

**ASSESSOR'S PARCEL NO. 1219-15-002-018**

**WHEN RECORDED MAIL TO:**

ANDREW D. COPANS  
WILLKIE FARR & GALLAGHER LLP  
2029 CENTURY PARK EAST  
34TH FLOOR  
LOS ANGELES, CA 90067-2905

**MAIL TAX NOTICES TO:**

SANDRA L. BURR, TRUSTEE  
E. COLE BURR, TRUSTEE  
4936 YERBA SANTA DRIVE  
SAN DIEGO, CA 92115

### **Affidavit of Successor Trustee**

The undersigned SANDRA L. BURR AND E. COLE BURR, of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. EDWARD G. BURR is named as Trustee under that certain Burr 2001 Community Trust dated April 2, 2001 (herein, the "Trust").
2. EDWARD G. BURR aka EDWARD GENE BURR died on MAY 31, 2021, and is the decedent named in that particular Certificate of Death attached hereto and made a part hereof.
3. EDWARD G. BURR is the same person named as a trustee grantee in that particular deed recorded as Document No. 0643034, on April 28, 2005, in the office of the Recorder of Douglas County, Nevada.
4. SANDRA L. BURR and E. COLE BURR are designated as the successor co-trustees under the Trust, to serve upon the death of EDWARD G. BURR. The Trust was in effect at the date of the death of EDWARD G. BURR and has not been revoked. SANDRA L. BURR and E. COLE BURR have consented to act as co-trustees under the Trust.

Sandra L. Burr  
SANDRA L. BURR

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 San Diego )

Subscribed and sworn to (or affirmed) before me on this 10 day of March,  
2023, by Sandra Burr, proved to me on the basis of satisfactory  
evidence to be the person(s) who appeared before me.

Witness my hand and official seal.

Kristine Foster  
Signature of Notary Public

[Affix Notary Seal]





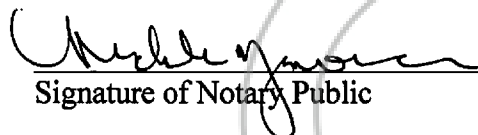
E. COLE BURR

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 San Bernardino

Subscribed and sworn to (or affirmed) before me on this 6 day of March, 2023, by Cole Burr, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Witness my hand and official seal.

  
Signature of Notary Public

[Affix Notary Seal]

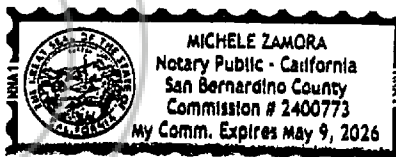


EXHIBIT A

The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

Lot 16, in Block 2 as set forth on that certain Planned Unit Development 2014-1 of JOB'S PEAK RANCH UNIT 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 13, 1997 in Book 697 at Page 3042 as Document No. 415114, Official Records and by Certificate of Amendment recorded February 5, 1999, in Book 299, at Page 1198, as Document No. 460418, Official Records.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3202137012379

STATE FILE NUMBER		FEDERAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST, MIDDLE, LAST <b>EDWARD</b>		2. LAST NAME <b>BURR</b>	
3. SEX <b>MALE</b>		4. DATE OF BIRTH <b>11/05/1931</b>	
5. MARITAL STATUS <b>MARRIED</b>		6. DATE OF DEATH <b>05/31/2021</b>	
7. OCCUPATION <b>BUSINESS OWNER</b>		8. TRADE OR BUSINESS <b>WASTE AND RECYCLING</b>	
9. CITY <b>SAN DIEGO</b>		10. COUNTY <b>SAN DIEGO</b>	
11. ZIP CODE <b>92115</b>		12. STATE <b>CA</b>	
13. NAME OF DECEASED'S SPOUSE <b>SANDRA L. BURR, WIFE</b>		14. ADDRESS <b>4936 YERBA SANTA DR, SAN DIEGO, CA 92115</b>	
15. NAME OF DECEASED'S FATHER <b>PAUL</b>		16. NAME OF DECEASED'S MOTHER <b>LINDEN</b>	
17. PLACE OF DEATH <b>SHARP GROSSMONT HOSPITAL 5555 GROSSMONT CENTER DR SAN DIEGO</b>		18. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	
19. CAUSE OF DEATH <b>RESPIRATORY FAILURE</b>		20. HOURS <b>11:00</b>	
21. CAUSE OF DEATH <b>SUSPECT SEPTIC SHOCK</b>		22. HOURS <b>11:00</b>	
23. CAUSE OF DEATH <b>ATRIAL FIBRILLATION WITH RAPID VENTRICULAR RESPONSE</b>		24. HOURS <b>11:00</b>	
25. CAUSE OF DEATH <b>CHRONIC CONGESTIVE HEART FAILURE</b>		26. YEARS <b>11</b>	
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH <b>NONE</b>		28. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>	
29. DATE OF DEATH <b>05/30/2021</b>		30. DATE OF DEATH <b>06/03/2021</b>	
31. PLACE OF DEATH <b>PO BOX 81026, SAN DIEGO, CA 92130</b>		32. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>	
33. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>		34. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>	
35. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>		36. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>	
37. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>		38. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>	
39. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>		40. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>	
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45. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>		46. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>	
47. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>		48. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>	
49. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>		50. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>	
51. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>		52. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>	
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99. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>		100. SIGNATURE OF REGISTRAR <b>WILMA J. WOOTEN, M.D., M.P.H.</b>	

County of San Diego - Health & Human Services Agency - 3851 Roscorla Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES IMPROVED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

WILMA J. WOOTEN, M.D., M.P.H.

DATE ISSUED: 6/17/2021 WILMA J. WOOTEN, M.D., M.P.H. REGISTRAR OF VITAL RECORDS County of San Diego



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE