DOUGLAS COUNTY, NV

2023-997432

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GRANT MORRIS DODDS, PLLC
SHAWNYNE GARREN, RECORDER

APN: 1320-30-110-014

Prepared By: Grant Morris Dodds, PLLC 2520 St. Rose Parkway, Suite 319 Henderson, NV 89074

When Recorded Mail to: Grant Morris Dodds, PLLC 2520 St. Rose Parkway, Suite 319 Henderson, NV 89074

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

JAMES D. MALONEY, being first duly sworn, deposes and says as follows:

- 1. SHARON JEAN MALONEY, as Trustor, established the SHARON JEAN MALONEY REVOCABLE LIVING TRUST on January 9, 2018 (the "Trust" or "Trust Agreement"), wherein SHARON JEAN MALONEY was named to serve as Trustee until her death or incapacity.
- 2. That in the event that SHARON JEAN MALONEY is unable or unwilling to serve as Trustee due to death or the incapacity, JAMES D. MALONEY is named as Successor Trustee.
- 3. That on or about May 23, 2023, Dr. Roy Margallo submitted a Certificate of Incapacity stating that SHARON JEAN MALONEY is incapacitated pursuant to the terms of the Trust and is no longer able to act as Trustee. Attached as **Exhibit "1"**
- 4. That on or about May 31, 2023, Dr. John Valles submitted a Certificate of Incapacity stating that SHARON JEAN MALONEY is incapacitated pursuant to the terms of the Trust and is no longer able to act as Trustee. Attached as **Exhibit "2"**

- 5. Therefore, pursuant to the terms of the SHARON JEAN MALONEY REVOCABLE LIVING TRUST, dated January 9, 2018, JAMES D. MALONEY does hereby accept the office of Successor Trustee of the SHARON JEAN MALONEY REVOCABLE LIVING TRUST, dated January 9, 2018.
- 6. That Real property located at 1786 Mahogany Circle, Minden, NV 89423 (APN 1320-30-110-014) in the County of Douglas, State of Nevada, more particularly described in **Exhibit "3"** was conveyed to the SHARON JEAN MALONEY REVOCABLE LIVING TRUST, dated January 9, 2018.
- 7. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: June 11, 2020

SHARON JEAN MALONEY REVOCABLE LIVING TRUST, dated January 9, 2018.

By:

JAMES D. MALONEY, Successor Trustee

STATE OF NEVADA

) ss.

COUNTY OF CLARK

On June 12, 2023, before me, the undersigned, a Notary Public in and for said County of Clark, State of Nevada, personally appeared JAMES D. MALONEY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

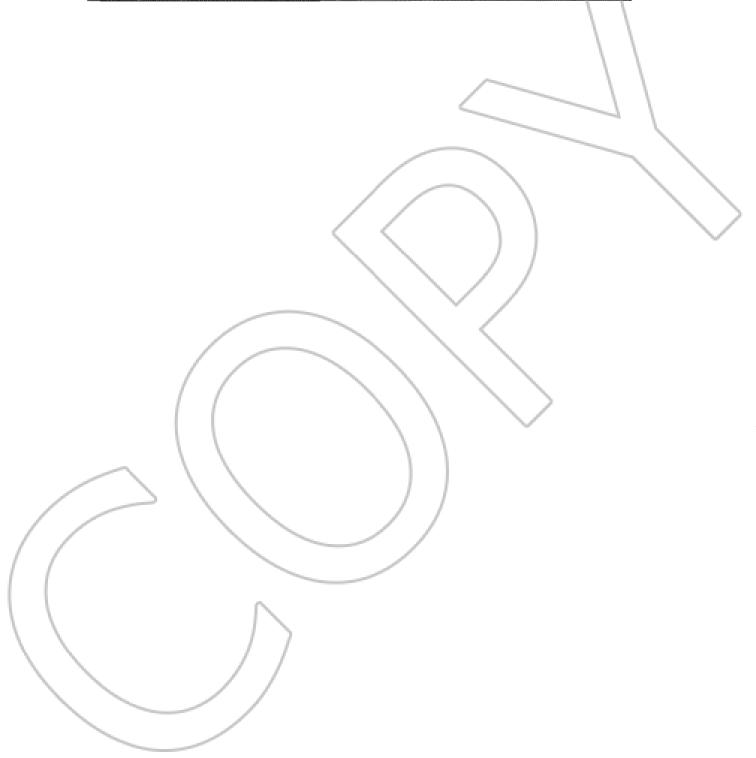
WITNESS my hand and official seal.

