DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 2024-1005972

03/25/2024 11:41 AM

DROBNY LAW OFFICES

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SHAWNYNE GARREN, RECORDER

### RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

DROBNY LAW OFFICES, INC./Iw 4180 Truxel Road, Ste. 100 Sacramento, CA 95834

#### MAIL TAX STATEMENTS TO:

Happi S. Bower, Trustee 533 Guadalupe Drive El Dorado Hills, CA 95762

APN: 1319-19-612-008

# AFFIDAVIT OF SUCCESSOR TRUSTEE (California Probate Code §18105)

STATE OF CALIFORNIA				
COUNTY OF EL DORADO				

- I, HAPPI S. BOWER, being of legal age, declare under penalty of perjury as follows:
- 1. I hereby certify that I am the Successor Trustee of the following described Trust:

Name of Trust: THE BOWER FAMILY TRUST

Date of Trust: August 15, 2006

Trustors & Trustees: GERARD F. BOWER and HAPPI S. BOWER

Former Trustee: GERARD F. BOWER (died on March 7, 2023)

2. The real property held by said former Trustee, as set forth in that certain Grant, Bargain and Sale Deed dated November 16, 2006, recorded December 18, 2006 in the official records of Douglas County at Document No. 0691028, is situated in the County of Douglas, State of Nevada, commonly known as 115 Tramway Drive, #7, Stateline, Nevada, and more particularly described as follows:

#### Parcel 1:

Unit 7-B, as shown on the Map and Dedication Sheet of TRAMWAY APARTMENT CONDOMINIUMS (a subdivision of Lot 555, Parcel B, Second Amended Map of Summit Village), recorded in the office of the County Recorder of Douglas County, State of Nevada, on May 30, 1973, Document No. 73375, Official Records of Douglas County, State of Nevada, and amended by Amended Map recorded December 30, 1976, as Document No. 05855, Official Records, Douglas County, Nevada.

#### Parcel 2:

an undivided 1/24th interest in all the "Common Area" as shown on the map and Dedication Sheet of TRAMWAY APARTMENT CONDOMINIUMS (a subdivision of Lot 555, Parcel B, Second Amended Map of Summit Village), recorded in the office of the County Recorder of Douglas County, Nevada; on May 30, 1973, Document No. 73375, Douglas County, Nevada; and amended by Amended Map recorded in the office of the County Recorder of Douglas County, Nevada, on December 30, 1976, as Document No. 05855, Douglas County, Nevada.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

APN: 1319-19-612-008

- 3. This Affidavit is prepared and executed pursuant to California Probate Code Section 18105.
- 4. I am named within the aforementioned Trust as the Successor Trustee. I hereby consent to act as the Successor Trustee of the aforementioned Trust and do hereby assume the powers and duties as Successor Trustee of such Trust.
- 5. This Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the property identified in this document.
- 6. Prior to the death of Gerard F. Bower, title to the assets of the Trust were held as "Gerard F. Bower and Happi S. Bower, Co-Trustees of The Bower Family Trust dated August 15, 2006". By virtue of the death of Gerard F. Bower, title to the trust assets is now "Happi S. Bower, Successor Trustee of The Bower Family Trust dated August 15, 2006".

I declare under penalty of perjury, under the Laws of the State of California, that this Affidavit is true and correct.

Dated: JEhrnany 24, 2024

HAPPIS. BOWER, Successor Trustee of The Bower Family Trust dated August 15, 2006

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.

County of Sacramento Subscribed and sworn to (or affirmed) before me on this 24 day of February by HAPPI S. BOWER, proved to me on the basis of satisfactory evidence to be the person who appeared before me.  (Seal)	
who appeared before me.  (Seal)	
(Seal)	, 202 on(s)
Signature	
LESLEY WENG COMM. # 24584 UNITED NOTARY PUBLIC - CALIFO SACRAMENTO COU	68 ≤ ORNIA Û
COMM. EXPIRES SEPT. 5	,2027



