

RECORDING REQUESTED BY:
Stewart Title Company

WHEN RECORDED MAIL TO:
Dennis Allen and Jody Christman, Successor Trustees of
The Bernard and Margaret Allen Family Trust, dated July
7, 2008
P.O. Box 55
Wofford Heights, CA 93285

ORDER NO. 2059978
A.P.N. No.: 1022-29-401-001

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Dennis Allen and Jody Christman of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, Margaret Joann Allen, is the same person as named as one of the parties in that certain Quitclaim Deed dated August 4, 2008, executed by Bernard Allen and Margaret Allen, husband and wife as joint tenants with right of survivorship, to Bernard Allen and Margaret Allen, Trustees of the Bernard and Margaret Allen Family Trust, dated July 7, 2008, recorded as Instrument No. 0728048 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

See Exhibit "A" attached hereto and made a part hereof.

2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: June 27, 2023

The Bernard and Margaret Allen Family Trust
dated July 7, 2008

By: *Dennis Allen, Successor Trustee*
Dennis Allen, Successor Trustee

By: _____
Jody Christman, Successor Trustee

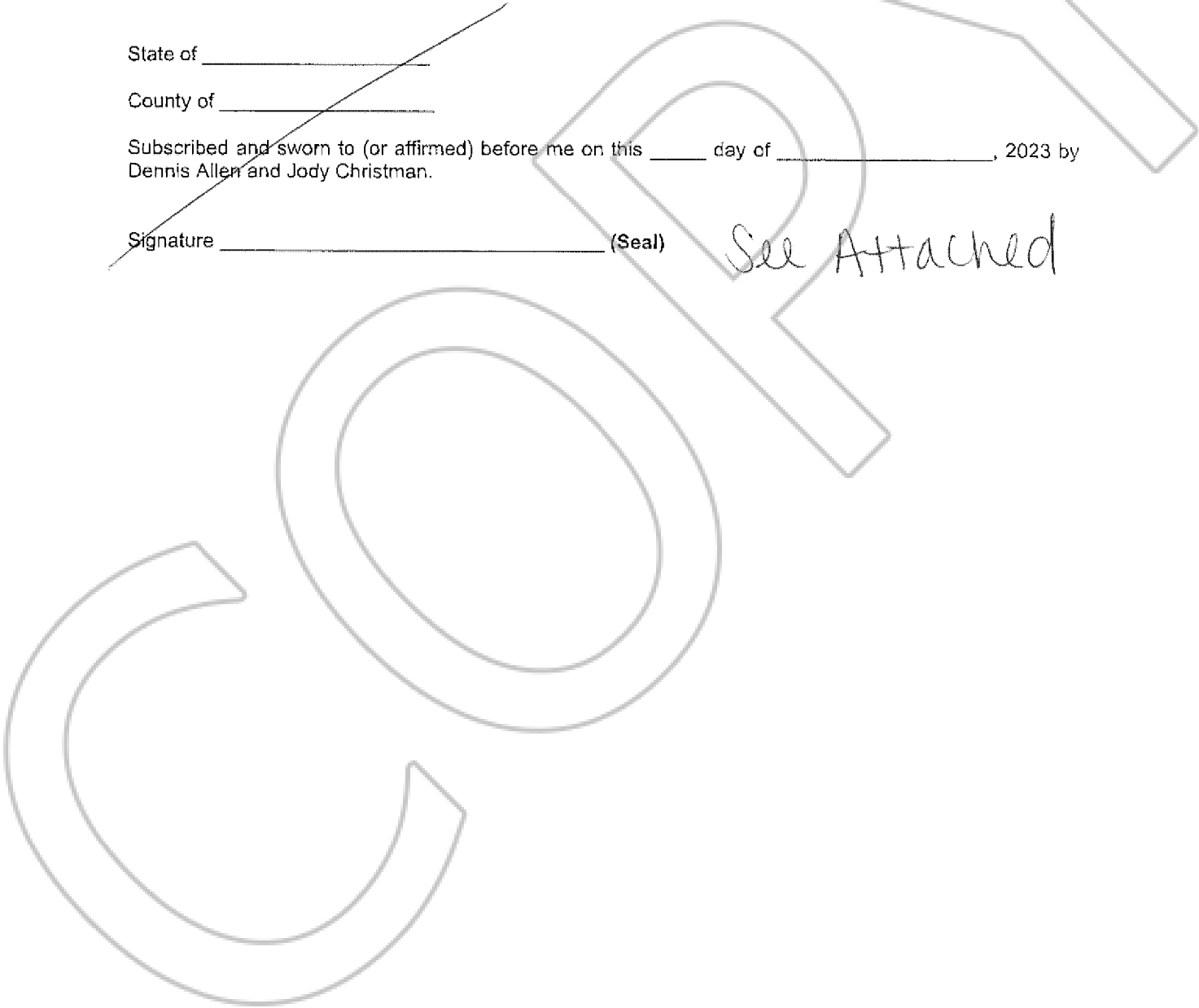
State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2023 by
Dennis Allen and Jody Christman.

Signature _____ (Seal)

See Attached

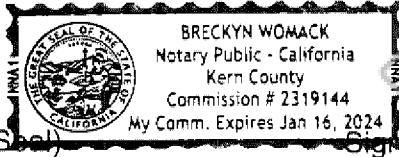


A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Kern

Subscribed and sworn to (or affirmed) before me on this 27th
day of June, 2023, by Dennis A. Allen

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature Breckyn Womack

The Bernard and Margaret Allen Family Trust
dated July 7, 2008

By: _____
Dennis Allen, Successor Trustee

By: Jody Christ
Jody Christman, Successor Trustee

State of Ca

County of Kern

Subscribed and sworn to (or affirmed) before me on this 28th day of JUNE, 2023 by
Dennis Allen and Jody Christman.

