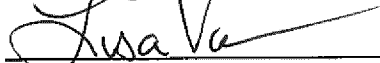


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



Lisa Vaclavicek

APN: 1022-29-401-001

RECORDING REQUESTED BY:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

MARGARET ALLEN, Trustee
PO Box 55
Wofford Heights, CA 93285

AFFIDAVIT OF DEATH OF TRUSTEE

I, MARGARET ALLEN, 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 July 7, 2008, BERNARD ALLEN and MARGARET ALLEN executed the BERNARD AND MARGARET ALLEN FAMILY TRUST ("Trust").

(2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of BERNARD ALLEN.

(3) BERNARD ALLEN deceased on February 27, 2022 at Wofford Heights, California, a resident of Kern County, California. Attached hereto as Exhibit "B" is a certified copy of the death certificate of said BERNARD ALLEN.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(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 me as sole Trustee.

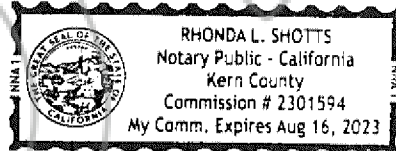
Executed on this 09 day of June, 2022, at Lake Isabella, CA.

Margaret Allen, Trustee
MARGARET ALLEN, Trustee

STATE OF CALIFORNIA)
) ss:
COUNTY OF Kern)

SUBSCRIBED AND SWORN TO before me this 09 day of June, 2022, by MARGARET ALLEN, Trustee.

[Signature]
Notary Public

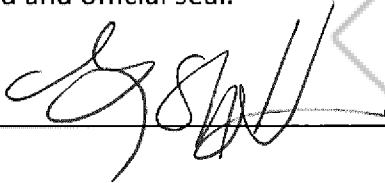


A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California))
County of Kern))

Subscribed and sworn to (or affirmed) before me on this 9th day of June, 2022, by Margaret Allen, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Witness my hand and official seal.


_____ [Officer's seal]

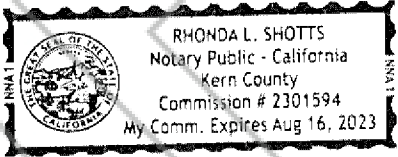


EXHIBIT "A"

Legal Description:

All the certain piece or parcel of land situate in the SW ¼ of Section 29, T.10N., R.22E., M.D.M., and shown on RECORD OF SURVEY, Document NO. 528949, and more particularly described as follows:

Commencing at a GLO brass cap located at the southwest corner of said section 29, as shown on Document No. 528949, thence South 89°58'00" East 696.51 feet; thence North 06°45'38" West, 578.41 feet to the TRUE POINT OF BEGINNING, thence through the following courses;

1. North 11°40'48" West, 100.09 feet;
2. North 13°45'00" West, 300.00 feet;
3. North 16°20'23" West, 99.94 feet;
4. North 90°00'00" East, 300.00 feet to a point on a curve on the westerly Right-of-Way of U.S. 395, said curve is concave westerly having a radius of 4425.00 feet and a tangent bearing of South 17°01'57" East;
5. Southerly along said curve through a central angle of 06°28'27" and an arc length of 500.00 feet;
6. North 90°00'00" West, 299.48 feet to the point of beginning.

AREA = 3.36 +/- ACRES

The Bearing of North 89°58'00" West, along the South line of Section 29 as shown on Document No. 528949 was used as the Basis of Bearings for this description.

Per NRS 111.312- The Legal Description above appeared previously in that Quit Claim Deed recorded on August 6, 2008, as Document No. 0728048 in Douglas County Records, Douglas County, Nevada.

EXHIBIT "B"

NON-EXCLUSIVE COMMERCIAL DRIVEWAY EASEMENT

A Non-Exclusive Commercial Driveway Easement located within a portion of the Southwest one-quarter (SW1/4) of Section 29, Township 10 North, Range 22 East, Mount Diablo Meridian, Douglas County Nevada, described as follows:

