**DOUGLAS COUNTY, NV** 

Rec:\$40.00

\$40.00 Pgs=4

2022-989925

09/21/2022 08:42 AM

U.S. DEEDS

KAREN ELLISON, RECORDER

#### ASSESSOR'S PARCEL NO. <u>1418-10-810-012</u>

#### WHEN RECORDED MAIL TO:

TAYLOR B. BARR LOEB & LOEB, LLP 10100 SANTA MONICA BLVD. SUITE 2200 LOS ANGELES, CA 90067

#### MAIL TAX NOTICES TO:

THE NORTHERN TRUST COMPANY OF DELAWARE 1313 N. MARKET STREET, SUITE 5300 WILMINGTON, DE 19801

#### **Affidavit of Successor Trustee**

The undersigned Gregory Wood, as Senior Vice President of THE NORTHERN TRUST COMPANY OF DELAWARE, of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- 1. THE NORTHERN TRUST COMPANY OF DELAWARE is named as Trustee under that certain David and Joan Traitel Trust UTD dated May 7, 1980, as amended (herein, the "Trust").
- 2. DAVID T. TRAITEL, also known as DAVID THEODORE TRAITEL, died on OCTOBER 31, 2020, and is the decedent named in that particular Certificate of Death attached hereto and made a part hereof.
- 3. DAVID T. TRAITEL is the same person named as a trustee grantee in that particular deed recorded in Book 1198, Page 3223, on November 16, 1998, in the office of the Recorder of Douglas County, Nevada.

### SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

4. THE NORTHERN TRUST COMPANY OF DELAWARE is designated as the successor trustee under the Trust, to serve upon the death of DAVID T. TRAITEL. The Trust was in effect at the date of the death of DAVID T. TRAITEL and has not been revoked. THE NORTHERN TRUST COMPANY OF DELAWARE has consented to act as trustee under the Trust.

DATE 9/12/2022

THE NORTHERN TRUST COMPANY OF DELAWARE. Trustee under the DAVID AND JOAN TRAITEL FAMILY TRUST dated May 7, 1980, as amended

By: Gregory Wood 11s: Senior Vice President

STATE OF **COUNTY OF** 

This instrument was acknowledged before me on  $\frac{9/12/2027}{2027}$ , by Gregory Wood as Senior Vice President of THE NORTHERN TRUST COMPANY OF DELAWARE. Trustee, under the DAVID AND JOAN TRAITEL FAMILY TRUST dated May 7, 1980, as amended.

Affix Notary Seal inside this box or document is unrecordable.

JACQUELINE MARIE COMBS NOTARY PUBLIC State of Delaware My Commission Expires on Sep. 2, 2023 Coulesie Marie Combo Notary Public

## **EXHIBIT A**

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 39 as shown on the map of Glenbrook Unit No. 1, filed in the office of the recorder of Douglas County, Nevada, on June 1, 1977, as Document No. 09693.



