

APN# 1219-09-001-008 & 1219-09-001-009

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: JKF Trust

Address: 370 Dry Creek Rd

City/State/Zip: Monterey CA 93940

AFFIDAVIT DEATH OF TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (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)


Signature

E. TOBIAS

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
THE JFK TRUST

Space Above This Line for
Recorder's Use Only

A.P.N. 1219-09-001-009 & 1219-09-001-008

File No.: 143-2661356 (et)

Affidavit - Death of Trustee

State of NV)
County of DOUGLAS)ss.
)

Tomas R. Fuentes ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Jennan Kett Fuentes** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **05/01/2022** at **Monterey, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 12, 1992** executed by **Jennan K. Fuentes** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **DEED** dated **March 4, 2015** which was recorded as Instrument No. **2015-859520** in Book **N/A**, Page **N/A**, 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

4. 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: October 23, 2023

DECLARANT:

Tomas R. Fuentes
Tomas R. Fuentes

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)
)ss
County of San Francisco)

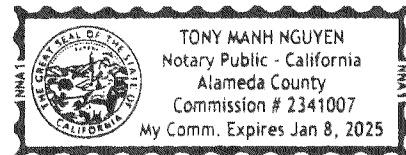
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Alameda and State California, this 23rd day of October, 2023 by Tomas R. Fuentes, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Tomas R. Fuentes

My Commission Expires: Jan 8, 2025



Notary Name: Tony Manh Nguyen Notary Phone: 510-502-0692
Notary Registration Number: 2341007 County of Principal Place of Business Alameda

CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY
 Salinas, California
 CERTIFIED COPY OF VITAL RECORDS

3052022107845

CERTIFICATE OF DEATH

3202227000991

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/06)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) JENNAN		2. MIDDLE KETT		3. LAST (Family) FUENTES		
	4. DATE OF BIRTH mm/dd/yyyy 02/13/1951						5. AGE Yrs. 71
	6. SEX F						7. DATE OF DEATH mm/dd/yyyy 05/01/2022
	8. HOUR (24 Hours) 1340						9. BIRTH STATE/FOREIGN COUNTRY CA
USUAL RESIDENCE	10. SOCIAL SECURITY NUMBER [REDACTED] 3758		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		
	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 6 races may be listed (see worksheet on back) ENGLISH, SWISS, SCOTTISH		
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PROPERTY MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE INVESTMENTS		19. YEARS IN OCCUPATION 22		
	20. DECEDENT'S RESIDENCE (Street and number, or location) 370 DRY CREEK ROAD						
INFORMANT	21. CITY MONTEREY		22. COUNTY/PROVINCE MONTEREY		23. ZIP CODE 93940		
	24. YEARS IN COUNTY 40		25. STATE/FOREIGN COUNTRY CA				
SPOUSE/SRDP AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP TOMAS RUBEN FUENTES, HUSBAND				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 370 DRY CREEK ROAD, MONTEREY, CA 93940		
	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST TOMAS		29. MIDDLE RUBEN		30. LAST (BIRTH NAME) FUENTES		
	31. NAME OF FATHER/PARENT - FIRST STEWART		32. MIDDLE BARRELL		33. LAST KETT		34. BIRTH STATE CA
	35. NAME OF MOTHER/PARENT - FIRST ALICE		36. MIDDLE GERTRUDE		37. LAST (BIRTH NAME) MARTINELLI		38. BIRTH STATE CA
FUNERAL DIRECTORY LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 05/06/2022		40. PLACE OF FINAL DISPOSITION AT SEA OFF COAST OF SANTA CRUZ COUNTY CA				
	41. TYPE OF DISPOSITION(S) CREMATE/SCATTER AT SEA		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED			43. LICENSE NUMBER -	
	44. NAME OF FUNERAL ESTABLISHMENT THE PAUL MORTUARY		45. LICENSE NUMBER FD280		46. SIGNATURE OF LOCAL REGISTRAR ▶ EDWARD L MORENO, MD		
PLACE OF DEATH	101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104. COUNTY MONTEREY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 370 DRY CREEK ROAD		106. CITY MONTEREY		
CAUSE OF DEATH	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) METASTATIC BREAST CANCER						108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (AT) YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						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 NONE
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO						113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
PHYSICIAN'S CERTIFICATION	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: _____		115. SIGNATURE AND TITLE OF CERTIFIER ▶ JOHN ANDREW HAUSDORFF, MD		116. LICENSE NUMBER G72868		
	117. DATE mm/dd/yyyy 05/02/2022		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOHN ANDREW HAUSDORFF, MD BUILDING T 2ND FLOOR 5 HARRIS CT, MONTEREY, CA 93940				
CORONER'S USE ONLY	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"/> Accident <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. 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

MAY 05 2022

MONTEREY CO. DEPT. OF HEALTH
 STATE OF CALIFORNIA
 COUNTY OF MONTEREY

DATE ISSUED

* 000444518 *

By _____ Local Registrar.

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records.
 This copy is not valid unless prepared on engraved border displaying seal and signature of Local Registrar.



EXHIBIT 'A'

PARCEL I:

A PARCEL OF LAND SITUATE IN THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 9, TOWNSHIP 12 NORTH, RANGE 19 EAST, M.D.B. & M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:

ALL OF PARCEL 2, AS SHOWN ON THAT CERTAIN PARCEL MAP FOR DON ROOKER RECORDED MAY 25, 1977, IN BOOK 577 OF OFFICIAL RECORDS AT PAGE 1321, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 09475.

PARCEL II:

TOGETHER WITH THOSE NON-EXCLUSIVE EASEMENTS FOR ROADWAY PURPOSES AND RIGHT OF WAY FOR INGRESS AND EGRESS DESCRIBED IN DOCUMENT RECORDED MAY 10, 1977, IN BOOK 577 OF OFFICIAL RECORDS AT PAGE 550, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 00097.