Jason M. Aivaz NOTARY PUBLIC STATE OF NEVADA Appt. No. 15-2273-1 My Appt. Expires 9 July 2023

NOTARY PUBLIC

EXHIBIT "1"

Dr. Roy Margallo Certificate of Incapacity re: SHARON JEAN MALONEY



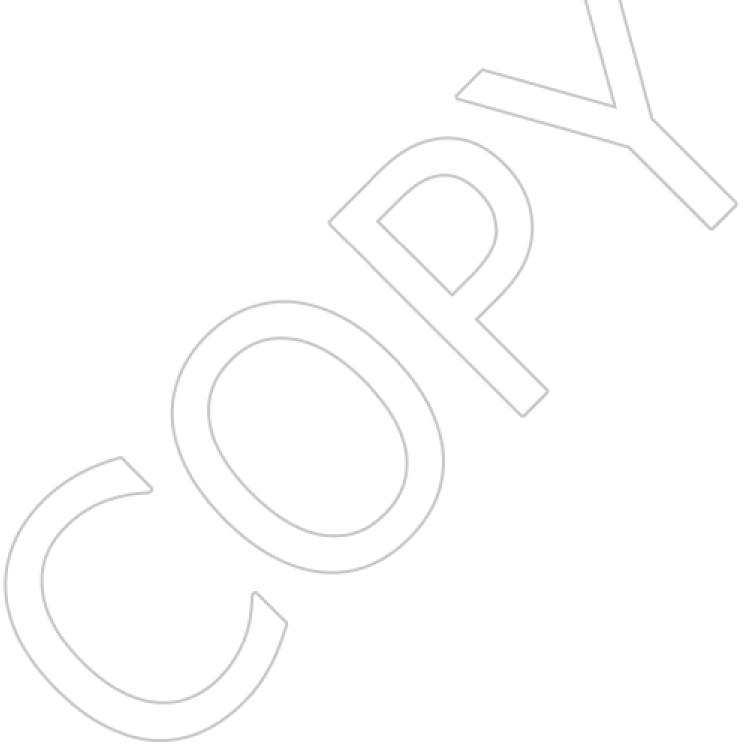
CERTIFICATE OF INCAPACITY AND REGARDING THE NEED FOR GUARDIANSHIP

In accordance with	NRS 159.044(2)(j):		
	y navgallo	(your	name), am:
	A physician licensed to 1	practice in the State of I	levada
***************************************	A physician employed b	y the Department of Ve	terans Affairs
	Employed bygovernmental agency in		me of agency), a o conducts investigations
	Employed by	(n	ame of agency)
	The title of my position execute this Certificate		and I qualify to
ž			
•	-		
	on that the adult patient, Perway with		suffers from a
thypeter	(1), Hypelific	lein, Hyrothy	いろいろく
It is my opini	on that this patient is	or is not a danger t	himself/herself or others.
	on that (check all that app		
Т	he patient is able to attend	i the guardianship Cour	t hearing
	he patient would not com contribute to the proceed		he Court hearing or be able
Â	ittending the Court hearin	g would be detrimental	to the patient
It is my opini	on that this patient:		
;Is	s or $$ is not capable of	living independently;	
^	Vith or Without assist	ance. If patient require	s assistance, please explain:

