Recording requested by: Glenda Lafleur 1744 Apache Ave South Lake Tahoe, CA 96150

And when recorded, mail to: Glenda Lafleur 1744 Apache Ave South Lake Tahoe, CA 96150

APN: 1420-28-811-034 &-035

DOUGLAS COUNTY, NV Rec:\$40.00

Total:\$40.00

2022-991160 10/27/2022 10:35 AM

WILLIAM CHERRY ASSOCIATES

Pas=5



KAREN ELLISON, RECORDER

### AFFIDAVIT OF DEATH OF TRUSTEE

| State of California | )     |    |
|---------------------|-------|----|
|                     | ) ss. |    |
| County of El borato | )     | h. |

Glenda Lafleur, of legal age, being first duly sworn, deposes and says:

- 1. Ellen Graton LaFortune, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ellen G. LaFortune named as Trustee in the Declaration of Trust dated July 2, 2003 and executed by Ellen G. LaFortune as Settlor and Trustee.
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1356 Stephanie Way, Minden NV 89423 which property is described in a Deed which was executed by Ellen G. LaFortune as Grantor on July 2, 2003 and recorded as Instrument No. 2003-585410, in Book 0803, Page 1479, of Official Records of Douglas County, Nevada.
  - The legal description of said property is as follows:

See Exhibit "A" attached hereto and made a part hereof

- 4. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1354 Stephanie Way, Minden NV 89423 which property is described in a Deed which was executed by Ellen G. LaFortune as Grantor on July 2, 2003 and recorded as Instrument No. 2003-585411, in Bok 0803, Page 1480, of Official Records of Douglas County, Nevada.
  - 5. The legal description bf said property is as follows:

See Exhibit "B" attached hereto and made a part hereof

- 6. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
- 7. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above. I declare under penalty of perjury, under the laws of the State of Nevada that the foregoing is true and correct.

