

WHEN RECORDED MAIL TO:  
Andrew Scott Bullock Successor Trustee  
of The Folker Family Trust, dated  
November 16, 1998  
25111 Monte Verde Dr  
Laguna Niguel, CA 92677

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).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02203390-RLT

APN No.: 1219-03-001-072

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of Douglas }

Andrew Scott Bullock, being duly sworn, deposes and says:

1. Bruce C Folker, the decedent mentioned in attached copy of Certificate of Death, is the same person as Bruce C Folker, Trustee of The Folker Family Trust dated November 16, 1998 named as one of the trustee(s) in that certain Quit Claim Deed dated 10/24/2012, executed by Bruce C Folker, a single man to Bruce C Folker, Trustee of the Folker Family Trust Dated November 16, 1998, recorded on 10/25/2012 as instrument number 811485, 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, Andrew Scott Bullock, 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: 8.17.22

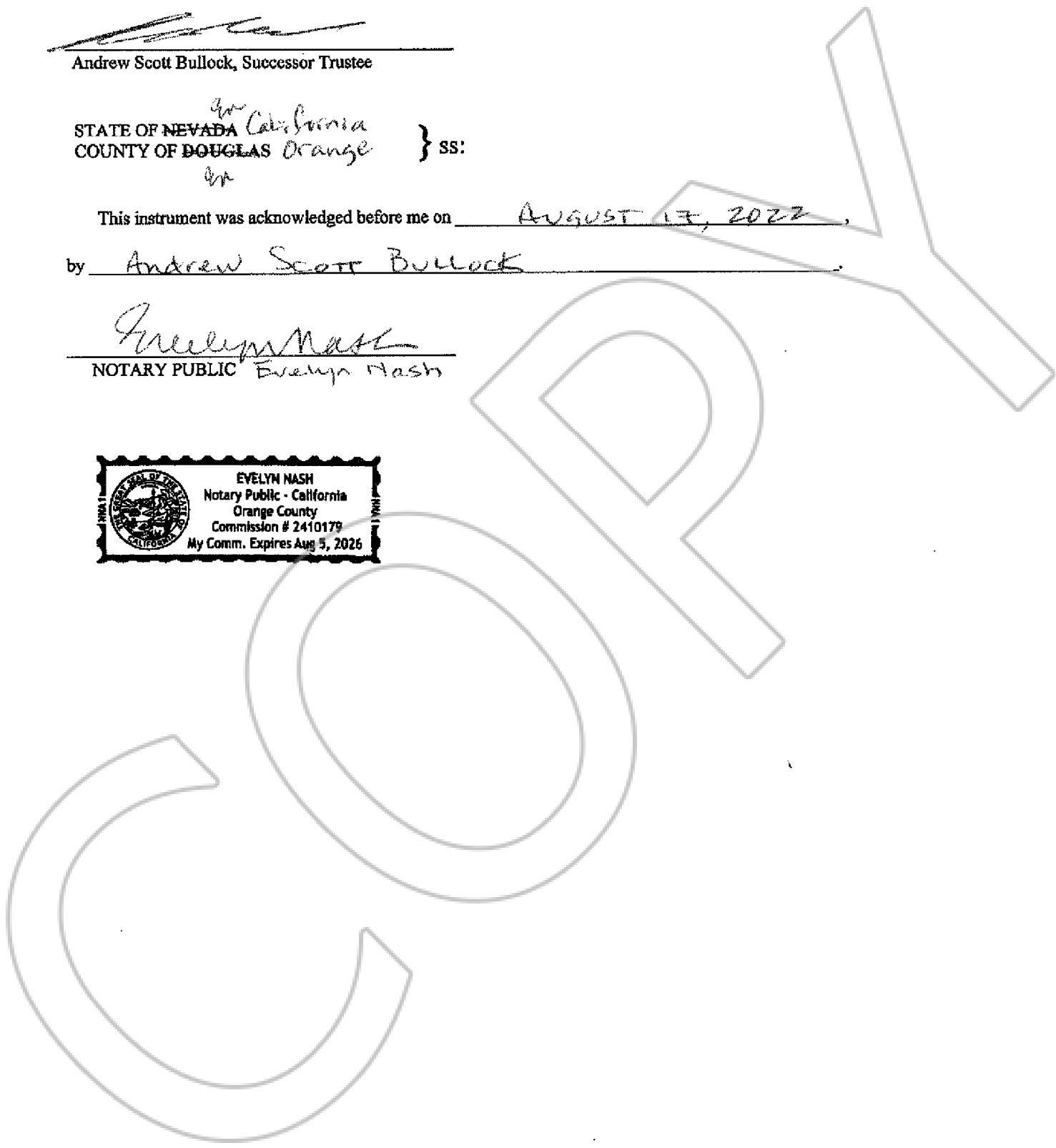
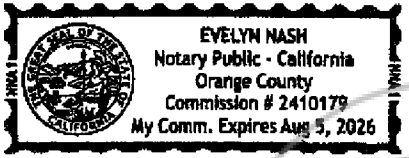
[Signature]  
Andrew Scott Bullock, Successor Trustee

