

I the undersigned hereby affirms that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 239B-030

**APN:** 1121-05-515-038

**RECORDING REQUESTED BY:**

Kalicki Collier, PLLC  
401 Ryland Street, Suite 200  
Reno, NV 89502

**WHEN RECORDED MAIL TO:**

Kalicki Collier, PLLC  
401 Ryland Street, Suite 200  
Reno, NV 89502

**MAIL TAX STATEMENT TO:**

Cynthia Lynn Kline  
3204 Villagio Court  
Modesto, CA 95355

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**AFFIDAVIT OF SUCCESSOR TRUSTEE**

I, Cynthia Lynn Kline, 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 July 25, 1990, Archie Edward Kline executed the A.E. Kline Living Trust ("Trust").
- (2) On August 14, 2018, the Trust was amended and restated in its entirety.
- (3) The Trust was further amended on February 28, 2019, June 2, 2019, October 2, 2020, May 12, 2021, September 28, 2022, and May 14, 2023.
- (4) Archie Edward Kline died on June 11, 2023. Attached hereto as Exhibit "A" is a certified copy of the Certificate of Death of Archie Edward Kline.
- (5) Pursuant to the terms of the Trust, I, Cynthia Lynn Kline, have assumed the responsibilities as the Trustee.
- (6) The following described real property is part of the Trust estate; See Exhibit "B" attached hereto.

(7) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Trustee with respect to the Trust's interest in the described property.

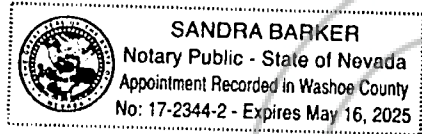
Executed on this 4 day of December, 2023.

Clyne  
Cynthia Lynn Kline, Trustee

STATE OF NEVADA     )  
  : ss.  
COUNTY OF WASHOE    )

This instrument was acknowledged before me, this 4 day of December, 2023, by Cynthia Lynn Kline, Trustee.

Sandra Barker  
Notary Public



**EXHIBIT "A"**  
**DEATH CERTIFICATE OF ARCHIE EDWARD KLINE**

COPY

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**HEALTH SERVICES AGENCY**  
**STANISLAUS COUNTY**  
**PUBLIC HEALTH DIVISION**

**CERTIFICATE OF DEATH** 3202350002482

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family Name)	
ARCHIE		EDWARD		KLINE	
4. DATE OF BIRTH (month/day/year)					
05/01/1932					
5. AGE (Year)					
91					
6. SEX (M/F)					
M					
8. BIRTH STATE/COUNTRY		9. SOCIAL SECURITY NUMBER		10. EVER IN U.S. ARMY FORCES	
CA		2178		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
11. MARRIAGE STATUS		12. DATE OF BIRTH (month/day/year)		13. HOUR OF BIRTH	
DIVORCED		06/11/2023		1101	
14. EDUCATION - Highest Level Attained					
DOCTORATE					
15. OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
VETERINARIAN					
16. TYPE OF BUSINESS OR INDUSTRY (e.g., grocery store, food distribution, employment agency, etc.)					
VET					
17. YEARS IN OCCUPATION					
50					
18. DECEDENT'S RESIDENCE (Street and number, or building)					
44 CONNER WAY					
19. CITY		20. COUNTY		21. ZIP CODE	
GARDNERVILLE		DOUGLAS		89410	
22. YEARS IN COUNTY		23. BIRTH STATE/COUNTRY		24. DECEASED'S HOME AND BIRTH STATE/COUNTRY (If different from 22 and 23)	
3		NV		2204 VILLAGIO COURT, MODESTO, CA 95335	
25. INFORMANT'S NAME, RELATIONSHIP					
CYNTHIA LYNN KLINE, DAUGHTER					
26. NAME OF SURVIVING SPOUSE/SP - FIRST					
-					
27. NAME OF MOTHER/FATHER - FIRST		28. MIDDLE		29. LAST (BIRTH NAME)	
FLORA		ELLEN		KLINE	
30. NAME OF MOTHER/FATHER - FIRST		31. MIDDLE		32. LAST (BIRTH NAME)	
FLORA		ELLEN		SAFERITE	
33. DEPOSITION DATE (month/day/year)		34. PLACE OF FINAL DEPOSITION			
06/20/2023		MODESTO PIONEER CEMETERY 905 SCENIC DRIVE, MODESTO, CA 95350			
35. TYPE OF DEPOSITION		36. SIGNATURE OF REGISTRAR		37. LICENSE NUMBER	
BURIAL		JON R SALAS		EMB9148	
38. NAME OF PLACE, OTHER THAN HOME		39. LICENSE NUMBER		40. SIGNATURE OF LOCAL REGISTRAR	
SALAS BROTHERS FUNERAL CHAPEL INC		FD782		THEOGNOSIA PAPASOZOMENOS MD	
41. PLACE OF DEATH					
DAUGHTERS RESIDENCE					
42. COUNTY		43. CITY		44. ZIP CODE	
STANISLAUS		MODESTO		95335	
45. CAUSE OF DEATH					
CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE					
CARDIAC AMYLOIDOSIS					
ATRIAL FIBRILLATION, ASTHMA, HEPATITIS C, DEEP COCCYX PRESSURE INJURY					
46. HAD OPINION PERFORMED FOR ANY CONDITION IN THIS DEATH CERTIFICATE? (If yes, list type of operation and date)					
NO					
47. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THESE OCCURRED AT THE HOME, AND PLACE GIVEN ABOVE IS THE PLACE OF DEATH		48. SIGNATURE AND TITLE OF CORONER		49. LICENSE NUMBER	
05/11/2023		PETER YUEK TOO LAI, MD		A41318	
50. I CERTIFY THAT IN MY OPINION THESE OCCURRED AT THE HOME, AND PLACE GIVEN ABOVE IS THE PLACE OF DEATH		51. TYPE OF DEATH (NATURAL, ACCIDENTAL, SUICIDE, UNNATURAL, OR UNDETERMINED)		52. SIGNATURE AND TITLE OF CORONER / DEPUTY CORONER	
06/11/2023		4388 SPYRES WAY, MODESTO, CA 95358		PETER YUEK TOO LAI, MD	
53. PLACE OF DEATH (e.g., home, institution, etc., residence, etc., etc.)					
54. DESCRIBE HOW DEATH OCCURRED (Should include method of injury)					
55. LOCATION OF DEATH (Street and number, or building, or city, and state)					
56. SIGNATURE OF CORONER / DEPUTY CORONER		57. DATE (month/day/year)		58. TYPE OF DEATH (NATURAL, ACCIDENTAL, SUICIDE, UNNATURAL, OR UNDETERMINED)	
PETER YUEK TOO LAI, MD		06/23/2023		NATURAL	
59. STATE REGISTRAR		60. COUNTY REGISTRAR		61. COUNTY TRACT	
A		B		C	

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

*Nea Papasozomenos*

DATE ISSUED  
**06/23/2023**

THEOGNOSIA PAPASOZOMENOS, MD, MPH  
 LOCAL REGISTRAR OF VITAL STATISTICS



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



**EXHIBIT "B"**  
**LEGAL DESCRIPTION**

LOT 167, AS SET FORTH ON THE RECORD OF SURVEY FOR PINEVIEW  
DEVELOPMENT UNIT 5, FILED IN THE OFFICE OF THE DOUGLAS  
COUNTY, RECORDER ON JULY 26, 2004, IN BOOK 704, PAGE 10502, AS  
DOCUMENT NO. 619666.

Property Address:

19 Scott Street  
Gardnerville, NV 89410

