

APN: 1220-17-617-015  
WHEN RECORDED RETURN TO:  
CHRIS MacKENZIE, ESQ.  
ALLISON MacKENZIE, LTD.  
P.O. Box 646  
Carson City, NV 89702

MAILING ADDRESS FOR TAX STATEMENTS:  
Gene C. Clift and Karen D. Clift, Co-Trustees  
2005 Barrett Avenue  
San Jose, CA 95124

The persons executing this document hereby affirms  
that this document submitted for recording does  
contain the social security number of deceased  
persons as required pursuant to NRS 440.380.

### **AFFIDAVIT OF SUCCESSION OF TRUSTEES**

GENE C. CLIFT and KAREN D. CLIFT, whose mailing address is 2005 Barrett Avenue, San Jose, CA 95124, being first duly sworn, depose and say:

1. That CARL D. CLIFT and DORIS ELLEN CLIFT created THE CLIFT 1997 REVOCABLE TRUST, (hereinafter "Trust"), as Settlers and Trustees.
2. That DORIS ELLEN CLIFT, as of May 28, 2021, was determined by a physician to be unable to act in the capacity as Trustee of THE CLIFT 1997 REVOCABLE TRUST (see Exhibit "A").
3. That CARL D. CLIFT died on September 13, 2021, and a Certificate of Death is attached hereto as Exhibit "B".
4. Upon the death of CARL D. CLIFT, pursuant to the Exercise of Power of Appointment of Successor Trustees, dated August 24, 2021 (attached hereto as Exhibit "C"), ANTHONY B. CLIFT, GENE C. CLIFT and KAREN D. CLIFT became the Co-Trustees of THE CLIFT 1997 REVOCABLE TRUST.

5. That ANTHONY B. CLIFT died on August 14, 2023, and a Certificate of Death is attached hereto as Exhibit "D".

6. That due to the passing of ANTHONY B. CLIFT, GENE C. CLIFT and KAREN D. CLIFT are the remaining Co-Trustees of THE CLIFT 1997 REVOCABLE TRUST, still currently serving thereas.

7. That pursuant to that certain Grant, Bargain, Sale Deed recorded with the Douglas County Recorder on January 27, 2021, as Document No. 2021-960809, THE CLIFT REVOCABLE TRUST dated May 8, 1997, is the owner of all that certain parcel of real property located in Douglas County, State of Nevada, Assessor's Parcel Number being 1220-17-617-015, and more particularly described as follows:

SEE EXHIBIT "E"

Further, pursuant to said Grant, Bargain, Sale Deed, title was taken as CARL D. CLIFT and DORIS E. CLIFT, as Trustees of "THE CLIFT REVOCABLE TRUST dated May 8, 1997".

8. That "THE CLIFT 1997 REVOCABLE TRUST" and "THE CLIFT REVOCABLE TRUST dated May 8, 1997" are one in the same trust.

9. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

Dated: June 26, 2024

Gene C. Clift

GENE C. CLIFT, Co-Trustees

Dated: June 28, 2024

Karen D. Clift

KAREN D. CLIFT, Co-Trustees

**Certificate of Acknowledgments Attached**

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.

