DOUGLAS COUNTY, NV Rec:\$40.00

2023-1000507 09/15/2023 11:12 AM

Total:\$40.00

Pas=4

JEANA PHILBRICK JAHIER

A. P. No. A ptn of 1319-30-721-001

When recorded mail to:

Jeana Annelle Philbrick Jahier,
Successor Trustee
P.O. Box 945

Calistoga, CA 94515

SHAWNYNE GARREN, RECORDER

AFFIRMATION PURSUANT TO NRS 111.312(1)(2) AND 239B.030(4)

The undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF) ss COUNTY OF)

- I, JEANA PHILBRICK JAHIER, also known as JEANA ANNELLE PHILBRICK JAHIER, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:
- (1) By instrument dated October 18, 1979, as amended by that certain Amendment and Complete Restatement dated April 13, 2013, JOSEPH L. PHILBRICK and WILEETA PHILBRICK, executed THE PHILBRICK FAMILY TRUST.
- (2) Said trust appointed JOSEPH LAWRENCE PHILBRICK, JR., KELLIE COLLEEN PHILBRICK CARLIN, KAREN COLLETTE PHILBRICK KOSNOSKY, and I to serve as Successor Trustees upon the death or incapacity of WILEETA PHILBRICK.
- (3) That WILEETA PHILBRICK, also known as WILEETA FRANCINE PHILBRICK is now deceased, having died in Humboldt County, State of California, on August 4, 2018. Attached hereto is a certified copy of the Certificate of Death of

WILEETA FRANCINE PHILBRICK, which has been duly filed with the California State Department of Health and Human Services, Eureka, California. That your affiant expressly incorporates said Certificate of Death in this affidavit.

- (4) Pursuant to the terms of the Trust, JOSEPH LAWRENCE PHILBRICK, JR., KELLIE COLLEEN PHILBRICK CARLIN, KAREN COLLETTE PHILBRICK KOSNOSKY and I have assumed the responsibilities of Successor Trustees.
- (5) That an undivided fifty percent (50%) interest in the following described real property situate in the County of Douglas, State of Nevada, is part of the trust estate, which real property is more particularly described as follows:

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 31 as shown on Tahoe village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269503, Official Records of Douglas County, State of Nevada, excepting therefrom Units 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29. 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 081 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lots 31, 32 or 33 only, for one week each year in the Winter "Season" as defined in and in accordance with said Declarations.

(6) JOSEPH LAWRENCE PHILBRICK, JR., KELLIE COLLEEN PHILBRICK CARLIN, KAREN COLLETTE PHILBRICK KOSNOSKY, and I

are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

Executed	this	22	day of	JUNE	, 2023, at
		•		Cos	
				ANIM	
			Jeana 🗗	halbrick Jah	ier, also
			known/a	s/Jeana Anne	lle Philbrick
			Jahier,	Successor T	'rustee

State of California County of NGTO

instrument.

On 6/22, 2023, before me, a Notary Public, personally appeared JEANA PHILBRICK JAHIER, Successor Trustee of THE PHILBRICK FAMILY TRUST, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the

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.

