WHEN RECORDED MAIL TO: Scott Dille 10156 N Barton Fresno CA 93730

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

DOUGLAS COUNTY, NV

2022-985582

Rec:\$40.00

\$40.00 Pgs=4

05/26/2022 10:26 AM

TICOR TITLE - GARDNERVILLE KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02202213-RLT

APN No.: 1320-33-818-019

## AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada
County of Douglas

Scott Dille, being duly sworn, deposes and says:

1. David Paul Bens, the decedent mentioned in attached copy of Certificate of Death, is the same person as David Paul Bens named as one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated 12/02/2016, executed by Donald S. Broome and Victoria S. Broome, husband and wife as joint tenants to David Paul Bens, Trustee of the David Paul Bens Revocable Living Trust dated 8/3/2010, recorded on 12/07/2016 as instrument number 2016-891779, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

- 2. That I, Scott Dille, am named within the aforementioned trust as successor trustee;
- 3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
- 4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: 5/20/77  Scott Dille	
STATE OF NEVADA COUNTY OF DOUGLAS  SS:	\
This instrument was acknowledged before me on 5/20/2022 by	_
NOTARY PUBLIC  RISHELE L. THOMPSON  Notary Public - State of Nevada  Appointment Recorded in Douglas County  No: 98-54931-5 - Expires April 10, 2023	