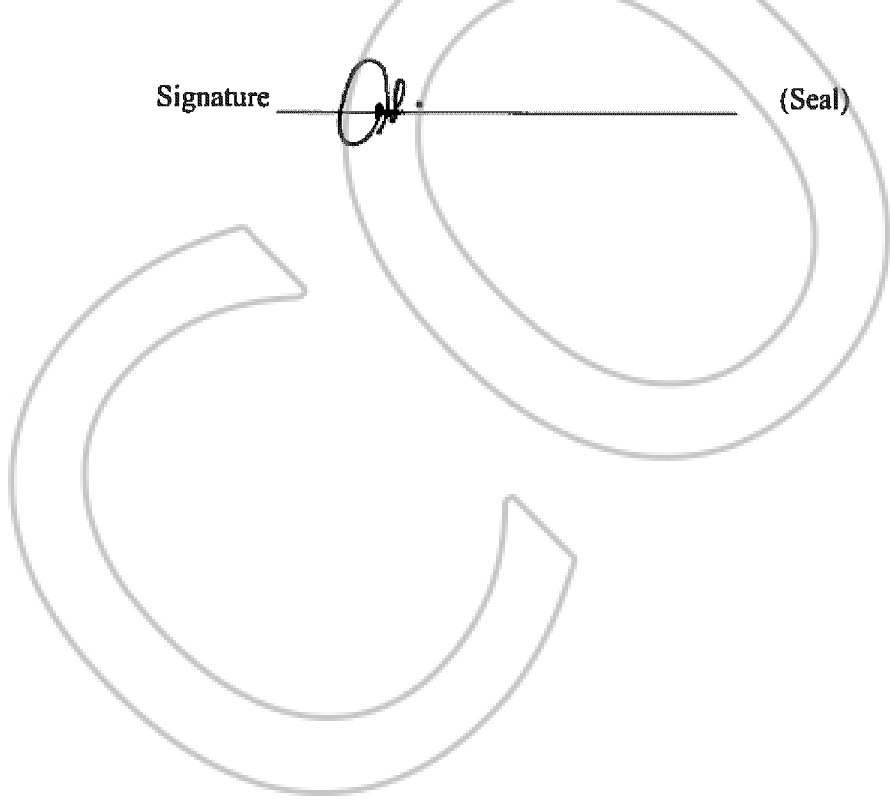
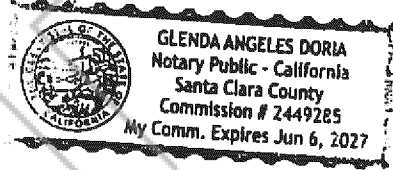
STATE OF CALIFORNIA )  
 )ss  
COUNTY OF Santa Clara )

On JUNE 20, 2024, before me, GLEND A ANGELES DORIA, NOTARY PUBLIC, personally appeared GENE C. CLIFT, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signatures on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



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.

