

APN: 1320-33-816-035

Recording Requested By:
Robert P. Huckaby, Attorney at Law

When Recorded Mail To:

Leland Rix
1341 E. Marion Russell Dr.
Gardnerville, NV 89410



00182704202410091150030036

SHAWNYNE GARREN, RECORDER

AFIDAVIT – CHANGE OF TRUSTEE

STATE OF NEVADA)
COUNTY OF DOUGLAS) SS.

LELAND J. RIX, being of legal age, and first duly sworn, deposes and says:

1. The Trust known as the JAMES RIX FAMILY TRUST dated April 30, 2014 is a valid and existing trust. The Trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect.
2. The settlor of said Trust was James L. Rix.
3. The initial trustee of said Trust was James L. Rix.
5. Trustee James L. Rix is deceased, and is the same person as seen in the copy of the death certificate for James Leland Rix attached.
6. At the time of the death of the initial Trustee, the Trust was possessed of certain real property in the County of Douglas, State of Nevada, commonly known as 1341 East Marion Russell Drive, Gardnerville, Nevada, more particularly described as Lot 48, Block C, as shown on the Final Subdivision Map No. 1006-11 for Chichester Estates Phase 11, filed in the office of the County Recorder of Douglas County, Nevada on December 27, 2002, in Book 1202, at Page 12732, as Document No. 562225, and by Certificate of Amendment recorded on March 27, 2003 in Book 0303, at Page 13037, as Document No. 0571430, Douglas County, Nevada Official Records

APN: 1320-33-816-035

pursuant to the Grant, Bargain, Sale Deed recorded on 3/31/2022 as Document No. 2022-983213, Douglas County, Nevada Official Records.

7. I am the presently acting Trustee of the JAMES RIX FAMILY TRUST, and represent and warrant that I have full powers under that Trust Instrument. I declare the foregoing is true and correct under penalty of perjury under the laws of the State of Nevada.

Dated: June 14, 2024



Leland J. Rix

APN: 1320-33-816-035

JURAT

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.

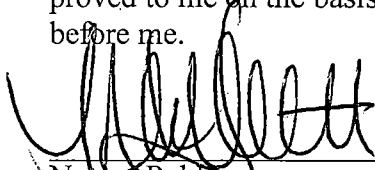
STATE OF NEVADA) SS.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me

on this 14 day of June, 2024,


by Leland J. Rix

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



Notary Public

My commission expires 10/18/2025

 NIKOLE WHITE
Notary Public
State of Nevada
Appt. No. 21-7429-01
My Appt. Expires October 18, 2025

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
PLACERVILLE, CALIFORNIA

3052024092169

CERTIFICATE OF DEATH

3202409000484

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 3/02)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE LELAND		3. LAST (Family) RIX	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/15/1943		5. AGE Yrs. 81 IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____	
9. BIRTH STATE/FOREIGN COUNTRY CO		10. SOCIAL SECURITY NUMBER ██████-2598		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SRDP (at Time of Death) DIVORCED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TECHNOLOGY		7. DATE OF DEATH mm/dd/yyyy 04/25/2024	
20. DECEDENT'S RESIDENCE (Street and number, or location) 720 LASSEN DRIVE		19. YEARS IN OCCUPATION 35		8. HOUR (24 Hours) 1410	
21. CITY SOUTH LAKE TAHOE		22. COUNTY/ZIP CODE EL DORADO 96150		24. YEARS IN COUNTY 2	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP HEATHER MAYNARD, SIGNIFICANT OTHER			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2188 ROYALE AVENUE, SOUTH LAKE TAHOE, CA 96150					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST GEORGE		32. MIDDLE ROBERT		33. LAST RIX	
34. BIRTH STATE CO		35. NAME OF MOTHER/PARENT - FIRST DOROTHY		36. MIDDLE MAE	
37. LAST (BIRTH NAME) DILLER		38. BIRTH STATE PA			
39. DISPOSITION DATE mm/dd/yyyy 05/01/2024		40. PLACE OF FINAL DISPOSITION SCIENCE CARE 3929 EAST CONANT STREET, LONG BEACH, CA 90808			
41. TYPE OF DISPOSITION(S) SCIENTIFIC USE		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT CREMATIONS ONLY		45. LICENSE NUMBER FD2208		46. SIGNATURE OF LOCAL REGISTRAR MATT MINSON, MD	
47. DATE mm/dd/yyyy 05/01/2024					
101. PLACE OF DEATH RESIDENCE - HOSPICE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 720 LASSEN DRIVE		106. CITY SOUTH LAKE TAHOE	
107. CAUSE OF DEATH Enter the chain of events, diseases, injuries, or complications that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT abbreviate. (A) ADENOCARCINOMA OF THE RIGHT LUNG		108. DEATH REPORTED TO CORONER? Time Interval Between Cause and Death (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WEEKS _____ PERSONAL NUMBER _____		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER STEVEN LAURENCE BROOKS, MD		116. LICENSE NUMBER G54095	
117. DATE 04/16/2024		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE STEVEN LAURENCE BROOKS, MD 2092 LAKE TAHOE BLVD SUITE 500, SOUTH LAKE TAHOE, CA 96150		119. DATE 04/29/2024	
119. 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"/> Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
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 RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO



This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

MAY 10 2024

DATE ISSUED

Nancy Williams
NANCY J. WILLIAMS MD, MPH
COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

