APN# 1318-03-210-028	DOUGLAS COUNTY, NV Rec:\$40.00 \$40.00 Pgs=7 FIRST AMERICAN TITLE MINDEN SHAWNYNE GARREN, RECORDER
Recording Requested by/Mail to:	SHAWNTNE GARREN, RECORDER
Name: FIRST AMERICAN TITLE	
Address:1663 US HWY 395 N STE 101	\ \
City/State/Zip: MINDEN NV 89423	
Mail Tax Statements to:	
Name: THE FRANK L. STEIN TRUST	
Address: 3643 E. INTERNATIONAL	
City/State/Zip: CLOVIS CA 93619	
AEE DE ATU OF TOUR	
AFF-DEATH OF TRUS	
Title of Document (re	equired)
(Only use if applicable	e)
The undersigned hereby affirms that the docum	nent submitted for recording
DOES contain personal information as require	The second secon
XAffidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
Judgment – NRS 17.150(4)	
Military Discharge – NRS 419.020(2)
	2)
·	
Signature	
E. TOBIAS	
Printed Name	
This document is being (re-)recorded to correct document #	, and is correcting

2023-1000527

RECORDING REQUESTED BY First American Title Insurance Company of Nevada AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO: The Frank L. Stein Trust

Space Above This Line for Recorder's Use Only

A.P.N. 1318-03-210-028

File No.: 143-2666697 (et)

Affidavit - Death of Trustee

State of NV)
)ss.
County of DOUGLAS)

Michael F. Stein and Theresa M. Stein ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- 2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **March 11**, **1993** executed by **Frank L. Stein** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain GRANT DEED dated MARCH 11, 1993 which was recorded as Instrument No. 302284 in Book 393, Page 3676, of Official Records of DOUGLAS County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

1. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 00/30/2023	
DECLARANT: Michael F. Stein	
DECLARANT: Menn M Son Theresa M. Stein	
State of)	
County of) SUBSCRIBED AND SWORN TO (or affirmed) be for said County and State day of	efore me the undersigned, a Notary Public in and this by by
basis of satisfactory evidence to be the person WITNESS my hand and official seal.	(s) who appeared before me This area for official notarial seal
My Commission Expires:	Notary Phone:
Notary Registration Number:	County of Principal Place of Business

Notary Registration Number:

NEVADA INDIVIDUAL ACKNOWLEDGMENT NRS 240.166 IONES IN CONTROL OF CO State of Nevada County of Doug 195 This instrument was acknowledged before me (.) (and Name of Signer No. 2 (if any) DENISE JO ARTHUR Notary Public, State of Nevada Appointment No. 20-3052-01 ly Appt. Expires Jun 11, 2024 Place Notary Seal and/or Stamp Above Signature of Notary Public **OPTIONAL** Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Document Date: Sept. 13, 2023 Number of Pages: 5 including

Acknowledment S

Title or Type of Document: Affidavit - Death of TRustee

Signer(s) Other Than Named Above: Michael F. Stein

Description of Attached Document

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 FRESNO

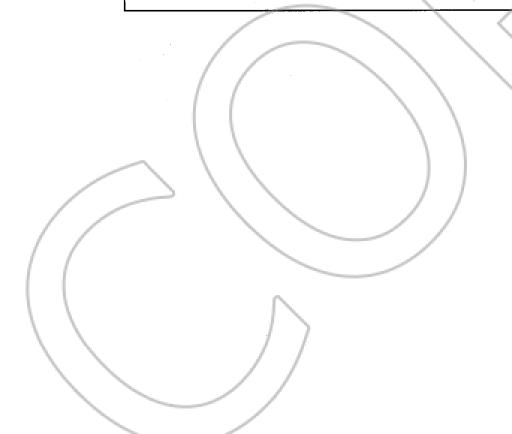
Subscribed and sworn to (or affirmed) before me on this 30th day of AUGUST, 20 23, by MICHAEL F. STEIN

