

APN# 1420-29-711-010

Recording Requested by/Mail to:

Name: FNC TITLE SERVICES LLC

Address: 1300 PICCARD DRIVE STE

City/State/Zip: ROCKVILLE, MD 20870

Mail Tax Statements to:

Name: STEVEN MESSER

Address: 1153 COUNTRY CLUB DR

City/State/Zip: MINDEN, NV 89423

AFFIDAVIT OF SUCCESSOR TRUSTE

Title of Document (required)

Please complete the Affirmation Statement below:

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380 (1)(A) & NRS 40.525 (5)

Military Discharge – NRS 419.020 (2)

Other NRS 163.556 (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Kristen Carlisle

Signature

KRISTEN CARLISLE

Printed Name

This document is being (re-)recorded to correct document # 944273, and is correcting **CORRECT CHAIN OF OWNERSHIP**

APN: 1420-29-711-010

AFFIDAVIT OF SUCCESSOR TRUSTEE

State of Nevada

County of Douglas

I, Steven James Messer, after being duly cautioned and sworn, state that:

1. I am the Successor Trustee of The Messer Family Trust dated September 1, 1988, first amended, and restated on February 5, 1997, second amended on December 19, 2006, and third amended on January 27, 2016, and fourth amended on February 23, 2022, which held title to parcel 1420-29-711-010 with an address of 1153 Country Club Drive, Minden, NV 89423 in Douglas County, Nevada. For complete legal description, see Exhibit A attached.
2. The trustees who proceeded me, Paul Messer and Bette Messer, no longer serve because of death as reflected by a copy of death certificate for Paul Messer is attached as Exhibit B. Bette Messer was declared incompetent and copy of letter attached as Exhibit C.
3. The names and address of all trustees are as follows:

Pamela Weimer, daughter of Paul and Bette Messer of, 4247 Terrace Street Oakland, CA 94611

Rebecca Seifert, daughter of Paul and Bette Messer of, 18103 Santa Cecilia Fountain Vally, CA 92708

4. Affiant further states that Affiant is familiar with the nature of an oath, and with the penalties as provided by the laws of the state aforesaid for falsely swearing to statements made in an instrument of this nature.

Further, Affiant sayeth naught

Steven James Messer TIEE

Steven James Messer, Successor Trustee

State of ~~Nevada~~ California^{DT}

County of ~~Douglas~~ Contra Costa^{DT}

Sworn to and subscribed before me this 21st day of March, 2021 by Steven James Messer.

Signature of Notary:

Print type or stamp commissioned name of Notary

Public: Personally Known or produced

Identification. Type of Identification produced.

CA Driver's License

Prepared by:

FNC Title Services LLC

1300 Piccard Drive Ste 105

Rockville, MD 20850



Exhibit A

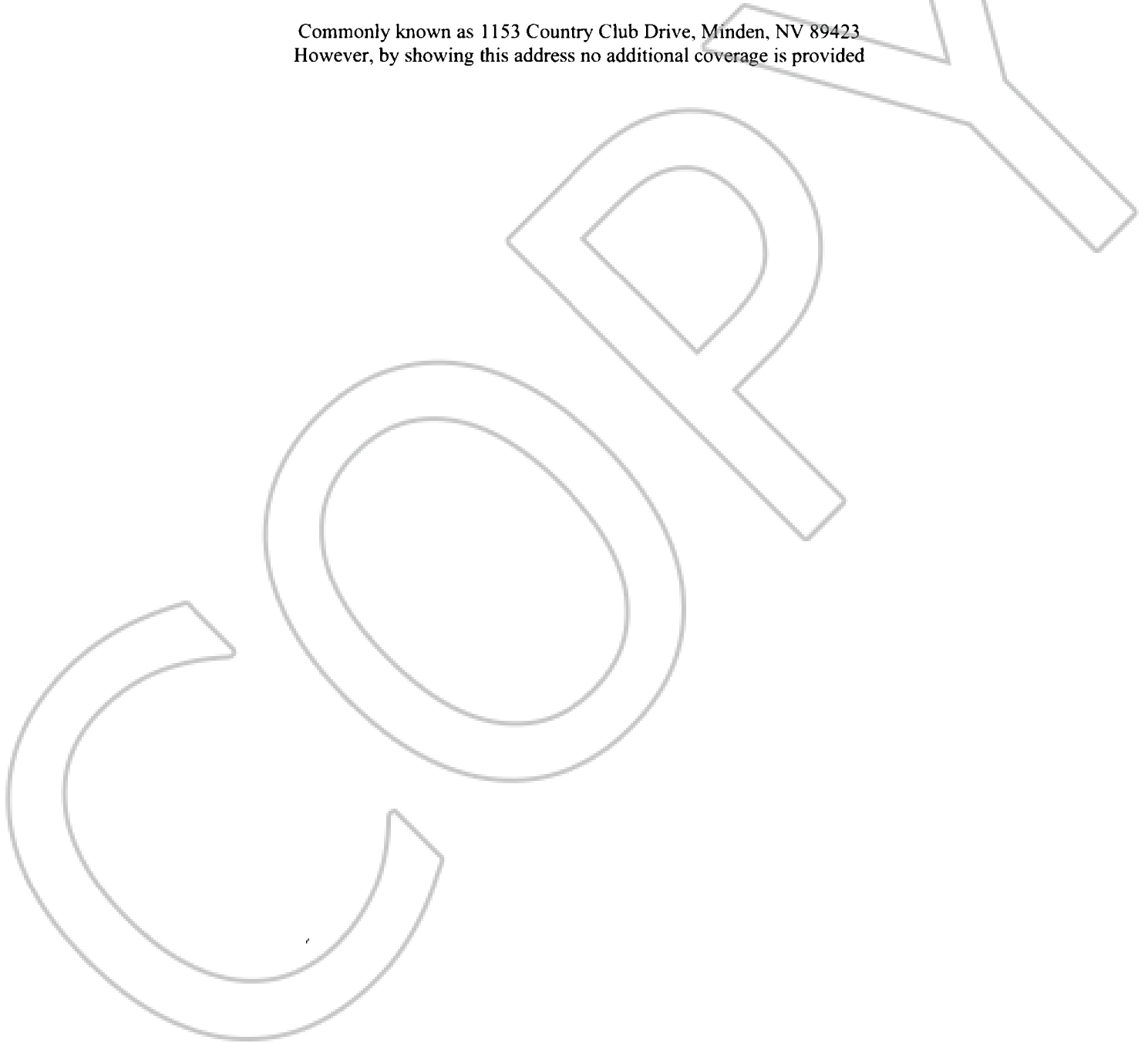
Legal Description:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