CERTIFICATION OF VITAL RECORD

## **COUNTY OF SACRAMENTO**

### **DEPARTMENT OF HEALTH SERVICES**

3052023058895			CERTIFICATE OF DEATH STATE OF COLUMNIA TO THE COLUMNIA TH				3202334002695		
STATE FILE NUMBER  1 NAME OF DECEDENT - FIRST (Gyren)			USE BLACK BNK ONLY / NO EXASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/06)  2 MIDDLE 3. LAST (Family)				LOCAL REGISTRATION NUMBER		
ا بر	GERARD	m)	FRANKLIN			VER		1	\
NAL DATA	AKA. ALSO KNOWN AS - Include full A	KA (FIRST, MIDDLE, LÄST)	. <u></u>	4. DATE OF 03/12/	BIRTH mm/ad/cc	5 AGE Yrs IF UN		UNDER 24 HOUF	
DECEDENT'S PERSONAL	8. BIRTH STATE/FOREIGN COUNTRY CA	10 SOCIAL SECURITY	X YES	NO UNK	MARRIED		3/07/2023	_	10UR (24 Hours) . 415
SEDENT	13. EDUCATION - Highest Level/Degree 144/ (see winnisheet on back) BACHELOR	] YES		X NO V	VHITE	CE Up to 3 races may be			\_
DĒ	17 USUAL OCCUPATION - Type of wor HIGH SCHOOL TEA			DOFBUSINESS OR IND 6H SCHOOL	USTRY (e.g. grocer	y store; road construction, o	employment agency, etc.	) 19. YEAR	S IN OCCUPATION
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street a 533 GUADALUPE DI		-						/
	EL DORADO HILLS	EL	DORADO	23. ZIP C 9576	2	55	25. STATE/FOREIGN C	-	-
INFOR-									
SPOUSE/SRDP AND ARENT INFORMATION	28 NAME OF SURVIVING SPOUSE/SF HAPPI		29. MIDDLE SAMARR		POUPIT	76	\		
	31. NAME OF FATHER/PARENT-FIRST JAMES		FRANKLIN		BOWER			KS	HATH STATE
SPOUS	35. NAME OF MOTHER/PARENT-FIRS EUNICE		36 MIDDLE ALICE		HARTMA	AN /		CA	IRTH STATE
ECTOR/ STRAB	39. DISPOSITION DATE mm/dd/ocyy	533 GUADALU	PE DRIVE, EL D	ORADO HILL	OUPITCH S, CA 957	62	/		
FUNERAL DIRECTORY LOCAL REGISTRAR	41 TYPE OF DISPOSITION(S)  CREMATE/RESIDENCE		▶ NOT	42 SIGNATURE OF EMBALMED  NOT EMBALMED				43. LICENSE	
FUNE!	44. NAME OF FUNERAL ESTABLISHM MILLER FUNERAL H	HOME	FD467	No.	IA KASIRY	'E MD	<b>50</b>	47 DATE 17	
ö ±	COGIR AT FOLSOM			102 IF	HOSPITAL, SPECIF	Y ONE 103. IF OTH	ER THAN HOSPITAL, S  Number Home/LTC	Decad	
PLACE OF DEATH	104 COUNTY SACRAMENTO	105 FACILITY ADDRESS 1801 E NATO	OR LOCATION WHERE FOUN	D (Street and number, or I	ocation)		108. CITY FOLSOM		
CAUSE OF DEATH	IMMEDIATE CAUSE (A) ALZHE (Final disease or condition resulting in death)	as cardiac arrest resorratory a	seases injuries or rompications unest, or ventricular florilation with SE	that questly caused dea out showing the esology. D	In DO NOT enterten O NOT ABBREVIATE	minal events such	Time internal Between Orset and Death (AT) YRS	YES	ORTED TO CORONER?  [X] NO N. MUMBER  PERFORMED?
	Secrentially, list conditions, if any, leading to cause on Line A. Enter	\		$\rightarrow$	$\rightarrow$	·	(en)	YES	X NO .
	UNDERLYING CAUSE (disease or Injury that Initiated the events (D) resulting in death) LAST	<del>\</del>					(זיסו	111 USED IN DE	X √0
S	112 OTHER SIGNIFICANT CONDITION CHRONIC OBSTRU	IS CONTRIBUTING TO DEATH	BUT NOT RESULTING IN THE C	INDERLYING CAUSE GIVE	EN IN 107			YES.	
	113. WAS OPERATION PERFORMED F	No. The		1	$-\!\!\!\!/-$		1134.0		ANT IN LAST (EAR?
. S	114. I CERTIFY THAT TO THE BEST OF MY K AT THE HOUR DATE AND PLACE STATED FI	ROM THE CAUSES STATED.	115. SIGNATURE AND TITLE O	- A		<b>E</b>	118. LICENSE NUMBI	ER   117 DATE	
YSICIAN'S TIFICATION	Decedent Attended Since (A) mm/dd/ccyy (B)	Decedent Last Seen Alive mm/dti/coyy	MICHAEL SALV	VADORE GAE CIAN'S NAME, MAILING A	DDINI, MD DDRESS, ZIP COD		G52746 ALVADORE	03/14 GADDIN	1/2023 N, MD
CERT	119. I CERTIFY THAT UNIMY OPINION DEATH	1000URRED AT THE HOUR DATE,	, AND PLACE STATED FROM THE CA	VALLEY RU	AD, DIAIVI	DAT WORK?	S, CA 95619	,	2 HOUR (24 Hours)
Ä	MANNER OF DEATH Natural 223, PLACE OF INJURY (e.g., home, c	Accident Homoide	Investigat	tion determined	YES	NO UNK			
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCUR	RED (Events which resulted in	inpury)						
DRONER	125. LOCATION OF INJURY (Street an	d number, or location, and city,	and zip)						
The Co.	128 SIGNATURE OF CORONER / DEF	PUTY CORONER	127	7 DATE mm/dd/ccyy	128, TYPE NAM	E, TITLE OF CORONER /	DEPUTY CORONER		
STA		C D	É	PRECHED HAVIO INCIN DONNO INCERTANTI CON	ination ton spiration	TTOO THAILERINT I MOTORTE	FAX AUTH.#	10	CENSUS TRACT
700			t	រងកមាសាយាយាយាក់វិស័យ	20712110001	1101.094.001.001.00		B 271 B18 18 27	

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

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

DATE ISSUED March 21, 2023

\* 0 0 2 1 2 0 3 7 4 \*
Olivia / Cange MD

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