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature



COUNTY of FRESNO

DEPARTMENT OF PUBLIC HEALTH FRESNO, CALIFORNIA

	Figure	Taranta Taranta (Alianta Annie)
52022090858	 CERTIFICATE	OF DEATH

	3002022030030	SE BLACKINK ONLY NO ENASURES, WATEROUTS OR ALTERATIONS SET IT REPLY STORE THE REPLY STORE WE 11 REPLY STORE WE 11 REPLY STORE WE 12 REPLY STOR	3202210002013	
	NAME OF DECEDENT-FIRST (Given) 2. MIC	LOCAL REGISTRATION NUMBER		
DATA	to contribute of the contribution of the contr	ALAST (Family) STEIN	10 10 10 10 10 10 10 10	
S PERSONAL	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST). FRANK L. STEIN	D7/28/1931 90 5. AGE Yrs. L	IF UNDER ONE YEAR IF UNDER 24 HOURS 6. S Months Days Hours Minutes M	
	9. BIRTH STATE/FOREIGN COUNTRY	11. EVER IN U.S. ARMED FORCES? 12. MARITAL STATUS/SRDP* (at Time of Death)	7: DATE OF DEATH :mm/dd/coyy 8. HOUR (24	
	5788 13. EDUCATION - Highest Level/Degree 14/15; WAS DECEDENT HISPANIC/LATINO(A)/S	X YES NO UNK DIVORCED PANISH? @fyes, see worksheet on back 15, DECEDENT'S RACE - Up to 3 races in	04/06/2022 0808	
E E	(see warksheet on back) SOME COLLEGE YES	CAUCASIAN	lay De listed (see worksheet on back)	
ĕ	17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED REGIONAL MANAGER	18. KIND OF BUSINESS OR INDUSTRY (e.g., gracery store, road construct		UPATION
	20. DECEDENT'S RESIDENCE (Street and number, or location)	UNITED PARCEL SERVICE	30	
USUAL	7444 N. CEDAR AVE.	entit. Terr	Hard Control of the C	
ESI CI	21. CITY 22. COUNTY/PRO FRESNO FRESNO	The state of the second st	TY 25. STATE/FOREIGN COUNTRY	
FOR-	26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or num 3222 GREENFIELD AVE., CLOVI	A route number, city or town, state and zlp)	\setminus
<u>z</u> Σ	THERESA STEIN, DAUGHTER 28. NAME OF SURVIVING SPOUSE/SRDP'-FIRST 29. MIDD	After the Control of	The second secon	
P AND		-	The state of the s	
SRD NFOR	91: NAME OF FATHER/PARENT-FIRST 32: MIDE WILLIAM B.	ue 33. LAST STEIN	34. BIRTH STATI	ΪĖ
POUS	35. NAME OF MOTHER/PARENT-FIRST: 36. MIDC	The court of the c	38. BIRTH STATI	E
S M	ANNA 39. DISPOSITION DATE mm/dd/coyy 40. PLACE OF FINAL DISPOSITION. CC	KELLY	NE NE	
ECTOR/ STRAR	04/20/2022 264 N. BLYTHE AVE.	T. PETER'S CEMETERY , FRESNO, CA 93706	The state of the s	
PIRE	AT: TYPE OF DISPOSITION(S) BURIAL	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER	1
NERAL		► JACOB D LOURENCO 45. LICENSE NUMBER 46. SIGNATURE OF LOCAL REGISTRAT	EMB9526 47. DATE_mm/dd/ccyy	 у
5.2	44 NAME OF FUNERAL ESTABLISHMENT WHITEHURST SULLIVAN BURNS & BLAIF FUNERAL HOME		04/14/2022	
ᇦᄑ	SUNRISE OF FRESNO	Control Andrew Alle Andrew Andrew	OTHER THAN HOSPITAL, SPECIFY ONE Ospice Nursing Decedent's Home/LTC::: Decedent's Home	Olher
PLACE OF DEATH	104. COUNTY 105. FACILITY ADDRESS OR LOCATI FRESNO 7444 N. CEDAR AVI	ON WHERE FOUND (Street and number, or location)	106. C/TY	