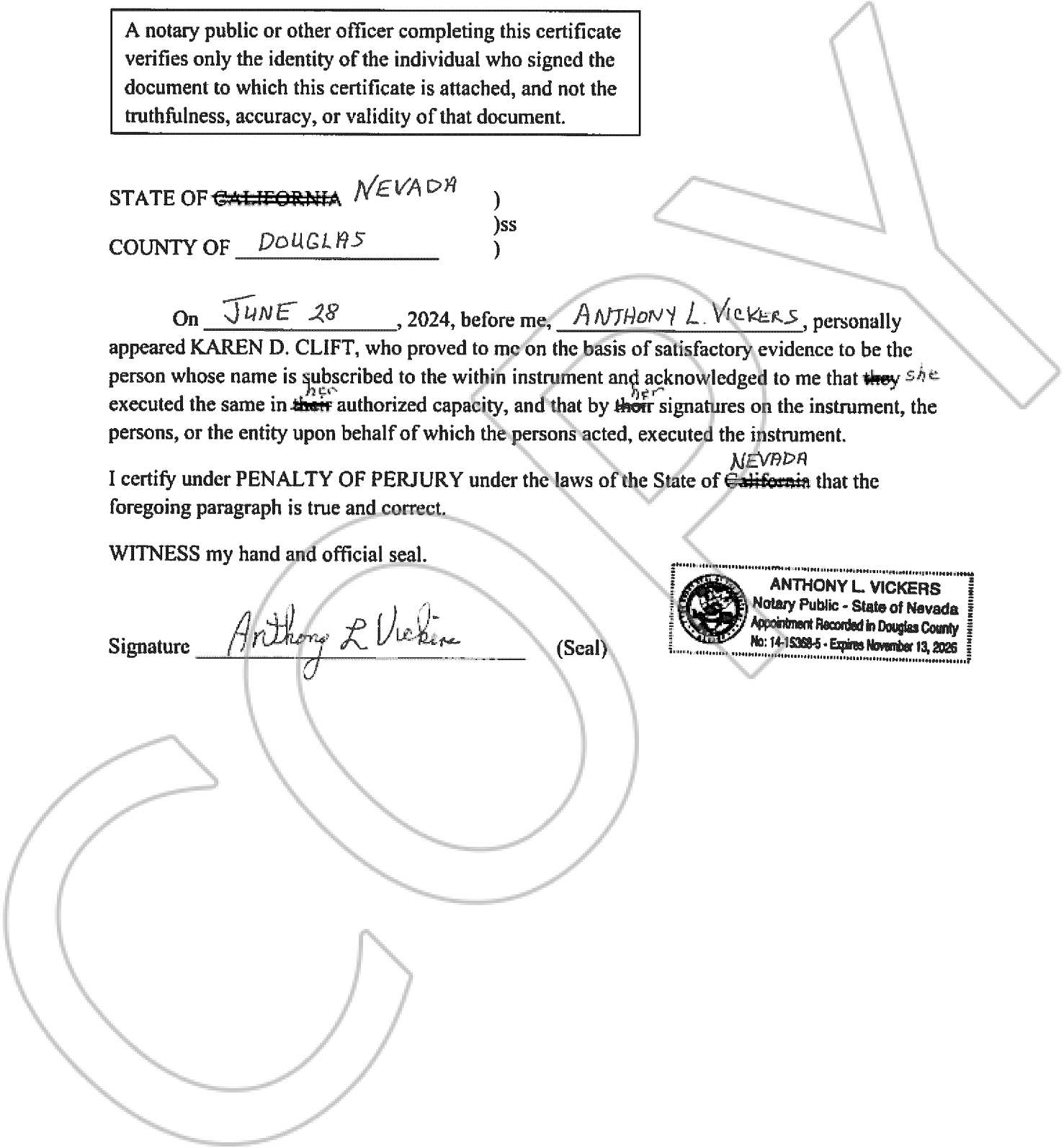
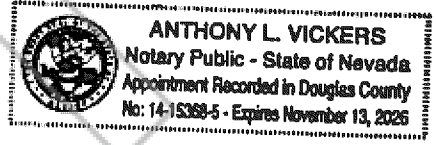
STATE OF ~~CALIFORNIA~~ NEVADA )  
 )ss  
COUNTY OF DOUGLAS )

On JUNE 28, 2024, before me, ANTHONY L. VICKERS, personally appeared KAREN D. CLIFT, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that ~~they~~ <sup>she</sup> executed the same in ~~her~~ <sup>her</sup> authorized capacity, and that by ~~their~~ <sup>her</sup> signatures on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of ~~California~~ <sup>NEVADA</sup> that the foregoing paragraph is true and correct.

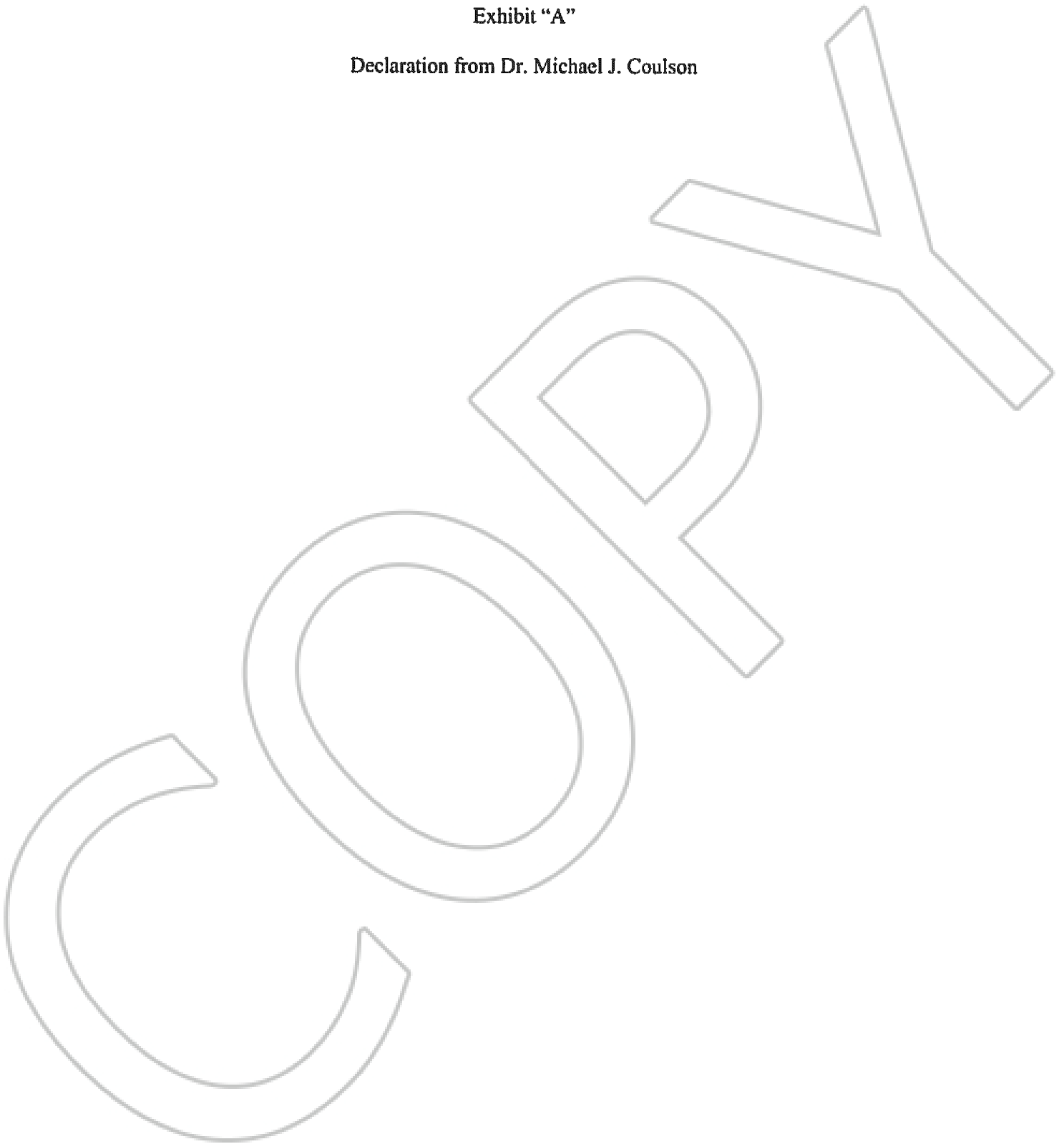
WITNESS my hand and official seal.

Signature Anthony L. Vickers (Seal)



**Exhibit "A"**

**Declaration from Dr. Michael J. Coulson**



Date

Physician's Declaration Concerning

PATIENT NAME: Clift, Doris

I am the Doris Clift's physician since 2005 (date) and have been an attending physician of his/her Family MD (type of doctor, i.e. general practitioner, etc.) on a continuing basis to the present time. I last examined Ms. Clift on 5/28/21. Based on my familiarity with Doris Clift and my most recent examination of her in person, I hereby declare the following:

Doris Clift does or does not have sufficient mental capacity to execute the nature of the testamentary act, understand and recollect the nature and situation of his/her affairs, and remember and understand each of his/her relations to his/her living kindred and those whose interests are affected by his/her will and/or trust.

Doris Clift suffers from or does not suffer from a mental disorder, Alzheimer's specific with symptoms including delusions or hallucinations, which delusions or hallucinations result in the person's devising his/her property in a way which, except for the delusions or hallucinations, he/she would not have done.

Doris Clift does or does not have sufficient mental capacity to understand the nature of his/her financial affairs.

