	Ç	A			
MANT	26 NFORMANT'S NAME, RELATIONSHIP DAVID A. FRIEDMAN, SON 27 NFORMANT'S MINING ADDRESS IS 2637 LARKIN STREE							SAN FR	ANCI	SCO, CA	94109	tip)	
	28 NAME OF SURVIVING SPOUSE/SRI	OP-FIRST	29 MICOLE			30 LA	я нтяв) тг.	IAME)	٧.				
SPOUSE/SRDP AND PARENT INFORMATION	31 NAME OF FATHER/PARENT-FIRST		32 MIDDLE		/	33 LA			\dashv			34 BIRTH S	STATE
SPOUSE/SADP ARENT INFORM	DANIEL 35 NAME OF MOTHER/PARENT-PIRST	<u> </u>	E. 36 MIDDLE				SHLAI ST (BIRTH N	ND SR.	+			CA 36 BIRTH S	STATE
PAR	ELEANOR 39 DISPOSITION DATE mm/dd/coyy	40 PLACE OF FINAL DISPOS	,-	4E OF B	EADE OF	HA			_/_	/_		CA	
DIRECTOR/ Egistrar	07/05/2019	1299 EL CAMIN	O REAL	., COLM	IA, CA 940	14	Pilippin		<u> </u>	_/_			
-1 -	41 TYPE OF DISPOSITION(S) BU		i		E OF EMBALMER EMBALME	D		V/		/	43 110	CENSE NUM	BER
LOCAL	44 NAME OF FUNERAL ESTABLISHME SINAL MEMORIAL CI	HAPEL-CHEVRA		45 LICENSE F FD262	NUMBER 48 SIGN		No.		/	50	1	TE mm/dd/	
<u> </u>	KADISHA FDZOZ SCOTT MORROVV, MD WAS 07/03/20 101 PLACE OF DEATH 102 IF OTHER THAN HOSPITAL, SPECIFY ONE								ONE				
PLACE OF DEATH	OWN RESIDENCE P ERVOP DOA Hospita Mustrage Whomes Control (Street and number; or location) 106 GTY								Home	Other			
										H REPORTED	TO COSCINED?		
	IMMEDIATE CAUSE IN SEVER	as carded arrest, respiratory arr	est, or ventnoula	i librillation witho	xit showing the eliclog	y DO NOT A	BREVIATE		N	Onset and Deal (AT)	\mathbf{X}	YES	NO.
	(Final disease or condition resulting In death)	ROINTESTINAL E	BLEEDIN	NG	/		4		- 1	1 MNTH		PSY PERFO	RMED?
ATA.	Sequentially, list conditions, if any,	TICULOSIS, COI				\ _	\rightarrow			1 MNTH	1	YES TOPSY PERF	X NO
AUSE OF DEATH	CAUSE (disease or injury that	110010515, 001	_ON			__				1 MNTI	<u> </u>	YES	X 100
CAUSE	installed the events (D) resulting in death) LAST	_ _								(DT)	111 USB	YES	ING CAUSE?
	DYSPHAGIA	S CONTRIBUTING TO DEATH B	UT NOT RESUL	TING IN THE U	NDERLYING CAUSE	GIVEN IN 107							
	113 WAS OPERATION PERFORMED FO	OR ANY CONDITION IN ITEM 10	7 OF 1127 (II ye	as, list type of o	peration and date)	7	7			11	3A. IF FEMALE	PREGNANT II	N LAST YEAR?
S NO	114 I CERTIFY THAT TO THE BEST OF MY KN AT THE HOUR, DATE, AND PLACE STATED FRO	OWLEDGE DEATH OCCURRED 11	6 SIGNATURE	AND TITLE OF	CERTIFIER		-	FÆ	1	IB LICENSE NU		اللث	
PHYSICIAN'S CERTIFICATION			RONAL 8 TYPE ATTEN	D WATS	SON M.D.	G ADORESE	. 2 P CODE	EONAL I	WAT	A37852	07	7/03/20	19
F #2	06/03/2019 07/	02/2019 4	850 UNI	ON AVE	ENUE, SAN	JOSE	CA 95	5124		21 INJURY DAT		l in HOI	
	MANNER OF DEATH Natural	Accident Homscide	Sucide		Could n	x be	YES [UNIK	EI INJUNT UA		122 HUL	rs (24 Hours)
E ONE.Y	123 PLACE OF INJURY (e.g., home, co	onstruction site, Wooded area, et	lc)										
R'S USI	124 DESCRIBE HOW INJURY OCCUR	RED (Events which resulted in a	(uy)						-				
CORONER'S USE ONLY	125 LOCATION OF INJURY (Street and	number, or location, and city, a	nd zip)										
٥	126 SIGNATURE OF CORONER / DEPI	UTY CORONER	/	127	DATE men/dd/ccyy	128 1	YPE NAME.	TITLE OF COR	ONER / DE	UTY CORONE	R		
STA	TE A B	C D	/ 		ורב ורובל ביותר און ת-ופונים מונים	11100 1000 1000	HOLENS CONTRACTOR	15 7 N 5 1 N 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		AX AUTH #		CENS	US TRACT
REGIS	/ <u>=</u>					00010042	HI HILLIHH 51265°	EL RELL PREQ COLICO(CERSO	

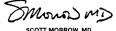
CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

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.