# STATURDE CALABORDER

# **COUNTY OF RIVERSIDE**

RIVERSIDE, CALIFORNIA

	3052020250321	CERTIFICATE OF DEATH STATE OF ALIPSIANA USE BLACK NK OLY / HO ENSURES, WHITEOUTS OR ALTERATIONS  - USE BLACK NK OLY / HO ENSURES, WHITEOUTS OR ALTERATIONS			3202033016265	
	STATE FILE NUMBER  1. NAME OF DECEDENT—FIRST (Given)	2. MIDDLE		3. LAST (Family)	LOCAL REGISTRATION	NUMBER
DECEDENT'S PERSONAL DATA	DAVID	THEODORE	1	TRAITEL	1	. \
	AKA. ALBO KNOWN ÁS - Ínclude full AKÁ (FIRST, MIDÖLE, LASÍ)		07/08/1933 87 **		F CHIDEFI DINE YEAR IF & Landia Daya Mo	Minutes M. SEX
	B. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NU NY -5800:	X YES NO [	_ wx MARR		10/31/2020	0614
CEDENT	19. EDUCATION: Highest Level/Depret   AVID. WRETDECEDENT HISP-SMPCLARROQA/SEASHIY 31/20s, see variablest on Javid,   MASTER'S   YES   XX   No   CAUCASIÁN   CAUCAS					
	17. USUAL OCCUPATION - Type of work for most oil file. DO NOT USE RETIRED  19. YEARS IN OCCUPATION  19. YEARS IN OCCUPATION  47.					
- USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 47795 CANYON COURT					
		RSIDE	23. ZIP GODE 92210	24. YEARS IN COUNT 13	CA	
INFOR-	JOAN TRAITEL, SPOUSE 47795 CANYON COURT, INDIAN WELLS, CA 92210					
PARENT INFORMATION	JOAN	32, MIDDLE	187	RNER		34, BIRTH STATE
	DAVID	SALISBURY SE MIGDLE	TRA	ITEL (BRITH NAME)		NY 38. BIRTH STATE
	ANNAMAE	<sup>ION</sup> RES, JOAN TRAITE	LANI		2	NY
FUNERAL DIRECTOR/ LOCAL REGISTRAR	11/13/2020 47795 CANYON 41. TYPE OF DISPOSITION(S)	COURT, INDIAN WEL	LS, CA 9221	10	a_	49. LICEVSE NUMBĒRĪ
	CR/RES 44. NAME OF FUNERAL ESTABLISHMENT	▶ NOT EMBAL		AL REGISTRAP		47. BATE mm/dd/ccyy
	44 NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMORIAL-PARKS & MORTUARIES 101 PLACE OF DEATH	FD1847	CAMERON 1 102, IF HOSPITAL	KAISER, MD	THER THAN HOSPITAL, SP	11/06/2020 ECIFY DNE
PLACE OF DEATH	RESIDENCE 154 COUNTY   105 FACILITY ADDRESS OF	LOCATION WHERE FOUND (Street and I	البيا النبازا	ERVOP COA HO	epice Norman Home/LTC	X Cacadent's One
5.	RIVERSIDE 47795 CANYON  107. CAUSE OF DEATH Enter the chan of swents or disparents.	ses, interies, or complications — that directly.	caused death. DO NOT a	enter rematal events such		ELLS 08 DEATH PEPCHTED TO CORONER!
CAUSE OF DEATH	as cardiac arred, respiratory arred  A CARDIOPULMONARY A  (Final disease or condition resulting	, or ventricular fibrillation without showing the RREST	refiology: DC NOT ABBI	EMAIR.	Greet and Death (40) MINS.	X vs
	in death)  Sequentially, list conditions, it any.  (6) CEREBROVASCULAR A	CCIDENT			en MINS.	109. BIOPSY PERFORMED?
	leading to cause on the Action United Action United Action United CAUSE (disease or lighty that or	ISEASE			YEARS	YES X NO
	resulting in death) LAST		and the same		(07)	11. USED IN DETERMINING CAUSE?
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PARKINSON'S DISEASE.  113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (8 yes, list type of operation and date).					
	NO STATE OF THE PROPERTY OF TH	SIGNATURE AND TITLE OF CERTIFIER				VES NO UNK A / 117. DATE mm/dd/ccyy
YSICIAN'S	ATTHE HOUR DATE, AND POACE STATED FROM THE CAUSES SOARD	OEL MARK HIRSCHB	ERG, M.D.	<i>50</i> 0	- A40000	44/00/0000
CORONER'S USE ONLY CERT	01/30/2010 08/21/2020 39	000 BOB HOFE DRIV	COULTE	JOEL MAR 02, RANCHO MI NJURED AT WORK?	RAGE, CA 922	:10
	MANNER OF DEATH Natural Accident Monrison 123. PLACE OF INJURY (e.g., forms, construction site, wooded area, sto	Studde Pending C	Could not be determined	YES NO UN		
	124. DESCRIBE HOW INJURY OCCURRED (Events whom resided in Injury)					
	125. LOCATION OF INJURY (Street and number, or location, and city, and	2(p)		<u> </u>		
5	126. SIGNATURE OF CORONER / DEPUTY CORONER   127. DATE mm/65/copy   128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STA	TE A B C D				FAX: AUTHOR	CENSUS TRACT
REGIS.	TRAR	Y OF VITAL REC	*010001004712			
The Real Property lies	GERTINIED COR	TO VITAL REOL	J (313)			

STATE OF CALIFORNIA COUNTY OF RIVERSIDE SS

This is a true and exact reproduction of the document officially tegistered and placed on file by the Riverside University Health System.

Department of Public Health.

\*001867035\*

DATE ISSUED Nov 16,2020

Dr. Cameron Kaiser, M.D., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

