

ASSESSOR PARCEL NUMBER:
1318-16-710-003

Recording Requested by:

MICHAEL E. GRAHAM, ESQ.

When Recorded Mail To:

MOBO LAW, LLP
10343 High Street, Suite One
Truckee, California 96161-0116

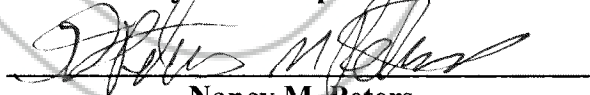
MAIL TAX STATEMENTS TO:

Nancy M. Peters
Post Office Box 11879
Zephyr Cove, NV 89448-3879

SPACE ABOVE FOR RECORDER'S USE
DOCUMENTARY TRANSFER TAX: NONE
(CHANGE OF TRUSTEE - NOT PURSUANT TO SALE)

AFFIDAVIT OF CHANGE OF TRUSTEE
(NEVADA REVISED STATUTES 164.400-164.440)

The undersigned hereby affirms that this document
contains a Social Security Number pursuant to N.R.S. 440.380(1)(A)



Nancy M. Peters

State of Nevada)
) ss.
County of Douglas)

NANCY M. PETERS, of legal age, being first duly sworn, deposes and says:

NANCY M. PETERS is the duly appointed and acting Successor Trustee of the
RAYMOND R. PETERS AND NANCY M. PETERS REVOCABLE TRUST Under Declaration

of Trust dated November 1990, as Amended and Restated (the "Trust") and is qualified and has the power to act as such Trustee.

The Trust was initiated and created by RAYMOND R. PETERS and NANCY M. PETERS for their benefit. RAYMOND R. PETERS and NANCY M. PETERS were the original Co-Trustees of the Trust. The Trust provides that should either Co-Trustee become unable, because of death, incompetency or other reason, to serve as Co-Trustees, the remaining Co-Trustee shall serve as sole Trustee.

RAYMOND R. PETERS died on January 20, 2023, as shown on the certified copy of Certificate of Death attached hereto and incorporated herein by reference, and is the same person as RAYMOND R. PETERS named as the initial Co-Trustee of the RAYMOND R. PETERS AND NANCY M. PETERS REVOCABLE TRUST Under Declaration of Trust dated November 1990, as Amended and Restated, and is the same person as the party in that certain Grant Bargain and Sale Deed dated May 31, 2002, wherein the Grantees are RAYMOND R. PETERS and NANCY M. PETERS, as Co-Trustees of the RAYMOND R. PETERS AND NANCY M. PETERS REVOCABLE TRUST Under Declaration of Trust dated November 1990, recorded June 10, 2002, as Document No. 0544226, Book 0602, Pages 2665-2667, of Official Records of Douglas County, Nevada. I succeeded RAYMOND R. PETERS, as the sole Trustee of the Trust, on January 20, 2023, as a result of that Trustee's death.

* * * * *

This Affidavit affects the title to the following described property in Exhibit "A", attached hereto and incorporated herein by reference, situated in the County of Douglas, State of Nevada, commonly known as 458 Reno Avenue, Zephyr Cove, Nevada 89448-3879, Assessor's Parcel Number 1318-16-710-003.

This Trust has not been revoked, modified, or amended in any manner, other than set forth above, which would cause the representations in this Affidavit to be incorrect. This Affidavit is being signed by all currently acting Trustees of the Trust.

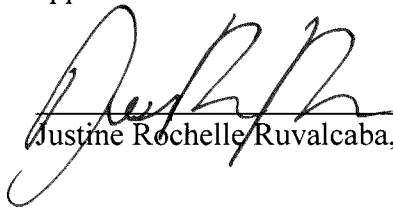
RAYMOND R. PETERS AND NANCY M.
PETERS REVOCABLE TRUST UNDER
DECLARATION OF TRUST DATED
November 21, 1990


NANCY M. PETERS, Trustee

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 Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 14th day of July 2023, by
NANCY M. PETERS, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.