Signature Amy Brooks (Seal)

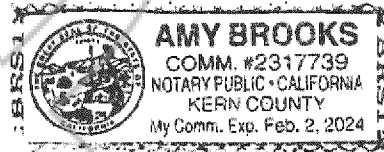


EXHIBIT "A" LEGAL DESCRIPTION

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Parcel 1:

All the certain piece or parcel of land situate in the SW¼ of Section 29, T.10N., R.22E., M.D.M., and shown on Record of Survey, Document No. 528949, and more particularly described as follows:

Commencing at a GLO brass cap located at the southwest corner of said section 29, as shown on Document No. 528949, thence South 89°58'00" East 696.5 feet; thence North 06°45'38" West, 578.41 feet to the TRUE POINT OF BEGINNING, thence through the following courses;

1. North 11°40'48" West, 100.09 feet;
2. North 13°45'00" West, 300.00 feet;
3. North 16°20'23" West, 99.94 feet;
4. North 90°00'00" East, 300.00 feet to a point on a curve on the westerly Right-of-Way of U.S. 395, said curve is concave westerly having a radius of 4425.00 feet and a tangent bearing of South 17°01'57" East;
5. Southerly along said curve through a central angle of 06°28'27" and an arc length of 500.00 feet;
6. North 90°00'00" West, 299.48 feet to the point of beginning.

The Bearing of North 89°58'00" West, along the South line of Section 29 as shown on Document No. 528949 was used as the Basis of Bearings for this description.

Parcel 2:

A non-exclusive commercial driveway easement as described in Grant, Bargain and Sale Deed, recorded on April 2, 2002, Book 402, Page 3845 as Document No. 539426, Official Records of Douglas County, Nevada.

NOTE: The above metes and bounds description appeared previously in that certain instrument recorded in the office of the County Recorder of Douglas County, Nevada on April 2, 2002, Book 402, Page 3845 as Document No. 539426 of Official Records.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

PUBLIC HEALTH SERVICES DEPARTMENT

1800 MT. VERNON AVE., BAKERSFIELD, CALIFORNIA 93306-3302

3052023087556

CERTIFICATE OF DEATH

3202315002012

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 15-111 (REV 2008)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARGARET		2. MIDDLE JOANN		3. LAST (Family) ALLEN			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 10/16/1937		5. AGE Yrs 85		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 9477		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) WIDOWED	
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 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 04/20/2023	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 45		8. HOUR (24 Hours) 0800	
20. DECEDENT'S RESIDENCE (Street and number, or location) 6400 WOFFORD BLVD		21. CITY WOFFORD HEIGHTS		22. COUNTY/PROVINCE KERN		23. ZIP CODE 93285	
24. YEARS IN COUNTY 43		25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8801 CUMBERLAND COURT, BAKERSFIELD, CA 93312			
26. INFORMANT'S NAME, RELATIONSHIP DENNIS ALLEN, SON		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST MARIAN		29. MIDDLE SARAH		30. LAST (BIRTH NAME) SOKOLOFF	
31. NAME OF FATHER/PARENT - FIRST JEROME		32. MIDDLE HIRSHFIELD		33. LAST FISHEL		34. BIRTH STATE OH	
35. NAME OF MOTHER/PARENT - FIRST MARIAN		36. MIDDLE SARAH		37. LAST (BIRTH NAME) SOKOLOFF		38. BIRTH STATE OH	
39. DISPOSITION DATE mm/dd/yyyy 05/01/2023		40. PLACE OF FINAL DISPOSITION HILLSIDE MEMORIAL PARK 6001 W. CENTINELA AVE, LOS ANGELES, CA 90045					
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT HILLSIDE MEMORIAL PARK MORTUARY		45. LICENSE NUMBER FD1358		46. SIGNATURE OF LOCAL REGISTRAR KRIS LYON, MD		47. DATE mm/dd/yyyy 04/20/2023	
101. PLACE OF DEATH BURLINGTON ASSISTED LIVING		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other			
104. COUNTY KERN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 13 SYCAMORE DRIVE		106. CITY WOFFORD HEIGHTS		107. CAUSE OF DEATH	
107. CAUSE OF DEATH Enter the chain of events - - - (disease, injury, or complication) - - - 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) CARDIOPULMONARY ARREST (B) CONGESTIVE HEART FAILURE (C) HYPERTENSION		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) MINS (B) MOS (C) YRS (D) -		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NATIONAL NUMBER		110. ICP/PSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. ALTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. NO		113A. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		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: (A) mm/dd/yyyy (B) mm/dd/yyyy 04/07/2023 04/18/2023			
115. SIGNATURE AND TITLE OF CERTIFIER TODD ALLEN FARRER, MD		116. LICENSE NUMBER A60156		117. DATE mm/dd/yyyy 04/20/2023		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE TODD ALLEN FARRER, MD 7702 MEANY AVE STE 105, BAKERSFIELD, CA 93308	
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. HOUR (24 Hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DATE mm/dd/yyyy		124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
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			
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	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF KERN

DATE ISSUED **MAY 05 2023**

000869064

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

Kris Lyon
KRIS LYON, M.D.
PUBLIC HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAKERN - 01