Commencing at the Northwest corner of Assessor's Parcel No. 1022-29-401-002 as shown on that Record of Survey for Beulah Kay Devenpeck as recorded in Book 1101, at Page 9811, as Document No. 528949, Douglas County, Nevada, Recorders Office, from which the Southwest corner of Section 29 T.10N., R.22E., M.D.M. bears South 47°35'31" West, 851.10 feet, as shown on said Record of Survey, Document No. 528949;

thence along the North line of said A.P.N. 1022-22-401-002 East, 178.48 feet to THE POINT OF BEGINNING;

thence continuing on said North line, East, 121.00 feet to the Westerly right-of-way line of U.S. Highway 395 per said Record of Survey;

thence along said right-of-way along the arc of a curve to the right, non-tangent to the preceding course, having a delta angle of 00°44'00", radius of 4,425, arc length of 56.64 feet and a chord bearing of South 10°11'30" for a distance of 56.64 feet;

thence radial to the preceding curve, South 80°10'30" West, 119.59 feet;

thence North 09°49'30" West, 77.29 feet to THE POINT OF BEGINNING, continuing 7,997 square feet, more or less.

The Basis of Bearing of this description is identical to that Record of Survey for Beulah Kay Devenpeck, Document No. 528949.

Per NRS 111.312- The Legal Description above appeared previously in that Quit Claim Deed recorded on August 6, 2008, as Document No. 0728048 in Douglas County Records, Douglas County, Nevada.

APN: 1022-29-401-001

Property Address: 1962 S Hwy 395, Topaz, NV

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF KERN

PUBLIC HEALTH SERVICES DEPARTMENT

1800 MT. VERNON AVE., BAKERSFIELD, CALIFORNIA 93306-3302

3052022052347

CERTIFICATE OF DEATH

3202215001155

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITEDITS OR ALTERATIONS VS-11 (REV 3/06)			LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT - FIRST (Given) BERNARD		2. MIDDLE -		3. LAST (Family) ALLEN			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 12/20/1933	5. AGE Yrs. 88	6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER 2261		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/GRDP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (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) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 02/27/2022	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FIRE FIGHTER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FIRE DEPARTMENT			19. YEARS IN OCCUPATION 17		
20. DECEDENT'S RESIDENCE (Street and number, or location) 6400 WOFFORD BLVD.							
21. CITY WOFFORD HEIGHTS		22. COUNTY/PROVINCE KERN		23. ZIP CODE 93285		24. YEARS IN COUNTY 43	
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6400 WOFFORD BLVD., WOFFORD HEIGHTS, CA 93285					
28. NAME OF SURVIVING SPOUSE/GRDP - FIRST MARGARET		29. MIDDLE JOANN		30. LAST (BIRTH NAME) FISCHEL			
31. NAME OF FATHER/PARENT - FIRST ALBERT		32. MIDDLE PATRICK		33. LAST ALLEN		34. BIRTH STATE IRELAND	
35. NAME OF MOTHER/PARENT - FIRST ROSE		36. MIDDLE -		37. LAST (BIRTH NAME) RABINOWITZ		38. BIRTH STATE NY	
39. DISPOSITION DATE mm/dd/yyyy 03/04/2022		40. PLACE OF FINAL DISPOSITION HILLSIDE MEMORIAL PARK 6001 W. CENTINELA AVENUE, LOS ANGELES, CA 90045					
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT HILLSIDE MEMORIAL PARK MORTUARY		45. LICENSE NUMBER FD1358		46. SIGNATURE OF LOCAL REGISTRAR ▶ KRIS LYON, MD		47. DATE mm/dd/yyyy 03/03/2022	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ED/OP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other			
104. COUNTY KERN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6400 WOFFORD BLVD.				106. CITY WOFFORD HEIGHTS	
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 ventilator liberation without knowing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST (B) PROSTATE CANCER WITH METASTASIS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO INTERVIEW NUMBER		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CONGESTIVE HEART FAILURE, DIABETES MELLITUS TYPE II		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: <input type="checkbox"/> Attended Since <input type="checkbox"/> Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER ▶ TODD ALLEN FARRER, MD		116. LICENSE NUMBER A60156		117. DATE mm/dd/yyyy 03/03/2022	
(A) mm/dd/yyyy 12/10/2021		(B) mm/dd/yyyy 02/25/2022		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE TODD ALLEN FARRER, MD 7702 MEANY AVENUE, SUITE 105, BAKERSFIELD, CA 93308			
118. 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		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy		121. HOUR (24 Hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
125. SIGNATURE OF CORONER / DEPUTY CORONER				126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED
COUNTY OF KERN

MAR 11 2022



000815530

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.

KRIS LYON, M.D.
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



CAKERN - 01