	107. CAUSE OF DEATH Enter the chain of events — diseases, injuri	es, or complications that directly caused death, DO NOT enter terminal events such	FRESNO Time Interval Between 108. DEATH REPORTED TO CO	ORONER?
	as cardiac errest, resp/ratory errest, mMEDIATE CAUSE (A: ALZHEIMER'S DISEASE (Final disease or	icular fibrilation without showing the altology. DO NOT ABBREVIATE	Onset and Death X YES X] NO
	Condition resulting In death)	Company of the Compan	YRS 22-04-131 (87) 109: BIOPSY PERFORME	ED?
\	Sequentially, list conditions, if any	Secretaria de la companya del companya de la companya del companya de la companya del la companya de la company	YES X	ON D
DEAT	leading to cause on time A. Enter. UNDERLYING CAUSE (Glasses or CA	And the state of t	(CT) 110. AUTOPSY PERFORM	
JSE Of	LALDS: (disease of: injury that injury tha	S CASTER SANS CHIEF AND THE SANS CALL AND THE SA	(DT) 111_USED IN DETERMINING O	CAUSE?
CAL	resuring in death; LAST 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	SULTING IN THE INDERLYING CALIFIE GIVEN IN 107	L CONTROL L	NO
	NONE			1.34 5.3
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112?	(If yes, list type of operation and date.)	113A, IF FEMALE, PREGNANT IN LAS	ST YEAR? UNK
δΩ	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED 115, SIGNAT AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	URE AND TITLE OF CERTIFIER	116. UCENSE NUMBER 117. DATE mm/dd/	/соуу
ICIAN	I → MAR	IAN DOE, MD	A105109 04/12/2022	2
PHYS	(A) mm/dd/ceyy (B) mm/dd/ceyy 118. TYPE/A 05/01/2019 03/02/2022 30 E R	MARIAN (IVER PARK PL W 320, FRESNO, CA 93720	OE, MD	
	115, I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE: MANNER OF DEATH Natural Accident Homicide Suici	STATED FROM THE CAUSES STATED. 120, INJURIED AT WORK!	121, INJURY DATE, mm/dd/ccyy 122, HOUR (2	(24 Hours)
_ ≥	123. PLACE OF INJURY (e.g., home, construction site, wooded area; etc.)	determined		-
SEON			The second secon	
ER'S U	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	r majere de la companya de la compan		
CORONER'S USE ONLY	125, LOCATION OF INJURY (Street and number, or location, and city, and zip)	William Committee Committe		\J.
v	126. SIGNATURE OF CORONER / DEPUTY CORONER	127 DATE mm/dd/ccyy 128. TYPE NAME, TITLE OF CORON	IER / DEPUTY CORONER	
			The state of the s	TBACT
ST/ REGIS	95 Markey A. A.C. weeks 1994 built	F. INCOMENSATION FOR BOTANCIAN SHARE	FAX AUTH.# CENSUS	HACT
-		The state of the s		17 17

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

APR 1 5 2022



FRIS VOHE MD.

FRESNO COUNTY LOCAL REGISTRAR



DATE ISSUED FRESNO COUNTY LOCAL REGIST
This is a country to the co

EXHIBIT 'A'

PARCEL 1:

LOT 40, AS SHOWN ON THE MAP OF SKYLAND SUBDIVISION NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER ON FEBRUARY 27, 1958, DOCUMENT NO. 12967.

PARCEL 2:

TOGETHER WITH A NON-EXCLUSIVE RIGHT-OF-WAY FOR ACCESS TO THE WATERS OF LAKE TAHOE AND FOR BEACH AND RECREATIONAL PURPOSES AS SET FORTH IN DEED RECORDED FEBRUARY 5, 1960, IN BOOK 1, PAGE 268, FILE NO. 15573, OFFICIAL RECORDS.

