

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

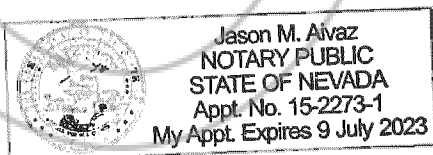
SHARON JEAN MALONEY REVOCABLE LIVING TRUST, dated January 9, 2018.

By: *James D. Maloney*
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.

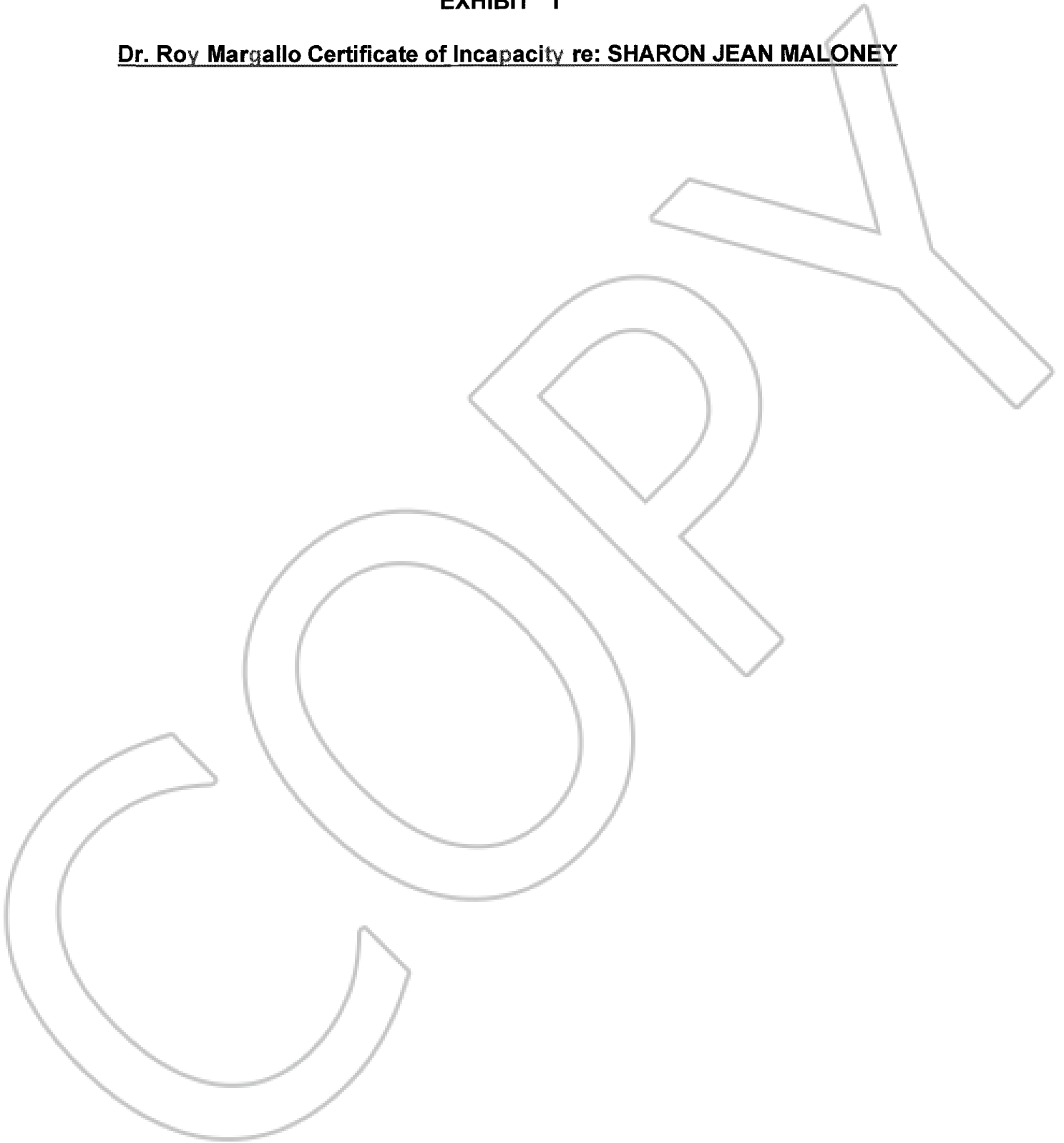
WITNESS my hand and official seal.



Jason M. Aivaz
NOTARY PUBLIC

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):

I, NOY MARGALLO (your name), am:

- A physician licensed to practice in the State of Nevada
 - A physician employed by the Department of Veterans Affairs
 - Employed by _____ (name of agency), a governmental agency in the State of Nevada who conducts investigations
 - Employed by _____ (name of agency)
- The title of my position is _____ and I qualify to execute this Certificate for the following reasons: _____

It is my opinion that the adult patient, Chad Maloney suffers from a diagnosis of Neurocognitive disorder unspecified
Hypertension, Hyperlipidemia, Hypothyroidism

It is my opinion that this patient _____ is or is not a danger to himself/herself or others.

It is my opinion that (check all that apply):

- The patient is able to attend the guardianship Court hearing
- The patient would not comprehend the reason for the Court hearing or be able to contribute to the proceeding
- Attending the Court hearing would be detrimental to the patient

It is my opinion that this patient:

- Is or Is not capable of living independently,
- With or Without assistance. If patient requires assistance, please explain:

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:

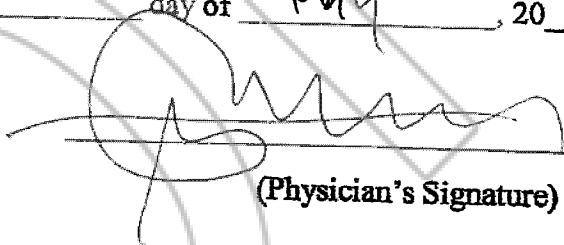
- is or has been subject to abuse, neglect or exploitation
- has not been subject to abuse, neglect or exploitation

In accordance with NRS 159.044:

It is my opinion that this patient needs a guardian of:

- Person (only)
- Estate (only)
- Person and Estate

Dated this 31st day of May, 2023



(Physician's Signature)

Dr. Mayallo M.D.

(Printed Name)

EXHIBIT "2"

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



CERTIFICATE OF INCAPACITY AND REGARDING
THE NEED FOR GUARDIANSHIP

In accordance with NRS 159.044(2)(j):

I, John Vales (your name), am:

- A physician licensed to practice in the State of Nevada
- A physician employed by the Department of Veterans Affairs
- Employed by _____ (name of agency), a governmental agency in the State of Nevada who conducts investigations
- Employed by _____ (name of agency)
- The title of my position is _____ and I qualify to execute this Certificate for the following reasons: _____

It is my opinion that the adult patient, Sharon Maloney suffers from a diagnosis of Neurocognitive Disorder Unspecified
Moderate, Major Depressive Disorder, Anxiety Disorder

It is my opinion that this patient ___ is or is not a danger to himself/herself or others.

It is my opinion that (check all that apply):

- The patient is able to attend the guardianship Court hearing
- The patient would not comprehend the reason for the Court hearing or be able to contribute to the proceeding
- Attending the Court hearing would be detrimental to the patient

It is my opinion that this patient:

- Is or is not capable of living independently;
- With or Without assistance. 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

In accordance with NRS 159.044:

It is my opinion that this patient needs a guardian of:

- Person (only)
- Estate (only)
- Person and Estate

Dated this 31st day of May, 2023.



(Physician's Signature)

John Valles, M.D.

(Printed Name)

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