111 1100	organoc with 14102 122-035 (1)(8).
·	It is my opinion that this patient is unable to respond (check all that apply):
	to a substantial and immediate risk of physical harm
	✓ to an immediate need for medical attention
	To a substantial and immediate risk of financial loss
	None of the above
3	It is my opinion that this patient:
	is or has been subject to abuse, neglect or exploitation
	has not been subject to abuse, neglect or exploitation
In accor	dance with NRS 159.044:
I	t is my opinion that this patient needs a guardian of:
ı	Person (only)
	Estate (only)
	- Person and Estate
D	Dated this 310 day of My 2023
A.	
	(Physician's Signature)
	top mayallo M.S.
	(Printed Name)
\	
	1 1

EXHIBIT "2"

Dr. John Valles Certificate of Incapacity re: SHARON JEAN MALONEY



<u>CERTIFICATE OF INCAPACITY AND REGARDING</u> <u>THE NEED FOR GUARDIANSHIP</u>

In acc	ordance with	h NRS 159.044(2)(j):		
	I, <u>Jol</u>	un Valles	(your	name), am:
	~	A physician licensed to pr	actice in the State of N	evada
		A physician employed by	the Department of Vet	erans Affairs
	•	Employed bygovernmental agency in the	(nan(nan(nan(nan(nan(nan(nan	ne of agency), a
		Employed by		me of agency)
*		The title of my position is execute this Certificate for		and I qualify to
ì			the following reasons	
	•	~~		
	It is my opinio diagnosis of _	on that the adult patient,	Thanon Malo	suffers from a
	Modera Disord	ate Mayor Depr	espire Discolden	Andiels
•	It is my opinic	on that this patient is or	✓is not a danger to	himself/herself or others.
	It is my opinic	on that (check all that apply): \	
	Th	ne patient is able to attend to	he guardianship Court	hearing
		ne patient would not compre contribute to the proceeding		e Court hearing or be able
	Ât	ttending the Court hearing v	would be detrimental to	the patient
	It is my opinic	on that this patient:		
3	Is	orIs not capable of liv	ing independently;	
/.	w	ith or Without assistan	ce. If patient requires	assistance, please explain:
/ /		//		

In accordance with NRS 159-052 (1)(a):	
It is my opinion that this patient is unable to respond (check all that apply):	
to a substantial and immediate risk of physical harm	
to an immediate need for medical attention	
To a substantial and immediate risk of financial loss	
None of the above	
It is my opinion that this patient:	
is or has been subject to abuse, neglect or exploitation	
has not been subject to abuse, neglect or exploitation	
To any of the state of the stat	N.,
In accordance with NRS 159.044:	*
It is my opinion that this patient needs a guardian of:	N.,
Person (only)	
Estate (only)	
- Person and Estate	
Dated this 3154 day of Many 2003	
Dated this state day of thou, 2023.	
(Physician's Signature)	***************************************
(Physician's Signature)	
John Valles, M.D.	
(Printed Name)	MANAGEMENT.
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EXHIBIT "3"

LOT FIFTEEN (15) OF BLOCK A, AS SET FORTH ON THE MAP OF WESTWOOD PARK UNIT NO. IV, PHASE B, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 1, 1994, IN BOOK 694, AT PAGE 27, AS DOCUMENT NO. 338620.

TOGETHER WITH AN UNDIVIDED 1/21ST INTEREST IN AND TO THE COMMON AREA LYING WITHIN THE INTERIOR LINES AS SET FORTH ON MAP OF WESTWOOD PARK UNIT NO. IV, PHASE B, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 1, 1994, IN BOOK 694, AT PAGE 27, AS DOCUMENT NO. 338620, AND AS SHOWN ON RECORD OF SURVEY RECORDED APRIL 11, 2000 IN BOOK 0400, AT PAGE 1729, AS DOCUMENT NO. 489711.

WHICH HAS THE ADDRESS OF 1786 MAHOGANY CIRCLE

APN: 1320-30-110-014

