DOUGLAS COUNTY, NV Rec:\$40.00 Total:\$40.00

2022-988331 08/11/2022 02:44 PM

AMANDAG. WHEELER, APC

Pgs=6

: <b>51 M A D G IN 21 M A C IN 12 M A C I</b> N 14 A C IN 14 A
APN# 14/20 - 33 - 710 - 011 00158405202209883310060060
Recording Requested by/Mail to: KAREN ELLISON, RECORDER
Name: Law Offices of Amenda G. Wheeler
Address: 4848 Lakeview Ave. Ste. A
Name: Law Offices of Amenda G. Wheeler  Address: 4848 Lakeview Ave., Ste. A  City/State/Zip: Yorba Linda, CA 92886
Mail Tax Statements to:
Name: Andrea Roberts
Address: 2963 Veranda Ln.
City/State/Zip: Corona, CA 92882
Title of Document (required)
(Only use if applicable)
The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)
Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
Judgment – NRS 17.150(4)
Military Discharge – NRS 419.020(2)
St Ent
Signature
Steven Suntos
Printed Name
This document is being (re-)recorded to correct document #, and is correcting

## RECORDING REQUESTED BY AND MAIL TAX STATEMENTS TO:

Andrea Roberts 2963 Veranda Ln. Corona, Ca 92882

### WHEN RECORDED, MAIL TO:

Law Offices of Amanda G. Wheeler, A Professional Corporation 4848 Lakeview Ave., Suite A Yorba Linda, CA 92886

SPACE ABOVE THIS LINE FOR RECORDER USE

#### AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA, County of Douglas:

I, Andrea Lee Roberts, of legal age, being duly sworn, say:

On April 21, 2017, Philip A. Smith ("Decedent"), as settlor and trustee, by a Declaration of Trust, created The Philip A. Smith Family Trust, dated April 21, 2017. The trust shall hereafter be referred to as the "Trust."

On April 21, 2017, the settlor executed a Trust Transfer Deed, recorded on May 10, 2017, as document number 2017-898450 in the office of the Douglas County Recorder, conveying to Philip A. Smith, as trustee of the Trust, the hereinafter described real property.

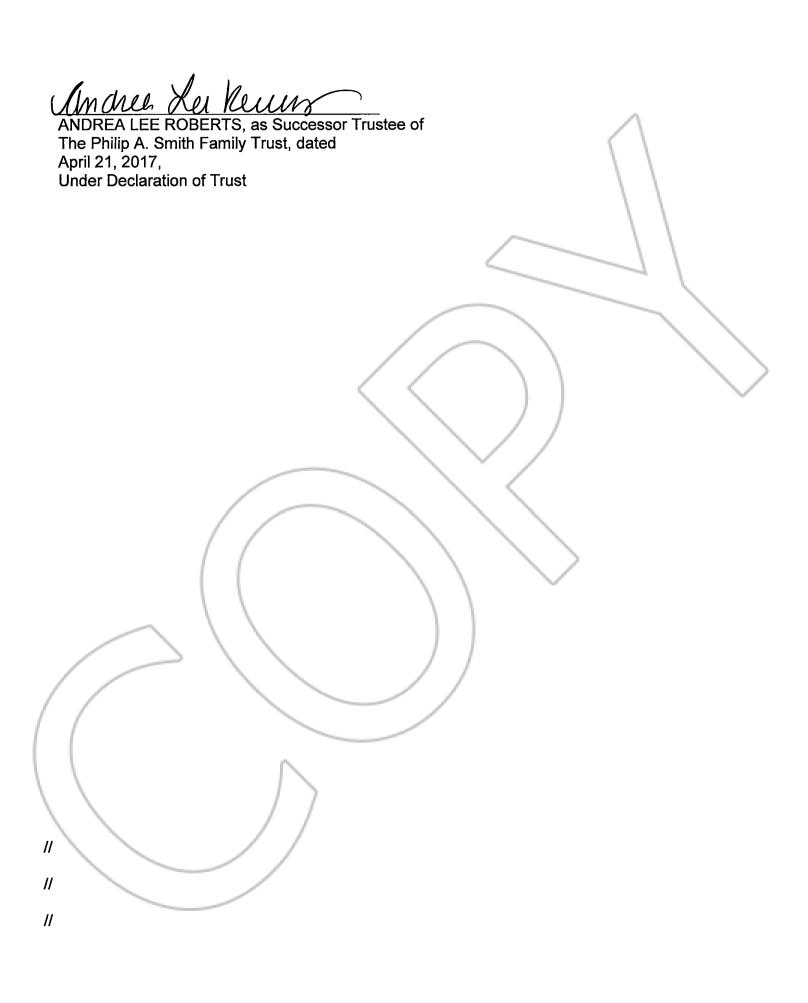
On January 8, 2022, the Trustee, the same person as the Decedent mentioned in the certified copy of Certificate of Death, died;