Justine Rochelle Ruvalcaba, Notary Public



EXHIBIT "A"

LEGAL DESCRIPTION

**Assessor Parcel Number: 1318-16-710-003
Douglas County, Nevada**

**Commonly known as:
458 Reno Avenue
Zephyr Cove, Nevada 89448-3879**

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

PARCEL ONE:

The East one-half of Lot 86 and all of Lot 87, Elks Subdivision, Lake Tahoe, Nevada, as shown on the Map recorded in the Office of the Douglas County Recorder on May 5, 1927, in Book 1 of Maps, and the Amended Map recorded January 5, 1928, in Book 1 of Maps and the Second Amended Map recorded June 5, 1952, in Book 1 of Maps as Document 8537.

PARCEL TWO:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, and being a portion of Lot 90 as shown on the Amended Plat of the Elks Subdivision, recorded in the Office of the Douglas County Recorder, on January 5, 1928, and as shown on the Second Amended Plat of the Elks Subdivision recorded in the Office of the Douglas County Recorder, on June 5, 1952, said portion being more particularly described as follows:

Commencing at the Northwest corner of Lot 90, Second Amended Map of Elks Subdivision recorded June 5, 1952, in Book 1 of Maps as Document 8537, said point being the TRUE POINT OF BEGINNING; thence Easterly along the North Line of said Lot 90, North 43° 57' 11" 47.00 feet; thence leaving said lot line South 46° 02' 49" East, 3.00 feet; thence South 43° 57' 11" West 46.79 feet to the West line of said Lot 90; thence Northerly along said West line North 49° 59' 00" West 3.01 feet to the Northwest corner of said Lot 90 and the TRUE POINT OF BEGINNING.

And as further shown on that certain Record of Survey for Michael B. Jager recorded June 3, 2002, in Book 0602 at Page 53, as Document 543624, Douglas County Records.

Excepting any portion of the above described property lying within the bed of Lake Tahoe below an elevation of 6,223.00 feet, Lake Tahoe Datum, established by NRS 321.595.

Former APN: 0000-05-241-370

NOTE: The above metes and bounds description appears previously in that certain document recorded January 22, 1992, in Book 192, at Page 2513, as Document 269302, Douglas County Records.

Together with all and singular the tenements, hereditaments, appurtenances, water rights, and easements thereon or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof, to have and to hold the said premises unto Grantees and their successors and assigns forever.

[end]

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052023012385

CERTIFICATE OF DEATH

3202301000512

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RAYMOND		ROBERT		PETERS	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
		09/14/1942		80	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		6646		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		14.115 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		12. MARITAL STATUS/SDP (at Time of Death)	
BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		7. DATE OF DEATH mm/dd/yyyy	
BANKER		BANKING		01/20/2023	
20. DECEDENT'S RESIDENCE (Street and number, or location)		24. YEARS IN COUNTY		8. HOUR (24 Hours)	
447 POSADA WAY		52		0500	
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
FREMONT		ALAMEDA		94536	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
ANGEL BARBA, DAUGHTER		3118 SWEETBRIER CIRCLE, LAFAYETTE, CA 94549			
28. NAME OF SURVIVING SPOUSE/SDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
NANCY				TSAI	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
ROBERT		VAUGHN		PETERS	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
CA		MARGUERITE		MARILYN	
37. LAST (BIRTH NAME)		38. BIRTH STATE		39. DISPOSITION DATE mm/dd/yyyy	
CARR		WA		01/28/2023	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)			
EL CARMELO CEMETERY		BURIAL			
68 ASILOMAR AVENUE, PACIFIC GROVE, CA 93950		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
		MICHELLE M. PRICE		EMB9559	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
THE PAUL MORTUARY		FD280		NICHOLAS J. MOSS, MD, MPH	
47. DATE mm/dd/yyyy		101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE	
01/26/2023		ALAMEDA		<input type="checkbox"/> Home <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
<input type="checkbox"/> Home <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Other		ALAMEDA		447 POSADA WAY	
106. CITY		107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
FREMONT		ESOPHAGEAL CANCER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. BIOPSY PERFORMED?		110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
NONE.		BIOPSY UNKNOWN; ESOPHAGEAL STENT 12 07 2022.		Decedent Altered Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>	
115. SIGNATURE AND TITLE OF CERTIFIER		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
STEVEN JOSEPH ROSENTHAL, MD		STEVEN JOSEPH ROSENTHAL, MD		G34732	
118. DATE mm/dd/yyyy		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
01/26/2023		12/21/2022		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Event(s) which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		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	

1 of 1

CAALAMEDOJ

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA



This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED **FEB 21 2023**

NJA MD
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