Dated CO

(Signature)
Glenda Lafleur



# **EL DORADO COUNTY**

PLACERVILLE, CALIFORNIA

|                                      | CERTIFICATE OF DEATH 320200900  STATE FILE NUMBER USE BLACK INC ONLY / HO PROJUME / UNBOWN STATE FILE NUMBER LOCAL REGISTRATIO  |   |   |  |  |                      |  |   |                                 | _  |                           |  |          |  |
|--------------------------------------|---|---|---|--|--|----------------------|--|---|---------------------------------|--|---------------------------|--|----------|--|
|                                      | STATE FILE NUMBER  1. NAME OF DECEDENT-FIRST (Given)  |   |   |  | VS-1 M(REV 206)  2. MIDDLE  3. LAST (Family) |                      |  |   |                                 | LOCAL REGIS  | LOCAL REGISTRATION NUMBER |  |          |  |
| ₹                                    | ELLEN   |   |   | GR   | ATON   |                      |  | LA  | FORTUNE                         |  | - \                       | . \  |          |  |
| MAL DA                               | AKA ALSO KNOWN AS - laduda fuli AKA (FIRST, MIDDLE, LAST)   |   |   | AST)   |  |                      | 4. DATE OF<br>11/20/                   |   | 5. AGE Yrs.                     | IF UNDER ONE YEAR  | R IFUN                    | DER 24 HOURS 6. SEX  | _        |  |
| DECEDENT'S PERSONAL DATA             | 9. BIRTH STATE/FOR  |   | 2   | 257  | 11. EVER IN L                                | X № [                | ואא 🔲 אאט 🗸                            | VIDOWE                                      | -                               | 01/17/202  | 20                        | 0630   | 5        |  |
| CEDENT                               | SOME COL  | LEGE [  | YES YES   |  |  | [                    | XÌ∾∣ν                                  | HITE  | ACE - Up to 3 races             |  |                           | \ \  |          |  |
| - a                                  | MANAGEM   | ENT ANA   |   |  |  |                      |  | GOVER                                       | ery store, road constr<br>NMENT | ction, employment ag   | Jancy, etc.)              | 19, YEARS IN OCCUPATION  | NC       |  |
| IAL<br>ENCE                          | 20. DECEDENT'S RESIDENCE (Streat and number, or location) 17744 APACHE AVE.   |   |   |  |  |                      |  |   |                                 | Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner, whic |                           | 7  |          |  |
| RESI                                 | SOUTH LAKE TAHOE EL D   |   |   | EL DORA  | ORADO 96                                     |                      |  | 3150 10                                     |                                 |  | DRÉIGN COL                | The same of the sa | 7        |  |
| INFOR-                               |   |   |   |  |  | ÄKE TÄHÖ             | E, CA                                  | 96150                                       |                                 |  |                           |  |          |  |
| SPOUSE/SRDP AND<br>ARENT INFORMATION | <u> </u>  |   |   | -  | 29, MIDDLE 30 LAST (BIRTH NAME)              |                      |  |   |                                 |  | 34, BIRTH SYATE           |  |          |  |
|                                      | 31. NAME OF FATHER/PARENT-FIRST AUSTIN 35. NAME OF MOTHER/PARENT-FIRST  |   |   | 1  | SUMNER                                       |                      |  | 33. LAST<br>GRATON<br>37. LAST (BIRTH NAME) |                                 |  |                           | MA  38. BIRTH STATE  | _        |  |
| SPOU                                 | KATHREN 39. DISPOSITION DA  |   | 40. PLACE OF FINA                                       | AGN  | ES   | - OFM                |  | FAY   | HIOWE                           |  |                           | MA   |          |  |
| ECTOR/<br>ISTRAR                     | 01/29/2020  |   | 50 GLENA  | LLEN STR   | EET, WI                                      | CHEN                 | DON, M                                 | A 01475                                     |                                 | /  | <del></del> -             | 43. LICENSE NUMBER   |          |  |
| FUNERAL DIRECTORY<br>LOCAL REGISTRAR | TR/BU  44. NAME OF FUNERAL ESTABLISHMENT  |   |   | 42 SIGNATURE OF EMBALMER  DENNIS HAMILTON  45 LICENSE NUMBER   48 SIGNATURE OF LOCAL REGISTRAR |  |                      |  |   | / 50                            | 9  | EMB7935                   | _  |          |  |
| - F                                  | FD1100 NANCY J WILLI  |   |   |  |  |                      | LIAMS, MD                              | •   |                                 | 01/28/2020   | _                         |  |          |  |
| PLACE OF<br>DEATH                    |   | RESIDENCE-HOSPICE DOA Hospics Winning X Occadents Other |   |  |  |                      |  |   | Cocedenia Com                   | <u>.</u>   |                           |  |          |  |
| 7 0                                  | EL DORADO  177. CAUSE OF DEATH  Enter the cheen of invent — cheariest, invent, or complications — that rives by caused death. DO NOT enter terminal events such                                 |   |   |  |  |                      | sou                                    | SOUTH LAKE TAHOE                            |                                 |  |                           |  |          |  |
|                                      | IS Excede main regardory area, or verificate for tailors without showing the elicitory. DO NOT ABBREVIATE    MMEDIATE CAUSE   IA CEREBROVASCULAR DISEASE   Final disease of condition resulting |   |   |  |  |                      |  | Onset and<br>(AT)<br>2 YR                   | d Death                         | YES X NC   |                           |  |          |  |
| Ξ                                    | in dauta) Soquentally ist Conditions if any.  |   |   |  |  |                      |  | /   |                                 | 5 YR   | s                         | 09. BIOPSY PERFORMEO?  YES X NO.  10. AUTOPSY PERFORMED?   |          |  |
| OF DEATH                             | leading to cause on Lines & Entir UNDERLYING CAUSE (disease or Fully that   |   |   |  |  | \ \                  |  |   |                                 |  | RS                        | YES X NO.  | <u>。</u> |  |
| CAUSE OF                             | Initialed the events resulting in death) U  | 1   | NS CONTRIBUTING TO                                      | DEATH BUT NOT DE   | CLATING IN THE                               | TIMPERI VIA          | CALISE GIVE                            | N /N 107                                    |                                 | (101)  |                           | YES N  |          |  |
|                                      | NONE  | - N   | I NOITIGNOO YMA KO                                      |  |  |                      |  |   |                                 |  | Tara itt                  | ENALE, PREGNANTIA LAST YEA   | 401      |  |
|                                      | NO  | - N   | NOWLEDGE DEATH OCCU                                     |  | TURE AND TITLE                               |                      | <u>/</u>                               |   |                                 | 118 LICENS   | <u> </u>                  | /ES X NO UN  | ĸ,       |  |
| HYSICIAN'S<br>STIFICATION            | At the HOUR, Date A Decedent Atland (A) mm/dd/ccy   | ND PLACE STATED F<br>ad Since                           | ROW THE CAUSES STATED Decedent Last Seen Alk mm/dd/ccyy | LOTEL  | /ENL! ALI                                    | DENCE                | 0000                                   | KS M.D.                                     | STEVEN                          | 0540   | 205                       | 01/08/0000   | _        |  |
| CERTI                                | 12/23/2019  | 01  | /15/2020  | IPO BC   | 1X 5637,                                     | STATE                | INE, N                                 | V 89449                                     | SIEVEN                          |  |                           | OOKS M.D.  | vers)    |  |
| <b>≻</b> :                           | MANNER OF DEATH   | i Natural   | Accident Ho   | omickie Suic   | Dark.  | 9                    | Could not be datermined                | YES   |                                 | UNK  |                           | -  |          |  |
| USE ONL                              | 123. PLACE OF INJURY (e.g., hame, construction etic, wooded grea, etc.)  124. DESCRIBE HOW INJURY OCCURRED (Events which resulted minjury)  |   |   |  |  |                      |  |   |                                 |  |                           |  |          |  |
| CORONER'S USE ONLY                   |   |   | nd number, or location,                                 | 7  |  |                      |  |   |                                 | · - · · · · · · · · · · · · · · · · · ·  |                           | <del></del>  | _        |  |
| 8                                    | 128 SIGNATURE O   |   |   | /  | <u> </u>                                     | 127. DATE <i>m</i> r | n/dd/ccyy                              | 128. TYPE N                                 | AME, TITLE OF CORO              | DNER / DEPUTY CO   | TONER                     | <del></del>  | 4        |  |
| ٠                                    | <b>)</b>  |   |   | <i>r</i>   |  |                      |  |   |                                 |  |                           |  |          |  |
|                                      | ATE A<br>STRAR  | 8   | С   | D  | E  | 10.001110.950        | 11111111111111111111111111111111111111 | [[]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]      | Birindingthininin               | FAX AUTI   | н.#                       | ÇENSUS TRA   | CT       |  |

