

ASSESSOR'S PARCEL NO. 1318-23-213-005

WHEN RECORDED MAIL TO:

JODI PHILLIPS
VAUGHT & BOUTRIS LLP
7677 OAKPORT ST., SUITE 1140
OAKLAND, CA 94621

MAIL TAX NOTICES TO:

LESLIE ROSINE, TRUSTEE
P.O. BOX 3333
DANVILLE, CA 94526

Affidavit of Successor Trustee

The undersigned LESLIE ROSINE, of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. GERALDINE R. ROSINE is named as Trustee under that certain Geraldine R. Rosine 2009 Revocable Living Trust UDT January 28, 2009, as to an undivided 70% interest and The Exemption Trust of the R&G 1993 Family Trust UDT dated February 1, 1993, as to an undivided 30% interest (together herein, the "Trust").

2. GERALDINE ROSE ROSINE, also known as GERALDINE R. ROSINE, died on September 25, 2021, and is the decedent named in that particular Certificate of Death attached hereto and made a part hereof.

3. GERALDINE R. ROSINE is the same person named as a trustee grantee in that particular deed recorded as Document No. 2016-878769, on March 31, 2016, in the office of the Recorder of Douglas County, Nevada.

4. LESLIE ROSINE is designated as the successor trustee under the Trust, to serve upon the death of GERALDINE R. ROSINE. The Trust was in effect at the date of the death of GERALDINE R. ROSINE and has not been revoked. LESLIE ROSINE has consented to act as trustee under the Trust.

Leslie D Rosine
LESLIE ROSINE

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.

ACKNOWLEDGMENT

State of California)
County of SAN MATEO)

On MAY 4, 2022 before me, EMIL P. SHETH, NOTARY
personally appeared LESLIE ROSINE, who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed
to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the
entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)

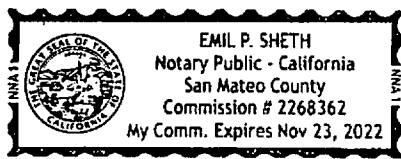
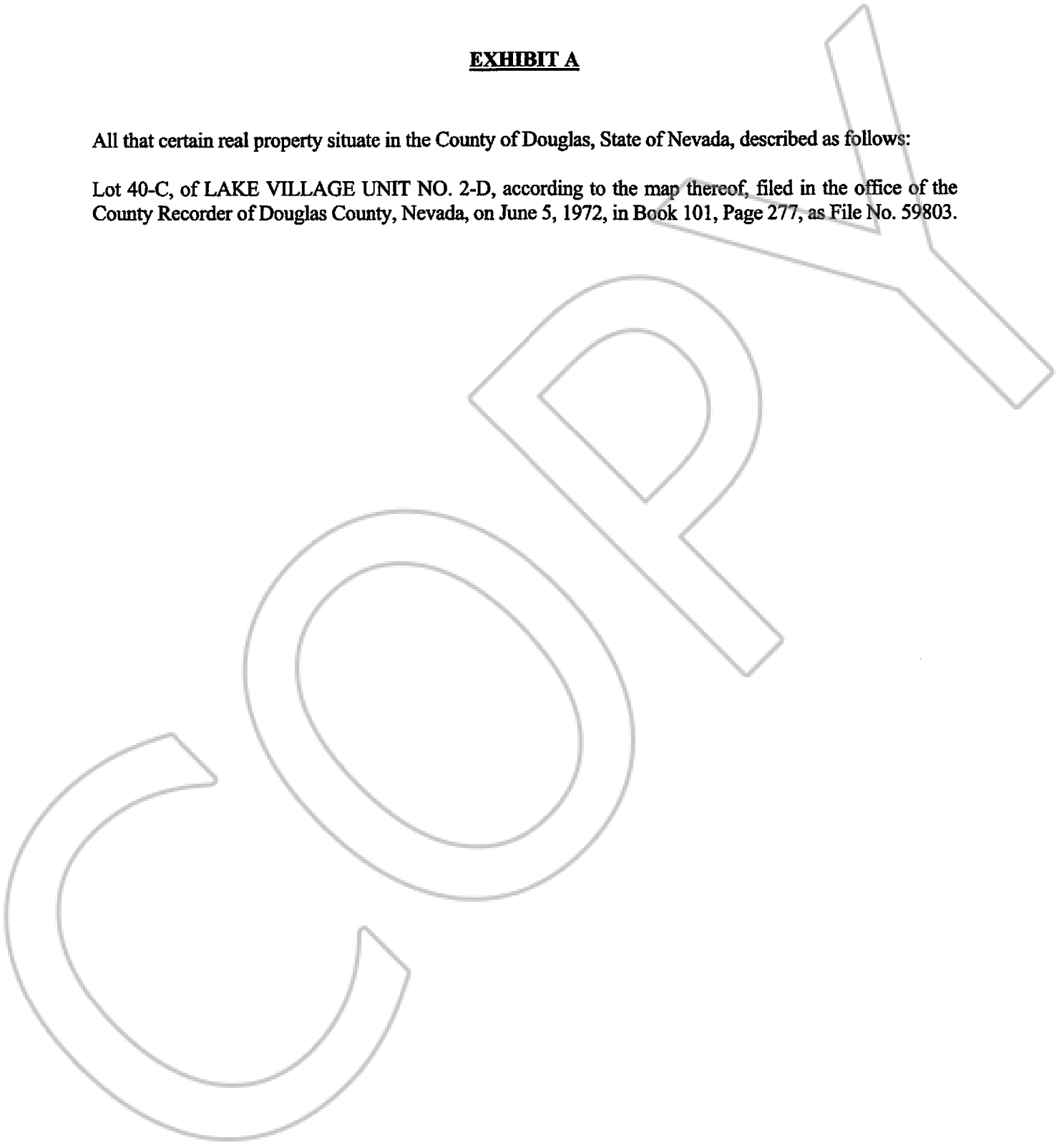