The Trust provides that Andrea Lee Roberts thereupon became the Successor Trustee of the Trust, and having accepted the office of Trustee, is now qualified and acting Trustee of said Trust;

For a description of the above mentioned properties, See Exhibit "A", attached hereto and made a part hereof by reference.

Assessor's Parcel No.: 1420-33-710-011

Dated: July 25, 2022



#### **JURAT**

A notary public or other officers 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 Orange )

Subscribed and sworn to (or affirmed) before me on this 25<sup>th</sup> day of July 2022, by Andrea Lee Roberts, proved to me on this basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

Seal:

CAMILLE CABALLERO
COMM. #2349041
Notary Public - California
Orange County
My Comm. Expires Mar. 24, 2025

## **EXHIBIT 'A'**

## **LEGAL DESCRIPTION**

Lot 11 In Block a as set forth on the final map of Anderson Village, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 31, 1989, in Book 889 of Office records, at Page 4542 as Document No. 209869

Assessor's Parcel No: 1420-33-710-011

Commonly known as: 2670 Ballard Lane, Minden, Nevada 89423





# **COUNTY OF RIVERSIDE**

## RIVERSIDE, CALIFORNIA

3052022013237		CER	CERTIFICATE OF DEATH			3202233000819	
STATE FILE NUMBER			STATE OF CALEFORNA  USE BLACK BIX 00:17 / NO ERASIDES WHITEOUTS OR ALTERATIONS VS-11 (REV 2:06)		LOCAL REGISTRATIO	LOCAL REGISTRATION NUMBER	
	1 NAME OF DECEDENT-FIRST (GIVEN) PHILIP	2. MIDDLE ALVIN		3 LAST (Family) SMITH	\	\	
DATA	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, L	AST)	4. DATE OF	BIRTH mm/dd/ccyy 5. AGE Yn	IF UNDER ONE YEAR	FUNDER 24 HOURS 6. SEX	
NAL	L		06/01/			tours Manufes M	
DECEDENT'S PERSONAL DATA	CA 3	127 YE	3 X NO UNK	2. MARITAL STATUS/SRDP (AI TIME O DIVORCED	01/08/2022	0500	
SEDENT	13. ENUCATRIN - Hoyest Leve/Topper (Leve/Topper) 4/15 WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (g yes, see worksheet on back) 15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) 2 ND CAUCASIAN						
Ä	17. USUAL OCCUPATION - Type of work for most of life DO N LONGSHOREMAN	\$	I, KIND OF BUSINESS OR INC LWU	ÚSTRY (e.g., grocery store, road co	instruction, employment agency, as	19. YEARS IN OCCUPATION 52	
IL NCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 914 GOODHOPE PLACE	1				1	
USUAL RESIDENCE	21, CITY SAN PEDRO	LOS ANGELES	23. ZIP C 9073	2 65	CA	The state of the s	
INFOR-	28. INFORMANT'S MAME, RELATIONSHIP ANDREA ROBERTS, DPOA AGENT 2963 VERANDA LANE, CORONA, CA 92882						
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST	29MÍĎDLE		30. LAST (BIRTH NAME)	/	1	
	31. NAME OF FATHER/PARENT-FIRST ALVIN	32. MIDDLE WALLACE		33. LAST SMITH		34, BIRTH STATE	
	35. NAME OF MOTHER/PARENT-FIRST	36, MIDDLE	1	37 LAST (BIRTH NAME)		MA 38. BIRTH STATE	
	RITA  39. DISPOSITION DATE mm/dd/ccyy 40. PLACE OF FINAL	CAMILLE GREEN F	III I S MEMORIA	COPE PARK	<del></del>	CA	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	01/31/2022 27501 SOL	JTH WESTERN AV	VENUE, RANCH	O PALOS VERDE	S, CA 90275	43 LICENSE NUMBER	