I declare under penalty of perjury under the laws of the State of California that the foregoing declarations are true and correct to the best of my knowledge.

Dated: 5/28/21



(Physician Name & Signature)

DR. MICHAEL J. DELEON  
2980 EL RANCHO DRIVE  
SANTA CRUZ, CA 95060  
(408) 438-1430, LIC. # A91435

**Exhibit "B"**

**Death Certificate of Carl D. Clift**

COPY



**STATE OF CALIFORNIA**  
 DEPARTMENT OF VITAL RECORDS

**COUNTY OF SANTA CRUZ**  
 SANTA CRUZ, CALIFORNIA

3082021228491

**CERTIFICATE OF DEATH**

3202144001387

1. DECEASED'S FULL NAME <b>CARL DEAN CLIFT</b>		2. DATE OF BIRTH <b>88</b>		3. SEX <b>M</b>	
4. COUNTY OF BIRTH <b>MT</b>		5. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		6. DATE OF MARRIAGE <b>09/13/2021</b>	
7. DECEASED'S MOTHER'S MAIDEN NAME <b>BACHELOR</b>		8. RACE <b>CAUCASIAN</b>		9. HEIGHT <b>50</b>	
10. OCCUPATION <b>ELECTRICAL ENGINEER</b>		11. YEARS OF EDUCATION <b>50</b>		12. PLACE OF OCCUPATION <b>50</b>	
13. ADDRESS AT TIME OF DEATH <b>1634 CREEK DRIVE</b>					
14. CITY <b>FELTON</b>		15. COUNTY OF DEATH <b>SANTA CRUZ</b>		16. ZIP CODE <b>95018</b>	
17. STATE OF DEATH <b>CA</b>		18. DECEASED'S FATHER'S FULL NAME <b>ANTHONY CLIFT, SON</b>			
19. ADDRESS AT TIME OF FATHER'S DEATH <b>14383 ESTER DRIVE, SAN JOSE CA 95124</b>		20. DATE OF FATHER'S DEATH <b>03/16/2021</b>			
21. DECEASED'S MOTHER'S FULL NAME <b>DORIS DEAN</b>		22. DATE OF MOTHER'S DEATH <b>ELLEN HARLEY</b>		23. PLACE OF MOTHER'S DEATH <b>PAULLIN CLIFT</b>	
24. DECEASED'S FATHER'S FULL NAME <b>JULIA</b>		25. DATE OF FATHER'S DEATH <b>CATHERINE PIELAET</b>		26. PLACE OF FATHER'S DEATH <b>MT</b>	
27. RESIDENCE AT TIME OF DEATH <b>RESIDENCE OF ANTHONY CLIFT</b>					
28. ADDRESS AT TIME OF DEATH <b>1600 TONGASS ROAD, KETCHIKAN, AK 99901</b>					
29. TYPE OF DEATH <b>CR/TV/RSS</b>		30. PLACE OF DEATH <b>NOT EMBALMED</b>		31. DATE OF DEATH <b>09/16/2021</b>	
32. DECEASED'S BURIAL SERVICE <b>SANTA CRUZ - WATSONVILLE CREMATION &amp; BURIAL SERVICE</b>					
33. BURIAL SERVICE NUMBER <b>FD1364</b>		34. SIGNATURE OF CLERK <b>GAIL J. NEWEL, MO</b>		35. DATE OF SIGNATURE <b>09/16/2021</b>	
36. RESIDENCE AT TIME OF DEATH <b>SANTA CRUZ</b>					
37. ADDRESS AT TIME OF DEATH <b>1634 CREEK DRIVE</b>					
38. CITY <b>FELTON</b>					
39. COUNTY OF DEATH <b>SANTA CRUZ</b>					
40. ZIP CODE <b>95018</b>					
41. CAUSE OF DEATH <b>CARDIOPULMONARY ARREST</b> <b>CONGESTIVE HEART FAILURE</b> <b>CORONARY ARTERY DISEASE</b> <b>TYPE 2 DIABETES</b>					
42. MANNER OF DEATH <b>NONE</b>					
43. SIGNATURE OF PHYSICIAN <b>MICHAEL JOSEPH COULSON, MD</b>					
44. DATE OF SIGNATURE <b>09/01/2021</b>		45. PLACE OF SIGNATURE <b>2980 EL RANCHO DRIVE, SANTA CRUZ CA 95060</b>		46. SIGNATURE OF CLERK <b>MICHAEL JOSEPH COULSON, M.D.</b>	
47. DATE OF DEATH <b>09/13/2021</b>		48. PLACE OF DEATH <b>2980 EL RANCHO DRIVE, SANTA CRUZ CA 95060</b>			

