

When recorded mail to:

Affiant Name: Helen Salas

Address: PO Box 941270 Simi Valley, CA 93094

**AFFIDAVIT OF SUCCESSOR TRUSTEE  
UPON DEATH OF TRUSTEE**

STATE OF NEVADA  
COUNTY OF WASHOE

Helen Salas \_\_\_\_\_ (Affiant), being of legal age and being first duly sworn, deposes and states as follows:

1. This Affidavit is given to evidence the death Edward Alfonso Salas \_\_\_\_\_ (Deceased Trustee Name), Trustee of the Salas Family Trust \_\_\_\_\_ Trust, under Trust Agreement dated November 18, 1998 \_\_\_\_\_ and to establish \_\_\_\_\_ (Name of Successor Trustee) as Successor Trustee of said trust.

2. Affiant hereby certifies that Helen Salas Helen Salas (Name of Current Trustee) listed as Trustee of the Salas Family Trust \_\_\_\_\_ (Name of Trust) is one and the same person as Helen Salas (Name of Current Trustee), Decedent, who is names in that particular Certificate of Death, local file no. 3052022110879, a certified copy of which is attached hereto and by this reference made a part hereof.

3. By virtue of said Death Certificate and the above-referenced Trust Agreement, Affiant does hereby declare that the conditions for the appointment of Successor Trustee have been met and that, pursuant to said Trust Agreement, the Affiant is now authorized as Successor Trustee to sell, convey, or otherwise distribute, encumber or manage the Trust assets. This affidavit is given with specific reference to the sale, conveyance, or other distribution from the Trust Estate of that certain real property locating in Douglas County, State of Nevada and more particularly described as follows:

Tax Parcel No: 1220-16-110-012

Property Address: 1228 Pleasantview Drive, Gardnerville, NV 89460

DATED this 26 day of July, 2023

Helen Salas  
Helen Salas, Successor Trustee

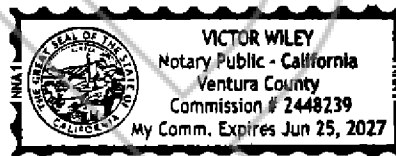
State of California  
County of Ventura

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.

This instrument was acknowledged before me on 07/26/2023 by Helen Salas,

executed the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their free act and deed.