RAL DIA AL REGI	BURIAL	▶ DA	NIEL ANTUNEZ	767	<b>E</b>	EMB9691	
FUNE	44 NAME OF FUNERAL ESTABLISHMENT GREEN HILLS MORTUARY & MI CHAPEL INC	EMORIAL FD11		FREY LEUNG, M		47 DATE mm/dd/ccyy 01/25/2022	
P =	BROOKDALE ASSISTED LIVING	- HOSPICE	- 1 <del></del>	HOSPITAL SPECIFY ONE 1	03. IF OTHER THAN HOSPITAL, S Hospice Home/LTG	Decedent's X Other	
PLACE OF DEATH	TO COUNTY 105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) RIVERSIDE 2005 KELLOGG AVENUE						
		nts - 1 diseases injunes, or complicational rest, or ventraliar fibrillation			h Timp th'enval Babween Onser and Death (AT)	YES X NO	
	(Final disease or condition resulting and eath)				MOS	109, BIOPSY PERFORMED?	
ı.	(B) HYPERTENSIVE H	EART DISEASE	\	\	MOS	YES X NO	
E OF DEATH	teading to cause (C) on Line A. Enter UNDERLYING		/	\	(CT)	110. AUTOPSY PERFORMED? YES X NO	
USEO	CAUSE (disease or injury that militated the events (D)- resulting in death) LAST	· · · · · · · · · · · · · · · · · · ·		<del> </del>	(TO)	111 USED IN DETERMINING CAUSE?	
ชี	TIZE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107  NONE						
***************************************	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN	ITEM 107 OR 1127 (If yes, list type	of operation and date )	/	1134 1	FEMALE, PREGNANT #1 LAST YEAR?	
	NO  114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUR.	ora I	/ /	7	🗆	YES NO UNK	
CATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUR. AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.  Decedent Altended Since Decedent Last Seen Alive	▶MICHAEL S	BASCH, MD	F	A62314	01/25/2022	
PHYSICIAN'S CERTIFICATION	(A) mm/dd/ccyy (B) mm/dd/ccyy 08/15/2021 01/08/2022	No.	SICIAN'S NAME, MAILING AL ESTER RD # 10	DRESS, ZIP CODE MICHAI 1, TEMECULA, CA	EL S BASCH, MD \$ 92590		
	119, I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR MANNER OF DEATH Natural Accident. Hor	Ponds	ng Could not be	120 INJURED AT WORK?	UNK 121 INJURY DATE on	m/od/ccyy 122, HOUR (24 Hours)	
NLY	123 PLACE OF BUILTRY (e.g., home, construction sife, wooded great, etc.)						
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in many)						
ONER	125 LOCATION OF INJURY (Street and number, or location, and city, and 2:p)						
8	126 SIGNATURE OF CORONER / DEPUTY CORONER   127, DATE mm/dd/coyy   128, TYPE NAME, TITLE OF CORONER / DEPUTY CORONER						
· .	126 SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy	128. ITTE NAME, ITTLE OF CO	NONER / DEPUTY CORONER	( '	
STAT REGIST		D E	HITTER DOTH HITTER DOTH HOLD HIS	COLORE CENTRO DE COMENZANTO	FAX AUTH,#	CENSUS TRACT	
		COPY OF VITA		DASSARDOD 1	·		

COUNTY OF RIVERSIDE SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, S. II. Experiment of Public Health.

Dr. Geoffrey Leung, M.D., Ed.M., County Health Officer. RIVERSIDE COUNTY, CALIFORNIA

\*002044138\*

DATE ISSUED Feb 10,2022 This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.