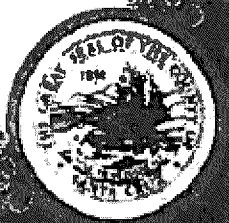
CERTIFIED COPY OF VITAL RECORD  
 STATE OF CALIFORNIA, COUNTY OF SANTA CRUZ



This is a true and exact reproduction of the document, properly registered and placed on file in the Vital Records Section, Santa Cruz County, Public Health Department.

SEP 1 2021

DATE ISSUED





**Exhibit "C"**

**Exercise of Appointment of Successor Trustees**

COPY

**EXERCISE OF  
APPOINTMENT OF SUCCESSOR TRUSTEES**

**RECITALS**

On May 8, 1997, CARL D. CLIFT and DORIS ELLEN CLIFT, as Settlers and as Trustees, executed a declaration of trust for THE CLIFT 1997 REVOCABLE TRUST (the "Trust");

On December 11, 2013, Settlers and Trustees executed THE CLIFT 1997 REVOCABLE TRUST (AMENDED AND RESTATED) which completely amended the revocable trust in restated form;

Settlor DORIS ELLEN CLIFT was determined to be incapacitated as of May 28, 2021 (please see attached declaration from Dr. Michael J. Coulson dated May 28, 2021);

Pursuant to Section 16, Paragraph 16.2, the Settlers designated Wells Fargo Bank, N.A. as Successor Trustee of THE CLIFT 1997 REVOCABLE TRUST;

Pursuant to Section 16, Paragraph 16.3, the Settlers designated Wells Fargo Bank, N.A. as Successor Trustee of the Survivor's Trust, the Marital Trust and the Bypass Trust;

It is provided in Section 16, Paragraph 16.1(a) of the amended and restated Trust that during the lifetime of the Surviving Settlor, the Surviving Settlor shall have the right to designate and/or appoint different Trustees of any trust hereunder, which designation and/or appointment shall take priority over the designation of Successor Trustees set forth in paragraph 16.3.

It is further provided in Section 16, Paragraph 16.9 of the amended and restated Trust that "each person ... shall have the powers" to appoint a Trustee.

The parties no longer conduct business with Wells Fargo Bank, N.A., and Settlor CARL D. CLIFT, as Settlor, wishes to appoint the three children from his marriage to DORIS ELLEN CLIFT as Successor Co-Trustees.

**THEREFORE,**

1. The nomination of Wells Fargo Bank, N.A. as Successor Trustee found in Section 16, Paragraphs 16.2 and 16.3 is hereby rescinded, and the Settlers' children, GENE C. CLIFT, KAREN D. CLIFT and ANTHONY B. CLIFT, or the remaining nominee, are hereby appointed to serve as the Successor Co-Trustees of any trust created under THE CLIFT 1997 REVOCABLE TRUST (AMENDED AND RESTATED).

2. This exercise of this power to appoint shall be effective upon execution.

3. This instrument has been executed on this 24 day of August, 2021, at Santa Cruz, California.

Carl D. Clift  
CARL D. CLIFT,  
Settlor and Trustee

Accepted as of this 24 day of August, 2021, at Santa Cruz, California.