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF FL DORADO SS DATI ISSUED 10/12/2022

\* 0 0 0 3 4 0 0 4 1 \*

This is a true and exact reproduction of the document officially registered and placed

\* Unity RECORDER-CLERK

FL DORADO COUNTY RECORDER CLERK
This copy not valid unless prepared on cnorestal border displaying and and signature of County Recorder Clerk
texture and
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

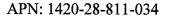
#### EXHIBIT "A"

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

That certain lot, piece or parcel of land situate and being on the SE ¼ of Sec. 28., T. 14 N., Range 20 E., M.D.B. & M., Douglas County, Nevada, further described as follows:

Lot #6, Stephanie, Saratoga Heights, Subdivision #1, Douglas County, Nevada, according to the Official Map thereof, filed in the office of the County Recorder of Douglas County Nevada, May 15, 1961 under file number 17827

Per NRS 111.312, this legal description was previously recorded at Document No. 2003-585410, Book 0803, Page 1479, on 08/05/2003





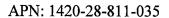
#### **EXHIBIT "B"**

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

That certain lot, piece or parcel of land situate and being on the SE ¼ of Sec. 28., T. 14 N., Range 20 E., M.D.B. & M., Douglas County, Nevada, further described as follows:

Lot #7, Stephanie, Saratoga Heights, Subdivision #1, Douglas County, Nevada, according to the Official Map thereof, filed in the office of the County Recorder of Douglas County Nevada, May 15, 1961 under file number 17827

Per NRS 111.312, this legal description was previously recorded at Document No. 2003-585411, Book 0803, Page 1480, on 08/05/2003





## **CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT**

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 <u>El Dorado</u> On <u>October 21, 2023</u> before m  Date  Public, personally appeared    |   |  |  |  |  |  |
| On October 21, 2023 before m   | ne, Erika D. marston Notary                                     |  |  |  |  |  |
| Date   | Insert Name and Title of the Officer                            |  |  |  |  |  |
| Public, personally appeared  | tenda carieur   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| Name(s) of Signer(s)   |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | ctory evidence to be the person(s) whose name(s) is are         |  |  |  |  |  |
|  | knowledged to me that he/she/they executed the same in          |  |  |  |  |  |
| his/fer/their authorized capacity(ies), and that by his/fer/their signature(s) on the instrument the |   |  |  |  |  |  |
| person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.          |   |  |  |  |  |  |
| Leastify under DENALTY OF DEDILIPY under th  | ne laws of the State of California that the foregoing paragraph |  |  |  |  |  |
| is true and correct.   | le laws of the State of Camornia that the foregoing paragraph   |  |  |  |  |  |
| is true and correct.   | \\\   |  |  |  |  |  |
| WITNESS my hand and official seal.   | ERIKA D. MARSTON  |  |  |  |  |  |
| Notary Public - California   |   |  |  |  |  |  |
| El Dorado County Commission # 2364753  |   |  |  |  |  |  |
| Signature: My Comm. Expires Jul 8, 2025  |   |  |  |  |  |  |
| Signature: (MKM) (M)   |   |  |  |  |  |  |
|  | OPTIONAL  |  |  |  |  |  |
| Though this section is optional, completing this   | information can deter alteration of the document or fraudulent  |  |  |  |  |  |
| attachment of this form to an unintended docume  | nt.   |  |  |  |  |  |
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| Description of Attached Document   | fn of Trustee Document Date:                                    |  |  |  |  |  |
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| / )  | Hidii Named Above.  |  |  |  |  |  |
| Capacity(ies) Claimed by Signer(s)   | Cinn and Name at  |  |  |  |  |  |
| Signers Name:  Corporate Officer – Title(s)  | Signers Name: ☐ Corporate Officer – Title(s)                    |  |  |  |  |  |
| ☐ Partner - ☐ Limited ☐ General  | □ Partner - □ Limited □ General                                 |  |  |  |  |  |
| ☐ Individual ☐ Attorney in Fact  | ☐ Individual ☐ Attorney in Fact                                 |  |  |  |  |  |
| ☐ Trustee ☐ Guardian or Conservator  | •   |  |  |  |  |  |
| ☐ Other:   |   |  |  |  |  |  |
| Signer is Representing:  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |