



SHAWNYNE GARREN, RECORDER

APN _____

APN _____

APN 1318-15-111-022

APN _____

Recording Requested By:

Name VIRGINIA LEW-LEE, TRUSTEE

Address 21020 CORY CT

City / State / Zip CUPERTINO, CA 95014

Affidavit of Successor Trustee

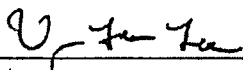
Title of Document (required)

Only use below if applicable

This document is being re-recorded to correct document number _____
and is correcting _____

I the undersigned hereby affirm that this document submitted for recording does contain personal information (social security number, driver's license number or identification card number) of a person as required by specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)
- Other _____


Signature

VIRGINIA LEW-LEE, TRUSTEE
Name Typed or Printed

This page is added to provide additional information required by NRS 111.312 Sections 1-2.
This cover page must be typed or printed.

**RECORDING REQUESTED BY:
VIRGINIA LEW-LEE, TRUSTEE**

**When Recorded Mail Document
and Tax Statement To:
VIRGINIA LEW-LEE, TRUSTEE
21020 CORY CT
CUPERTINO, CA 95014**

APN: 1318-15-111-022

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

AFFIANT. I, VIRGINIA LEW-LEE (aka VIRGINIA LEW LAU) ("Affiant"),
being duly sworn, deposes and states under penalty of perjury
that the forgoing is true and correct.

TRUST. The trust is known as Wing Lew Tom and Lan K. Lew Trust
("Trust").

- a. Type: Irrevocable
- b. Date: The trust was signed on July 28, 1999.
- c. Tax ID Number: 93-6605190

SETTLORS. WING LEW TOM who died on January 16, 2009 and LAN KIN
LEW (aka LAN K. LEW) who died on April 5, 2023, whose mailing
address was 505 Levin Ave. Mountain View, CA 94040.

PREVIOUS TRUSTEES. WING LEW TOM who died on January 16, 2009 and LAN KIN LEW (aka LAN K. LEW) who died on April 5, 2023, whose mailing address was 505 Levin Ave. Mountain View, CA 94040.

SUCCESSOR TRUSTEE. VIRGINIA LEW-LEE whose mailing address is 21020 Cory Court, Cupertino, CA 95014.

The Successor trustee recognizes they are currently acting on behalf of the Trust. The trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect.

The Successor Trustee understands they may be required to provide copies of excerpts from the original trust pertaining to the succession of the Successor Trustee.

POWERS. The Successor Trust shall have all full powers to sell, convey and to mortgage or encumber real and personal property under this Trust.

REAL ESTATE. It shall be known that the trust includes real estate described as:

PARCEL NO. 1

LOT 73, AS SHOWN ON THE OFFICIAL PLAT OF "PINEWILD UNIT NO. 2, A CONDOMINIUM", FILED FOR RECORD IN THE OFFICE OF THE COUNTY

RECORDER, DOUGLAS COUNTY, NEVADA, ON OCTOBER 23, 1973 AS
DOCUMENTNO. 69660.

ASSESSMENT PARCEL NO. 05-212-22

PARCEL NO. 2

THE EXCLUSIVE RIGHT TO THE USE AND POSSESSION OF THOSE CERTAIN
PATIO AREAS ADJACENT TO SAID UNITS DESIGNATED AS "RESTRICTED
COMMON AREA" ON THE SUBDIVISION MAP REFERRED TO IN PARCEL NO. 1
ABOVE.

PARCEL NO. 3

AN UNDIVIDED INTEREST AS TENANTS IN COMMON AS SUCH INTEREST IS
SET FORTH IN BOOK 377, AT PAGE 417 THRU 422, OF THE REAL
PROPERTY DESCRIBED ON THE SUBDIVISION MAP REFERRED TO IN PARCEL
NO. 1 ABOVE, DEFINED IN THE AMENDED DECLARATION OF COVENANTS,
CONDITIONS AND RESTRICTIONS ON PINEWILD, A CONDOMINIUM PROJECT,
RECORDED MARCH 11, 1974, IN BOOK 374 OF OFFICIAL RECORDS AT PAGE
193, AND SUPPLEMENT TO AMENDED DECLARATION OF COVENANTS,
CONDITION AND RESTRICTIONS OF PINEWILD, A CONDOMINIUM PROJECT,
RECORDED MARCH 9, 1977 IN BOOK 377 OF OFFICIAL AT PAGE 411 , AS
LIMITED COMMON AREA AND THEREBY ALLOCATED TO THE UNIT DESCRIBED
IN PARCEL NO. 1 ABOVE, AND EXCEPTING NON-EXCLUSIVE EASEMENTS FOR
INGRESS AND EGRESS, UTILITY SERVICES, SUPPORT ENCROACHMENTS,
MAINTENANCE AND REPAIR OVER THE COMMON AREAS AS DEFINED AND SET
FORTH IN SAID DECLARATION OF COVENANTS, CONDITIONS AND
RESTRICTIONS.