Carl D. Clift  
CARL D. CLIFT, Trustee of THE  
CLIFT 1997 REVOCABLE TRUST

*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.*

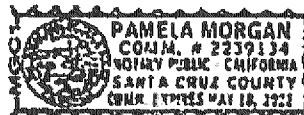
STATE OF CALIFORNIA )  
  )     SS.  
COUNTY OF SANTA CRUZ )

On August 24, 2021, before me, Pamela Morgan, a Notary Public, personally appeared CARL D. CLIFT, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Pamela Morgan  
Signature



Date

To Whom It May Concern:

PATIENT NAME: Clift, Doris

I have been Doris Clift's physician since 2005 (date) and have been practicing as her Family MD (type of doctor, i.e. general practitioner, etc.) on a full-time basis to the present time. I last examined Ms Clift on 5/28/21. Based on my familiarity with Doris Clift and my most recent examination, I hereby declare the following:

Doris Clift does not have sufficient mental capacity to execute in compliance with the testamentary act, understand and recollect the nature and situation of his/her assets and liabilities and understand each of his/her relations to his/her living beneficiaries whose interests are affected by his/her will and/or trust.

Doris Clift suffers from or does not suffer from a mental condition of Alzheimer's-dementia with symptoms including delusions or hallucinations, which delusions or hallucinations result in the person's devising his/her property in a way which, except for the delusions or hallucinations, he/she would not have done.

Doris Clift does not have sufficient mental capacity to understand and execute his/her financial affairs.

I am not guilty of perjury under the laws of the State of California that the foregoing is true, correct, and correct to the best of my knowledge.