EXHIBIT A

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

Lot 40-C, of LAKE VILLAGE UNIT NO. 2-D, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on June 5, 1972, in Book 101, Page 277, as File No. 59803.



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

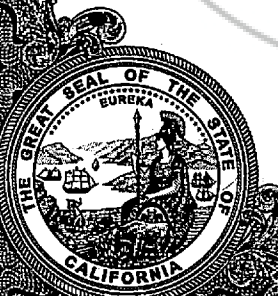
COUNTY OF CONTRA COSTA
 MARTINEZ, CALIFORNIA

3052021247950

CERTIFICATE OF DEATH

3202107006508

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
GERALDINE		ROSE		ROSINE	
4. DATE OF BIRTH mm/dd/yyyy					
05/16/1927					
5. AGE Yrs.		6. UNDER ONE YEAR		7. UNDER 10 HOURS	
94		Months Days		Hours Minutes	
8. SEX					
F					
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
WA		-1284		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/GROUP (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hour)	
WIDOWED		09/25/2021		1653	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
BROKER		REAL ESTATE		55	
20. DECEDENT'S RESIDENCE (Street and number, or locality)					
175 CLEVELAND ROAD					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
PLEASANT HILL		CONTRA COSTA		94523	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
55		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
DEBRA ANN JOHNSON, DAUGHTER					
27. INFORMANT'S MAILING ADDRESS (Street and number, or next state number, city or town, state and zip)					
4055 LARNER WAY, PLUMAS LAKE, CA 95961					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
-		-		-	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
GERALD		A		SIRGINSON	
34. BIRTH STATE		35. BIRTH STATE			
WA		WA			
36. NAME OF MOTHER/PARENT - FIRST		37. MIDDLE		38. LAST (BIRTH NAME)	
HELEN		C		BYE	
39. BIRTH STATE		39. BIRTH STATE			
WA		WA			
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)			
RESIDENCE OF DARE EDWARD GREEN		CREMATE/RESIDENCE			
16401 SAN PABLO AVENUE #344, SAN PABLO, CA 94806		42. SIGNATURE OF EMBALMER			
10/07/2021		NOT EMBALMED			
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
-		NEPTUNE SOCIETY OF NORTHERN CALIFORNIA		FD1354	
46. DATE mm/dd/yyyy		47. DATE mm/dd/yyyy			
-		10/07/2021			
48. PLACE OF DEATH		49. IF HOSPITAL, SPECIFY ONE			
CHATEAU III		<input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality)		106. CITY	
CONTRA COSTA		175 CLEVELAND ROAD		PLEASANT HILL	
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 showing the etiology. DO NOT ABBREVIATE.					
CEREBRAL ATHEROSCLEROSIS					
108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?			
(A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
110. BIOPSY PERFORMED?		111. BIOPSY PERFORMED?			
(A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
112. USED IN DETERMINING CAUSE?		113. USED IN DETERMINING CAUSE?			
(A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107)					
NONE					
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.)					
NO					
116. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		118. SIGNATURE AND TITLE OF CERTIFIER		119. LICENSE NUMBER	
(A) mm/dd/yyyy (B) mm/dd/yyyy		TONY ZUNG, MD		A105940	
05/19/2021 09/25/2021		355 LENNON LANE STE# 150, WALNUT CREEK, CA 94598		09/29/2021	
120. 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					
121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
122. INJURY DATE mm/dd/yyyy 123. HOUR (24 Hour)					
124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
126. LOCATION OF INJURY (Street and number, or locality, and city and state)					
127. SIGNATURE OF CORONER / DEPUTY CORONER		128. DATE mm/dd/yyyy		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
-		-		CHRISTOPHER FARNITANO, MD	



CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED 10/15/2021

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



Chris Farnitano
 CHRISTOPHER FARNITANO, MD
 COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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