Notary Signature



COUNTY OF HUMBOLDT

EUREKA, CALIFORNIA 95501

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	1. NAME OF DECEDENT FIRST (Given) 2, MIDDLE					DDLE 3, LAST (Farmity)					OCAL REGISTRATION NUMBER			
DATA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				FRANCINE PHILBRICK 4. DATE OF BIRTH mm/dd/ccyy 5, AGE Yn.			5, AGE Yrs.	IF UNDER ONE YEAR IF UNDER 24 HOURS 6. SEX					
SONAL	9. BIRTH STATE/FOREIGN CO	UNTRY 1	0. SOCIAL SECUR	SITY NUMBER I	11. EVER IN	U.S. ARMED FOR	02/25/	1931 2. marital status <i>i</i> s:	87				HOUR (24 Hours)	
'S PER	ок		-28	44	YES	X NO [] unk	MIDOWED		08/04/20	018		2030	
DECEDENT'S PERSONAL DATA	13. EDUCATION - Highest Level/De (see worksheet on back) MASTER'S	9700 14/15, WAS	B DECEDENT HISP	anic/latino/ayspa	NISH? (If yes			. DECEDENT'S RACI AUCASIAN		may be listed (see	worksheet on	beck)		
ä						B. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, a LIBRARY ADMINISTRATION				uction, employment	agency, etc.)	- 1	ARS IN OCCUPATION 40	
Ę.	20. DECEDENT'S RESIDENCE (Street and number, or location) 3680 POOLE ROAD													
USUAL RESIDENCE	1			2. COUNTY/PROVI HUMBOLD	The state of the s				CA 25. STATE					
INFOR-	28. INFORMANT'S MAME, RELATIONSHIP 27. INFORMANT'S MAI_NO ADDRESS (Street and number, or number, cry or town, state and 20) P.O. BOX 1007, FERNDALE, CA 95536													
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPO	OUSE/SRDP*-FI	AST	29. MIDDLE	1		7	30. LAST (BIRTH N	IAME)	1				
	31 NAME OF FATHER/PAREN	ME OF FATHER/PARENT-FIRST			32 MIDDLE ARTHUR			33. LAST WASHBURN				34 M	, BIRTH STATE	
POUSE RENT IN	35. NAME OF MOTHER/PARE			38. MIDDLE	38. MIDDLE			37 LAST (BIRTH N	37 LAST (BIRTH NAME)			38, BIRTH STATE		
	ANNIE 39. DISPOSITION DATE mm/di	1/ссуу 40. Р	LACE OF FINAL C	NELLE NSPOSITION FER		F CEME	TERY	NEWTON	_/	-		0	<u>K</u>	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	08/11/2018 41. TYPE OF DISPOSITION(S)	BL	UFF STR	EET, FERI	NDALE	, CA 9550 ATURE OF EMBAL	36					43 LICEN	ISE NI IMRER	
AL DIRE	BU ▶ NOT EM						MBALMED			<u>/</u>	43. LICENSE NUMBER			
FUNER	45. LICENSE NUMBER 45. SIGNATURE OF LOCAL REGISTRAR GOBLES FORTUNA MORTUARY 45. LICENSE NUMBER 45. SIGNATURE OF LOCAL REGISTRAR DONALD BAIRD, MD						E @	6 47. DATE mm/dd/ccyy 08/08/2018						
ъ.	101 PLACE OF DEATH		_			1	102.1F1	HOSPITAL, SPECIFY	ONE 103,	FOTHER THAN H	OSPITAL, SP Nursing Home 1 TC		cedent's Conce	
PLACE OF DEATH	TOS. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 100 HUMBOLDT 3680 POOLE ROAD F									106. CI				
	107. CAUSE OF DEATH	Enter 23 Co	tre chan of events	aiseases, ryuries tory arrest in ventrou	iu fibrillaton	without showing the	caused deal	h. DO NOT enter terrus NOT ABBREVIAT	ral events such	Time Inta		ISB. DEATH R	EPORTEC TO CORONER?	
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	(B) CONGESTIVE HEART FAILURE							(81) VD	YRS L		Y PERFORMED?			
DEATH	conditions, if any, ladang to case, and the control of the control						(CT)	(CT) 110, AI		PSY PERFORMED?				
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5	112_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 yee, list type of operation and data.) 113A F FEMALE PRESIDENT										EGNANT IN LAST YEAR?			
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PHYSI	05/23/2018 08/04/2018 3327 TIMBER FALL COURT, EUREKA, CA 95503										N M.D.			
	119 I CERTIFY THAT IN MY CONSON DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED FROM THE CAUSES STATED. 120. INJURED AT WORKY 121. INJURY DATE INVISION OF COURSE DATE IN THE HOUR DATE AND PLACE STATED FROM THE CAUSES STATED. 120. INJURED AT WORKY 121. INJURY DATE INVISION OF COURSE DATE IN THE HOUR DATE INVISION OF COURSE DATE IN THE HOUR DATE													
ONLY	123. PLACE OF INJURY (e.g., home construction sits, wooded area, stc.)													
CORONER'S USE ONI	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury)													
RONER	125, LOCATION OF INJURY (Street and number, or location, and city, and zp)													
00	128. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER													
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This is a true and exact reproduction of the document officially registered and placed on file in the office of the Humboldt County Local Registrar.



AUG 0 8 2018

DATE ISSUED

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

OF OF HEALTH AND HUMAN SERVICES

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