Victor Wiley  
Notary Public  
My Commission Expires: 06/25/2027

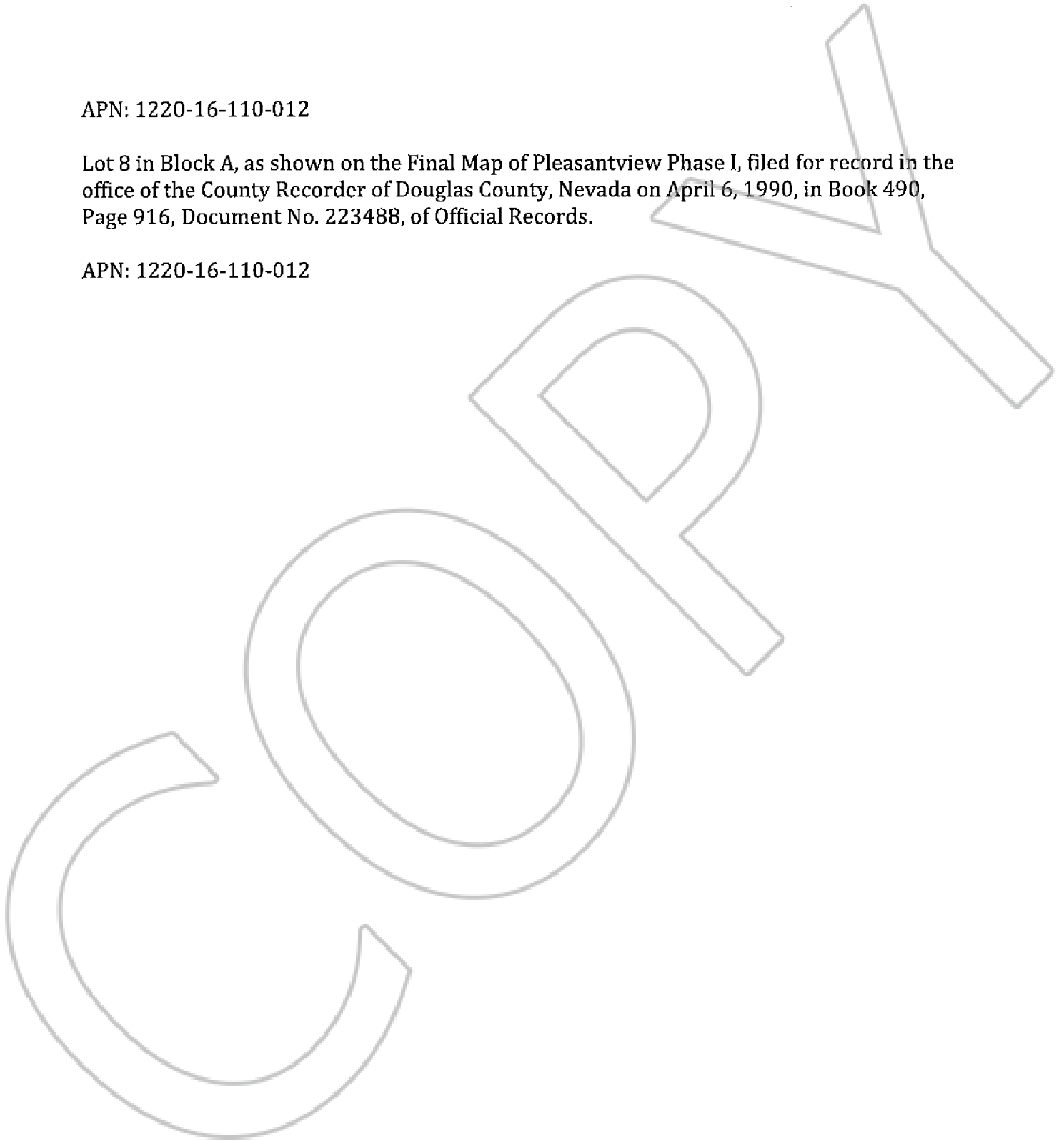


**EXHIBIT A**

APN: 1220-16-110-012

Lot 8 in Block A, as shown on the Final Map of Pleasantview Phase I, filed for record in the office of the County Recorder of Douglas County, Nevada on April 6, 1990, in Book 490, Page 916, Document No. 223488, of Official Records.

APN: 1220-16-110-012



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF VENTURA**

VENTURA, CALIFORNIA

3052022110879

**CERTIFICATE OF DEATH**

3202256002292

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / IN ENGLISH, IN ALPHABETIC OR ALPHANUMERIC 19-11 (REV 3/02)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) <b>EDWARD</b>		2. MIDDLE <b>ALFONSO</b>		3. LAST (Family) <b>SALAS</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>07/25/1956</b>		5. AGE Yrs. <b>65</b>	6. IF UNDER ONE YEAR Months Days	7. IF UNDER 24 HOURS Hours Minutes	8. SEX <b>M</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>6498</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP* (at time of death) <b>MARRIED</b>	13. DATE OF DEATH mm/dd/yyyy <b>05/03/2022</b>
14. EDUCATION—Highest Level/Level (See instructions on back) <b>MASTER'S</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <b>MEXICAN</b> <input type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) <b>HISPANIC</b>	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>SENIOR VICE PRESIDENT</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) <b>UTILITIES</b>		19. YEARS IN OCCUPATION <b>30</b>
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>669 NOBLE RD</b>					
21. CITY <b>SIMI VALLEY</b>		22. COUNTY/PROVINCE <b>VENTURA</b>		23. ZIP CODE <b>93065</b>	24. YEARS IN COUNTY <b>3</b>
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. YEARS IN COUNTY <b>3</b>			
28. INFORMANT'S NAME, RELATIONSHIP <b>EDWARD ALEXANDER SALAS, SON</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or other mailing address, city or town, state and zip) <b>565 SUGARPINE CT, THOUSAND OAKS, CA 91320</b>		
29. NAME OF SURVIVING SPOUSE/SROP—FIRST <b>HELEN</b>		29. MIDDLE <b>THOMSON</b>		30. LAST (BIRTH NAME) <b>LONGLEY</b>	
31. NAME OF FATHER/PARENT—FIRST <b>ALFONSO</b>		32. MIDDLE <b>-</b>		33. LAST <b>SALAS</b>	
34. BIRTH STATE <b>CA</b>		35. NAME OF MOTHER/PARENT—FIRST <b>AMADITA</b>		36. MIDDLE <b>-</b>	
37. LAST (BIRTH NAME) <b>GARCIA</b>		38. BIRTH STATE <b>CA</b>		39. BIRTH STATE <b>CA</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>05/12/2022</b>		40. PLACE OF FINAL DISPOSITION <b>PIERCE BROS VALLEY OAKS MEM PARK 5600 LINDERO CYN RD., WESTLAKE VILLAGE, CA 91362</b>			
41. TYPE OF DISPOSITIONS <b>BURIAL</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>VALLEY OAKS-GRIFFIN MORTUARY</b>		45. LICENSE NUMBER <b>FD1344</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>ROBERT M LEVIN MD</b>		47. DATE mm/dd/yyyy <b>05/10/2022</b>
101. PLACE OF DEATH <b>ADVENTIST HEALTH SIMI VALLEY</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	103. IF OTHER THAN HOSPITAL, SPECIFY ONE		
104. COUNTY <b>VENTURA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2975 SYCAMORE DRIVE</b>		106. CITY <b>SIMI VALLEY</b>	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal words such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) <b>SEPTIC SHOCK UNSPECIFIED ORGANISM</b> Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) <b>PNEUMONIA UNSPECIFIED ORGANISM</b> (C) <b>TYPE II DIABETES MELLITUS</b> (D) <b>UNCONTROLLED HYPERGLYCEMIA</b>		Time Interval Between Onset and Death (A) <b>24 HRS</b> (B) <b>5 DAYS</b> (C) <b>3 YRS</b> (D) <b>5 YRS</b>	108. DEATH REPORTED TO CORONER? (YES/NO) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>ESSENTIAL HYPERTENSION</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. (A) mm/dd/yyyy <b>05/02/2022</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>ANTHONY RYAN TABET, DO</b>		116. LICENSE NUMBER <b>20A16876</b>	117. DATE mm/dd/yyyy <b>05/10/2022</b>
118. 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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>ANTHONY RYAN TABET, DO 1250 16TH STREET #2304, SANTA MONICA, CA 90404</b>		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/yyyy
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
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			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 RECORD**  
STATE OF CALIFORNIA, COUNTY OF VENTURA

This is a true and exact reproduction of the document officially registered and placed on file with the Ventura County Clerk and Recorder.

DATE ISSUED

MAY 15 2022



*Mark A Lunn*  
**MARK A. LUNN**  
COUNTY CLERK AND RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk and Recorder.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



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