Lot 41, in Block D of Saratoga Springs Estates, Unit 1, a Planned Unit Development, as shown on the official Map recorded in the office of the County Recorder on June 16, 1990, in Book 690, Page 525, as Document No. 227472.

Parcel ID: 1420-29-711-010 and 21-360-230

Commonly known as 1153 Country Club Drive, Minden, NV 89423
However, by showing this address no additional coverage is provided



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3991402

CERTIFICATE OF DEATH

2017022630
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Paul Lucas MESSER			2. DATE OF DEATH (Mo/Day/Yr) December 01, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Minden Medical Center Emergency		3e. If Hosp. or Inst. indicate DOA, OP/Emr. Rm. (Inpatient/Specify) Emergency Room / Outpatient		4. SEX Male
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 91	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) April 05, 1926
	9a. STATE OF BIRTH (if not US/CA, name country) North Dakota		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 18	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Bette WESTMORELAND
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████ 6108		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Chevron		14c. Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1153 Country Club Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank Albert MESSER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence BARTH			
	18a. INFORMANT- NAME (Type or Print) Bette MESSER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1153 Country Club Dr Minden, Nevada 89423				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423		
	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GERALD L. COTTRELL MD			22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			
	21b. DATE SIGNED (Mo/Day/Yr) December 05, 2017		21c. HOUR OF DEATH 11:48		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						21e. LICENSE NUMBER
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Gerald L Cottrell MD 1702 County Rd Minden, NV 89423						23b. LICENSE NUMBER 6778
CAUSE OF DEATH	24a. REGISTRAR (Signature) SHERRIE A CONNELL		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 06, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I		(a) Cardiopulmonary Arrest		Interval between onset and death 30 Min		
			(b) Ventricular Tachycardia		Interval between onset and death 1 Hour		
		(c) Arteriosclerotic Heart Disease		Interval between onset and death Years			
		(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Aortic Regurgitation, Hypertension, Mitral Regurgitation,						26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes							
28a. ACC., SUICIDE, HCM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

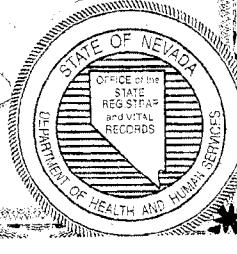
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED:

DEC 06 2017

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

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit C

CERTIFIED COPY KAC

DECLARATION OF COMPETENCE

I, ALFRED M PHILLIPS (practitioner's name), hereby certify as follows:

1. I am a physician or nurse practitioner duly licensed to practice medicine in the State of NEVADA as of 2012 (year licensed).

2. I have provided medical services to Bette M. Messer (patient name) from 9/30/21 (year started) to present (4/27/22) (year ended/ongoing), and am familiar with their medical condition during that span of time.

3. I understand that on December 20, 2017 (date of signature), the patient signed Durable Power Of Attorney (Steve Messer Agent) (title of document).

4. It is my medical opinion that, as of the date the above document was signed, the patient: DID or DID NOT have sufficient mental capacity to understand the legal effect and consequence of that particular document.

5. It is my medical opinion that currently, the patient: HAS or DOES NOT HAVE sufficient mental capacity to execute a valid legal document, and/or manage their financial and legal affairs.

If the patient HAS current mental capacity: The patient is physically able to execute loan documents; OR The patient is NOT physically able to execute loan documents

I hereby certify that the information contained in this declaration is true and accurate to the best of my professional knowledge:

[Signature]
Signature

ALFRED PHILLIPS
Name Printed

1516 Virginia Ranch Rd, Gardnerville, NV 89410
Office Address

775-783-4823
Office Phone