NON-EXCLUSIVE EASEMENTS APPURTENANT IN PARCEL NO .1 ABOVE, FOR
INGRESS AND EGRESS, UTILITY SERVICES, SUPPORT ENCROACHMENTS,
MAINTENANCE AND REPAIR OVER THE COMMON AREAS AS DEFINED AND SET
FORTH IN THE DECLARATION OF COVENANTS CONDITIONS AND

RESTRICTIONS OF PINEWILD, MORE PARTICULARLY DESCRIBED IN THE DESCRIPTION OF PARCEL NO. 3, ABOVE.

COMMONLY KNOWN AS: 600 HIGHWAY 50 #73, ZEPHYR COVE, NV 89448

EXECUTION. I, the Affiant, declare that this certificate has been examined by me and its contents are true and correct.

DATED: 10/6/23

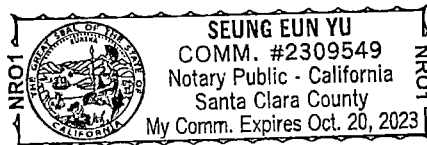
Virginia Lew-Lee
VIRGINIA LEW-LEE, TRUSTEE

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 Santa Clara

SUBSCRIBED AND SWORN to (or affirmed) before me on this 6th day of October, 2023, by **VIRGINIA LEW-LEE**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Yu (SEAL)
SIGNATURE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

3200943000415

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-14 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) WING		2. MIDDLE LEW		3. LAST (Family) TOM	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) WING Y. LEW		4. DATE OF BIRTH mm/dd/yyyy 10/10/1927		5. AGE Yrs. <u>81</u> If UNDER ONE YEAR: Months _____ Days _____ If LARGER THAN 1 YEAR: Hours _____ Minutes _____	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 01/16/2009		8. HOUR (24 Hours) 1125	
9. BIRTH STATE/FOREIGN COUNTRY CHINA		10. SOCIAL SECURITY NUMBER [REDACTED]-8054		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		13. EDUCATION - Highest Level/Degree (List worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CHINESE		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AEROSPACE	
19. YEARS IN OCCUPATION 35		20. DECEDENT'S RESIDENCE (Street and number or location) 505 LEVIN AVE.		21. CITY MOUNTAIN VIEW	
22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 94040		24. YEARS IN COUNTY 47	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP VIRGINIA LEW-LEE, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 732 MUIR DR., MOUNTAIN VIEW, CA 94041	
28. NAME OF SURVIVING SPOUSE - FIRST LAN		29. MIDDLE K.		30. LAST (Maiden Name) CHIANG	
31. NAME OF FATHER - FIRST TOM		32. MIDDLE FAT		33. LAST WING	
34. BIRTH STATE CHINA		35. NAME OF MOTHER - FIRST UNKNOWN		36. MIDDLE -	
37. LAST (Maiden) UNKNOWN		38. BIRTH STATE CHINA		39. DISPOSITION DATE mm/dd/yyyy 01/24/2009	
40. PLACE OF FINAL DISPOSITION GATE OF HEAVEN CEMETERY 22555 CRISTO REY DRIVE, LOS ALTOS, CA 94024		41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER JOHN HOFFMAN	
43. LICENSE NUMBER EMB6923		44. NAME OF FUNERAL ESTABLISHMENT CUSIMANO FAMILY COLONIAL MORT.		45. LICENSE NUMBER FD 1041	
46. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD		47. DATE mm/dd/yyyy 01/20/2009		101. PLACE OF DEATH EL CAMINO HOSPITAL	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nucleic <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY SANTA CLARA	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2500 GRANT ROAD		106. CITY MOUNTAIN VIEW		107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIAC ARREST (B) ACUTE MYOCARDIAL INFARCTION (C) CORONARY ARTERY DISEASE (D) THROMBOCYTOPENIA, ANEMIA	
108. DEATH REPORTED TO CORONER? Oral Int. Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (BT) 24 HRS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? (CT) 10 YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. LISTED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 THROMBOCYTOPENIA, ANEMIA		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since _____ Decedent Last Seen Alive _____ (A) mm/dd/yyyy (B) mm/dd/yyyy 02/16/1996 01/16/2009		115. SIGNATURE AND TITLE OF CERTIFIER HENRY WALTER JONES III M.D.		116. LICENSE NUMBER G34016	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HENRY WALTER JONES III M.D. 795 EL CAMINO REAL, PALO ALTO, CA 94301		118. DATE mm/dd/yyyy 01/20/2009		119. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INALRED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. # <u>ae</u> CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By MAR 05 2009