STATE OF ~~NEVADA~~ <sup>California</sup> }  
COUNTY OF ~~DOUGLAS~~ <sup>Orange</sup> } SS:  
<sub>or</sub>

This instrument was acknowledged before me on AUGUST 17, 2022,

by Andrew Scott Bullock

[Signature]  
NOTARY PUBLIC Evelyn Nash



Order No.: 02203390-RLT

EXHIBIT A

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

Parcel 4-B as shown on the Record of Survey in Support of a Boundary Line Adjustment for The Folker Family Trust U/A dated November 16, 1988 and The Yturbide 1991 Family Trust dated August 1, 1991, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 23, 2002, in Book 1022, Page 10422, as File No. 555704, Official Records, being more particularly described as follows:

All that property situate in the County of Douglas and State of Nevada described as: A parcel of land located within a portion of the North one-half (N 1/2) of Section 3, Township 12 North, Range 19 East, Mount Diablo Meridian, described as follows: A portion of Parcel 4B, as shown on that Parcel Map for The Estate of Duane Myron Allerman, filed for record November 6, 1986, in Book 1186, at Page 711, as Document No. 144743, in the Official Records of Douglas County, Nevada more particularly described as follows: Beginning at the Southwest corner of said Parcel 4B; Thence along the westerly line of said Parcel 4B, North 00°04'5" East, 252.73 feet; Thence North 65°21'29" East, 128.49 feet to a point on the easterly line of said Parcel 4B; Thence along said easterly line, South 24°44'40" East, 249.14 feet to the southeast corner of said Parcel 4B; Thence along the southerly line of said Parcel 4B, South 70°07'20" West 235.40 feet to the point of beginning, containing 43,967 square feet, or 1.01 acres, more or less. The Basis of Bearing of this description is the bearing North 00°04'5" East along the west line of Parcel 4B, as shown on that Parcel Map for The Estate of Duane Myron Allerman, filed for record November 6, 1986, in Book 1186, at Page 711, as Document No. 144743, in the Official records of Douglas County, Nevada.

APN: 1219-03-001-072

Note: Document No. 811485 is provided pursuant to the requirements of Section 6.NRS 111.312.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4274525

**CERTIFICATE OF DEATH**

2022008720  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Bruce Charles FOLKER		2. DATE OF DEATH (Mo/Day/Year) March 19, 2022		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) 1330 Old Foothill Road		3e. If Hosp. or Inst. indicate OOA, OP/Emer. Rm. (inpatient)(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7. AGE-Last birthday (Years) 98	
	7a. UNDER 1 YEAR MOS		7b. UNDER 1 YEAR DAYS		7c. UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 22, 1923		9a. STATE OF BIRTH (If not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
	13. SOCIAL SECURITY NUMBER [REDACTED] 0152		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Car Wash	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
PARENTS	15d. STREET AND NUMBER 1330 Old Foothill Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT -NAME (First Middle Last Suffix) Arnold FOLKER	
	17. MOTHER/PARENT -NAME (First Middle Last Suffix) Annabelle		18a. INFORMANT - NAME (Type or Print) Andy BULLOCK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 25111 Monte Verde Drive Laguna Niguel, California 92677	
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY -NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>B A BOTTENBERG DO</b> SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
	21b. DATE SIGNED (Mo/Day/Yr) March 23, 2022		21c. HOUR OF DEATH 13:48		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) B A Bottenberg DO -4095 North Carson Street Carson City, NV 89706			23b. LICENSE NUMBER DO674		
REGISTRAR	24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 05, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
	PART I					Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
	(b) <b>Natural Causes</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
	(c) <b></b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
	(d) <b></b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Atherosclerotic Vascular Disease, Severe Lumbar Spinal Stenosis					26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		
28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No		28h. CITY OR TOWN		
28i. STATE						



**CERTIFIED COPY OF VITAL RECORDS**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 4/7/2022

*[Signature]*  
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