## FRESNO, CALIFORNIA

	3052022090849	CERTIFICATE OF DEA STATE OF CALFORMA USE SLACK PIK DRAY OF ERSURES, WHETEOUTS OF USES SLACK PIK DRAY OF ERSURES, WHETEOUTS OF	ATH ATTENDED	32022100026	Transfer and the
20.4	STATE FILE NUMBER  1. NAME OF DECEDENT: FIRST (Given)	2 MIDDLE	3: LAST (Femily)	LOCAL REGISTRATION NU	MBER
DATA	DAVID  AKA ALSO KNOWN AS - Include (id) AKA (FIRST: MIDDLE, LAST)	PAUL 4 DATE OF	BENS BIRTH min/de/copy 5, AGE Yrs.		FR2#HOURS 16 SEX
DECEDENT'S PERSONAL	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY	08/26/	1946 73	100 100 100 100 100 100 100 100 100 100	Minutes M
	IL 3114	YES X NO UNK [	DIVORCED 0	DATE OF DEATH min/dd/00) 04/03/2022	1226
	13. EDUCATION - Highes (Line/Degree) 14/15 WAS DECEDENT HISPANIC BACHELOR XES	MADINOVANSANISHY (II yest, best workshood on back) 15	DECEDENT'S RACE - Up to 3 races may	be listed (see worksheet on ba	rc/)
	17. USUAL OCCUPATION - Type of work for most of little, DO NOT USE ATHLETIC DIRECTOR	E RETIRED. 18, KIND OF BUSINESS OR INDI	USTRY (e.g., gracery store, load conditiction	, employment agency, etc.)	19. YEARS IN OCCUPATION
IA. USUAL (T RESIDENCE	20. DEGEDENT'S RESIDENCE (Street and number, or location) 2493 SWIFT AVE			100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	21. CHÝ. 22. C	OUNTY/PROVINCE 23. ZIP CC		25. STATE/FOREIGN COU	NIRY
	CLOVIS FR 26, INFORMANT'S NAME, RELATIONSHIP.	ESNO 93611	1 32 NG ADORESS (Street and number of real for NON AVE, FRESNO, (	CA	and np)
NA IN	SCOTT DILLE, NEPHEW  28. NAME OF SURVIVING SPOUSE/SADP'-FIRST	10156 N BAH	(TON AVE, FRESNO, ( I 30. LAST (BED) NAME	SA 93730	
SPOUSE/SRDP AND ARENT INFORMATION			-		
	31. NAME OF FATHERPRAHENT-FIRST EVERETT	32, MIDDUE MELVIN	BENS		34, BIRTH STATE SD
	35, NAME OF MOTHER/PARENT-FIRST DORIS	36.MIDDLE	37. LAST (BERTH NAME)  DORNAN		38. BIRTH STATE
. See	39. DISPOSITION DATE IMM/85/Coyy 40. PLACE OF FINAL DISPO	OSTITION RES SCOTT DILLE	The second secon	Allege	17.
FUNERAL DIRECTORY	41. TYPE OF DISPOSITION(S)	ON AVE, FRESNO, CA 93730		T.	3. LICENSE NUMBER
	CREMATE/RESIDENCE  44. NAME OF FUNERAL ESTABLISHMENT: FAREWELL	NOT EMBALMED  46. UCENSE NUMBER   48, SIGNATUR	IE OF LOCAL REGISTRAR		r. DATE mm/dd/ccyy
		approved to the contract of th	VOHRA, MD	HER THAN HOSPITAL, SPEC	D4/14/2022
PLACE OF DEATH	SAINT AGNES MEDICAL CENTER		P X FIVOT DOX Hes	≭α ∏ Kurahg Homa/UC [	Doctoon Cather.
	FRESNO 1303 E HERN	OR LOCATION WHERE FOUND (Street and number, or lo	(Salion)	FRESNO	
	107. CAUSE OF DEATH Epide (the chan of events and 69 solidor entire), inspiratory in immediate Cause W CARDIAC ARREST	haensins, injuries, or completitions — that directly caused death prost-or von vicular Mariation without streaming the discloge, DC	1. DO NOT enley ferminal exects such I NOT ARBREY ATE:	Qoset and Death	DEATH REPORTED TO CORONER?
	(Final disease or condition resulting in death)			MINS 22	-04-013
	Sequentially, fist conditions, if only,	<b>E</b>		HOURS [	NES X NO
FDEAT	Isading to cause on Line A. Enter UNDERLYING CAUSE (of seate or	grander (m. 1915) 1980 - William Grander (m. 1915)		(CT) 110	YES X NO
CAUSE OF	Injury that Injuryed the events (II) resulting in death) LAST			(01)	USEO IN DETERMINANG CAUSE?
	112 OTHER SOMERCANT CONDITIONS CONTRIBUTIONS TO DEATH HYPERTENSION, SPINAL DECOMP	BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE! PRESSION AND FUSION SUR!	NN 107 GERY		
	133, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM I SPINAL SURGERY 03/22/2022	AN ARTER TO THE TRANSPORT OF CASE ARTERS AND A CONTRACT OF CASE AREA AND A CONTRACT OF CASE AND A CONTRACT OF CA		1134 F FE	AALE, PRECINANT IN LAST YEAR?
2	114 CERTIFY THAT TO THE BEST OF MYKNOWLEDGE DEATH OCCURRED (	115. SKCYATURE XIYO TITLE OF CERTIFIER		116. LICENSE NUMBER	S X NO URIK
PHYSICIAN'S CERTIFICATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.  December Attended Since December Liest Seen Afre.	THOMAS JAMES O'LAUGHE	inners we come	G71958	04/12/2022
		255 W BULLARD AVE SUITE 1	HOMAS JA	MES O'LAUGH 2	ILIN, MD
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, OATE, MANNER OF DEATH NEGLECT ACORDON. Homicico	AND PLACE STATED FROM THE CAUSES STATED.  Suicide Proping Could not be distermined.	120 INJURED AT WORKT	121, INJURY DATE mivde	Vocyy 122, HOUR (24 Hours)
	123. FLACE OF INJURY (e.g., name, construction site, wooded area.	etc.)		1000	
	124, DESCRIBE HOW INJURY OCCURRED (Events, which resulted in	Wuy,		100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	125. LOCATION OF INJURY (Street and number; or location, god oily,	ornol sip)			
8	128. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/8d/ccyy	128, TYPE NAME, TITLE OF CORONER A	DEPUTY CORONER	
	)		TOTAL COMP	Travania:	
STA REGIS		INTRODUCTION SECTION S	júdjí úr nich apt neu graffinu um bri ma	FAX AUTH #	CENSUS TRACT
The William	(A)	10 M	100 PT 10		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF FRESNO

DATE ISSUED

APR 1 9 2022

\*000709

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.





Order No.: 02202213-RLT

## **EXHIBIT A**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 19 in Block B of CHICHESTER ESTATES PHASE 13, Final Subdivision Map No. 1006-13 according to the map thereof filed in the office of the County Recorder of Douglas County, State of Nevada, on October 4, 2004, in Book 1004 at Page 1052 as Document No. 625784.

APN: 1320-33-818-019

