

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: 1121-05-515-009

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

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.

C. Kline
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

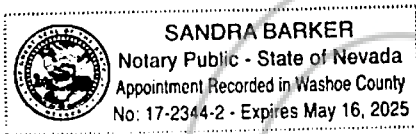


EXHIBIT "A"
DEATH CERTIFICATE OF ARCHIE EDWARD KLINE

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY

STANISLAUS COUNTY

PUBLIC HEALTH DIVISION

CERTIFICATE OF DEATH 3202350002482

STATE FILE NUMBER		SEE BACK OR SEE / SEE REGISTER FOR CHANGES OR ALTERATIONS 10-11 (REV 2018)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ARCHIE		EDWARD		KLINE	
4. DATE OF BIRTH (month/day/year)		5. AGE (in Months)	6. AGE (in Years)	7. JACQUES (Y/N)	8. SEX (M/F)
05/01/1932		91	91	None	M
9. BIRTH STATE/COUNTRY		10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES (Y/N)	12. MARRIED (Y/N)	13. DATE OF DEATH (month/day/year)
CA		2178	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK	DIVORCED	06/11/2023
14. EDUCATION - Highest Level (Degree) (See instructions on back)		15. WAS DECEDENT APPROXIMATELY (Y/N) (If yes, see instructions on back)		16. DECEDENT'S RACE - (Up to 3 initials only for Black (see instructions on back))	
DOCTORATE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail establishment, employment agency, etc.)		19. YEARS IN OCCUPATION
VETERINARIAN			VET		50
20. DECEDENT'S RESIDENCE (Street and number, or location)					
44 CONNER WAY					
21. CITY		22. COUNTY/TERRITORY		23. ZIP CODE	24. YEARS IN COUNTY
GARDNERVILLE		DOUGLAS		89410	3
25. STATE/COUNTRY OF BIRTH		26. SURVIVANT'S NAME, RELATIONSHIP			
NV		CYNTHIA LYNN KLINE, DAUGHTER			
27. SURVIVANT'S ADDRESS (Street and number, or location) (Up to 3 initials only for Black (see instructions on back))		28. SURVIVANT'S ADDRESS (Street and number, or location) (Up to 3 initials only for Black (see instructions on back))			
3204 VILLAGIO COURT, MODESTO, CA 95355					
29. NAME OF SURVIVANT - FIRST		30. MIDDLE		31. LAST (BIRTH NAME)	
-		-		-	
32. NAME OF SURVIVANT - FIRST		33. MIDDLE		34. BIRTH STATE	
ARCHIE		EDWARD		SD	
35. NAME OF SURVIVANT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)	
FLORA		ELLEN		SAFERITE	
38. BIRTH STATE		39. BIRTH STATE			
CA		CA			
40. DATE OF DEPOSITION (month/day/year)		41. PLACE OF FINAL DEPOSITION (Street and number, or location)			
06/20/2023		MODESTO PIONEER CEMETERY 905 SCENIC DRIVE, MODESTO, CA 95350			
42. TYPE OF DEPOSITION		43. SIGNATURE OF BURIALER		44. LICENSE NUMBER	
BURIAL		JON R SALAS		EMB9148	
45. NAME OF FUNERAL ESTABLISHMENT		46. LICENSE NUMBER		47. DATE (month/day/year)	
SALAS BROTHERS FUNERAL CHAPEL INC		FD782		08/13/2023	
48. SIGNATURE OF LOCAL REGISTRAR		49. DATE (month/day/year)			
THEOGNOSIA PAPASOZOMENOS, MD		08/13/2023			
50. PLACE OF DEATH (Street and number, or location)		51. IF HOSPITAL, SPECIFY ONE (Y/N)		52. IF OTHER THAN HOSPITAL, SPECIFY ONE (Y/N)	
DAUGHTERS RESIDENCE		<input type="checkbox"/> P <input type="checkbox"/> SNCP <input type="checkbox"/> ODA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/JC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other			
53. COUNTY		54. CITY		55. CITY	
STANISLAUS		3204 VILLAGIO COURT		MODESTO	
56. CAUSE OF DEATH (Enter the state of cause - disease, injury, or complication - that directly caused death. DO NOT enter tentative results such as further study, negative result, or probable diagnosis without clearing the obituary. DO NOT abbreviate.)					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE					
57. FREQUENCY, but not duration, of any leading or major underlying disease or injury that initiated the events resulting in death (LAST)					
CARDIAC AMYLOIDOSIS					
58. OTHER SIGNIFICANT CONTRIBUTING CONDITIONS TO DEATH BUT NOT RELEVANT IN THE UNDERLYING CAUSE (UP TO 3)					
ATRIAL FIBRILLATION, ASTHMA, HEPATITIS C, DEEP COCCYX PRESSURE INJURY					
59. WAS OPERATION PERFORMED FOR ANY CONDITION IN YEAR 187 OR 191? (If yes, list type of operation and date)					
NO					
60. SIGNATURE OF COCORNER / DEPUTY COCORNER		61. TYPE, NAME, AND TITLE OF COCORNER		62. LICENSE NUMBER	
PETER YUEK TOO LAI, MD		PETER YUEK TOO LAI, MD		A41316	
63. DATE (month/day/year)		64. TYPE OF DEATH (Y/N) (See instructions on back)		65. DATE (month/day/year)	
05/11/2023		06/11/2023		06/13/2023	
66. MANNER OF DEATH (Y/N) (See instructions on back)		67. INJURY DATE (month/day/year)		68. HOUR (in Hours)	
<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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK			
69. PLACE OF INJURY (e.g., home, construction site, restaurant, etc., etc.)					
70. DESCRIBE HOW INJURY OCCURRED (Specify when resulting in injury)					
71. LOCATION OF INJURY (Street and number, or location, and city, and state)					
72. SIGNATURE OF COCORNER / DEPUTY COCORNER		73. DATE (month/day/year)		74. TYPE, NAME, TITLE OF COCORNER / DEPUTY COCORNER	
PETER YUEK TOO LAI, MD		06/13/2023		PETER YUEK TOO LAI, MD	
75. STATE		76. COUNTY		77. CITY	
A		D		E	

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

Thea 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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASTANISOL

EXHIBIT "B"
LEGAL DESCRIPTION

LOT 138, 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:

44 Conner Way
Gardnerville, NV 89410