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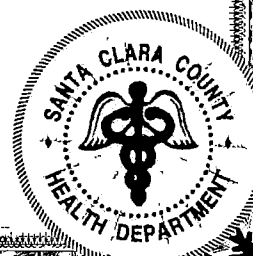
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

PBNC0-RV11106

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3202343003170

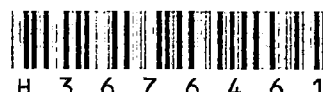
STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/02)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) LAN		2. MIDDLE KIN		3. LAST (Family) LEW	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 06/27/1934		5. AGE Yrs 88	
				6. SEX F	
8. BIRTH STATE/FOREIGN COUNTRY CHINA		10. SOCIAL SECURITY NUMBER 8550		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
		12. MARITAL STATUS/SPO* (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 04/05/2023	
				8. HOUR (24 Hours) 0940	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) CHINESE	
17. USUAL OCCUPATION - type of work for most of life DO NOT USE RETIRED SEAMSTRESS		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RETAIL CLOTHING		19. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number, or location) 505 LEVIN AVENUE					
21. CITY MOUNTAIN VIEW		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 94040	
		24. YEARS IN COUNTY 61		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP VIRGINIA LEW-LEE, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or full route number, city or town, state and zip) 21020 CORY COURT, CUPERTINO, CA 95014		
28. NAME OF SURVIVING SPOUSE/SPO* - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST WAI TONG		32. MIDDLE -		33. LAST CHIANG	
				34. BIRTH STATE CHINA	
35. NAME OF MOTHER/PARENT - FIRST YUET NGAN		36. MIDDLE -		37. LAST (BIRTH NAME) TSANG	
				38. BIRTH STATE CHINA	
39. DISPOSITION DATE mm/dd/yyyy 04/15/2023		40. PLACE OF FINAL DISPOSITION GATE OF HEAVEN CEMETERY 22555 CRISTO REY DRIVE, LOS ALTOS, CA 94024			
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER CORNELL H. UNZNER		43. LICENSE NUMBER EMB8158	
44. NAME OF FUNERAL ESTABLISHMENT CUSIMANO FAMILY COLONIAL MORTUARY		45. LICENSE NUMBER FD1041		46. SIGNATURE OF LOCAL REGISTRAR SARA H. CODY, MD	
				47. DATE mm/dd/yyyy 04/10/2023	
101. PLACE OF DEATH RESIDENCE					
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 505 LEVIN AVENUE		106. CITY MOUNTAIN VIEW	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CHRONIC DIASTOLIC HEART FAILURE (B) HYPERTENSION					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequitentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ATRIAL FIBRILLATION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO				113A. DECLINE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: Decedent Last Seen Above 03/27/2023 04/04/2023		115. SIGNATURE AND TITLE OF CERTIFIER RONALD RABINDRARAJ WATSON, MD		116. LICENSE NUMBER A37852	
		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RONALD RABINDRARAJ WATSON, MD 4850 UNION AVENUE, SAN JOSE, CA 95124		117. DATE mm/dd/yyyy 04/07/2023	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy			
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

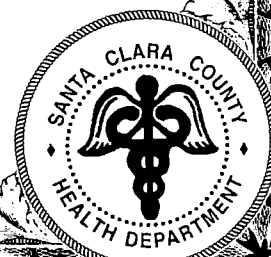
STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By **04/18/2023**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.



Sara H. Cody
SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE