

APN# 1420-06-401-003

Recording Requested by:

Name: First American Title Company

Address: 5310 Kietzke Lane, Suite 100

City/State/Zip: Reno, NV 89511

(for Recorder's use only)

Affidavit Death of Trustee
(Title of Document)

Recorder Affirmation Statement

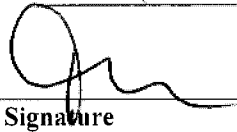
Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 440.380(1)(A) and 40.525(5))

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: Nevada (Per NRS 440.380(1)(A) and 40.525(5))

(State specific law)



Signature

Escrow Officer

Title

Tova McGilvray

Print Signature

RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Allen Family Trust, dated March 2,
2023
19035 Shetland Rd
Apple Valley, CA 92308

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-06-401-003

File No.: 121-2672668 (TM)

Affidavit - Death of Trustee

State of Nevada)
County of Washoe)ss.
)

Lori K. Allen ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Garry Rhodes Allen** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **October 23, 2023** at **Apple Valley, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **March 2, 2023** executed by **Garry R. Allen and Lori K. Allen** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Trust Transfer Deed** dated **March 7, 2023** which was recorded as Instrument No. **2023-994522** in Book **n/a**, Page **n/a**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 04/02/2024

DECLARANT:

Lori K. Allen
Lori K. Allen, Sole Trustee

State of See Attached)
County of CA Jurat)SS

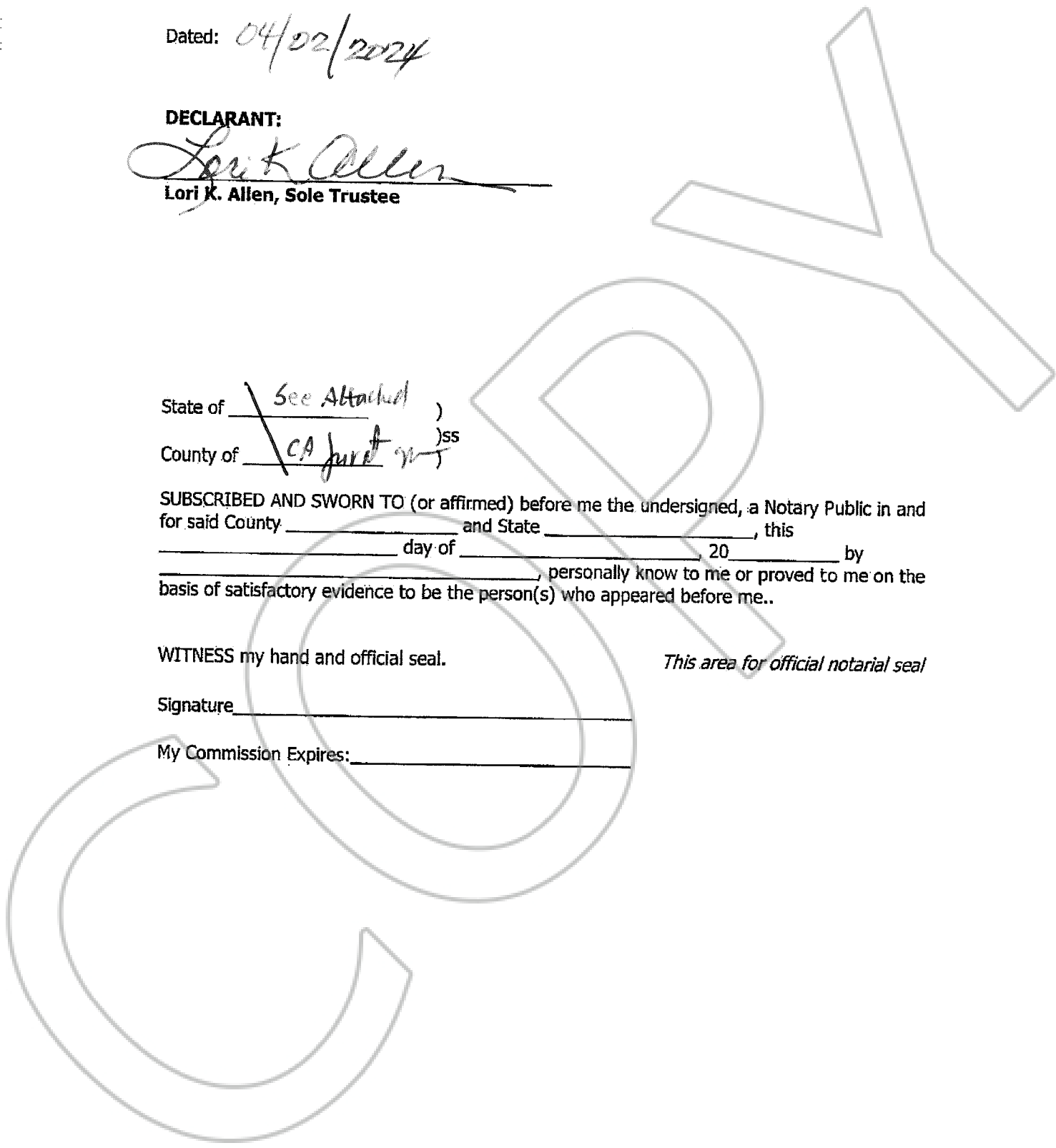
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County _____ and State _____, this _____ day of _____, 20____ by _____, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature _____

My Commission Expires: _____



California Jurat Certificate

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

S.S.

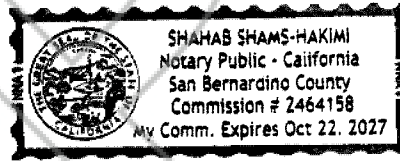
County of San Bernardino

Subscribed and sworn to (or affirmed) before me on this 2nd day of April,
Month

20 24, by Lori K. Allen and
Name of Signer (s)

Ø, proved to me on the basis of
Name of Signer (s)
satisfactory evidence to be the person(s) who appeared before me.

Shahab Shams-Hakimi
Signature of Notary Public



Shahab Shams-Hakimi
Name of Notary Public

For other required information: Notary Public, Commission No. etc.

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to another document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

Affidavit Death of Trustee

containing _____ pages, and dated _____

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:

Form(s) of identification credible witness(es)
CA DL

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: Shahab Shams-Hakimi

Other

Affiant(s) Thumbprint(s) Describe: _____

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

3052023257382

CERTIFICATE OF DEATH

3202336013989

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/PARENT INFORMATION, FUNERAL DIRECTORY LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, date of birth, social security number, cause of death, and registrar information.

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

DEC 01 2023

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Signature of Michael A. Sequeira, MD

MICHAELA A. SEQUEIRA, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

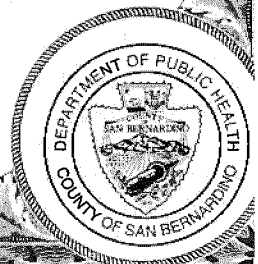


EXHIBIT 'A'

Parcel B as set forth on that certain Parcel Map for Grant R. and Eileen V. Allen, being situated in and being a portion of the West 1/2, South 1/2, Lot 1 of the Southwest 1/4, Section 6, Township 14 North, Range 20 East, M.D.B. & M, Douglas County, Nevada, recorded May 8, 1990, Book 590, Page 1092, Document No. 225537, Official Records of Douglas County, Nevada.