Dated: 5/28/21

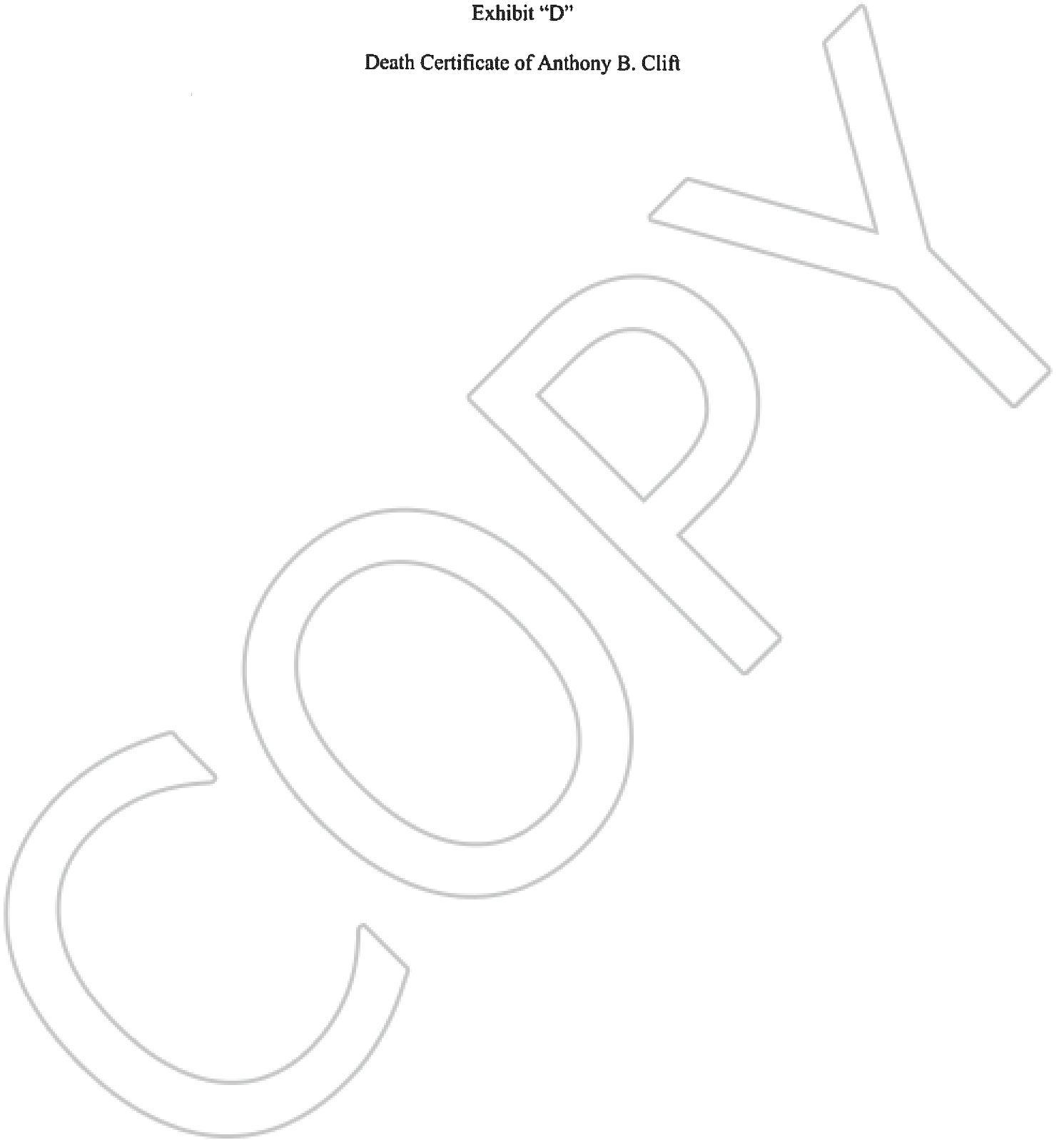


(Physician Name & Signature)

DR. MICHAEL J. COULSON  
2980 EL RANCHO DRIVE  
SANTA CRUZ, CA 95060  
(310) 436-1470, JC. # AS1438

**Exhibit "D"**

**Death Certificate of Anthony B. Clift**



STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORDS

COUNTY of SANTA CLARA  
PUBLIC HEALTH DEPARTMENT  
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH 3202343007239

1. NAME OF DECEASED-First, Middle, Last <b>ANTHONY</b>		2. SEX <b>M</b>	3. RACE <b>CLIFT</b>
4. DATE OF BIRTH (Month, Day, Year) <b>ANTHONY BARRY CLIFT</b>			
5. STATE OF BIRTH (Country) <b>CA</b>	6. SOCIAL SECURITY NUMBER <b>CA</b>	7. MARITAL STATUS (at time of death) <b>MARRIED</b>	8. DATE OF MARRIAGE (Month, Day, Year) <b>08/14/2023</b>
9. OCCUPATION (at time of death) <b>SALES</b>	10. TYPE OF BUSINESS (at time of death) <b>ELECTRONICS</b>	11. YEARS IN BUSINESS (at time of death) <b>47</b>	
12. COUNTY OF RESIDENCE (at time of death) <b>SANTA CLARA</b>	13. ZIP CODE <b>95124</b>	14. CITY OF RESIDENCE (at time of death) <b>SANTA CLARA</b>	15. COUNTY OF DEATH <b>CA</b>
16. ADDRESS OF DECEASED (at time of death) <b>14385 ESTHER DRIVE, SAN JOSE, CA 95124</b>			
17. NAME OF DECEASED'S SPOUSE (at time of death) <b>JULIE MARIE CLIFT WIFE</b>		18. ADDRESS OF DECEASED'S SPOUSE (at time of death) <b>14385 ESTHER DRIVE, SAN JOSE, CA 95124</b>	
19. NAME OF DECEASED'S SPOUSE (at time of death) <b>JULIE</b>	20. MIDDLE NAME OF DECEASED'S SPOUSE <b>MARIE</b>	21. LAST NAME OF DECEASED'S SPOUSE <b>MISFELDT</b>	22. DATE OF BIRTH (Month, Day, Year) <b>CLIFT</b>
23. NAME OF DECEASED'S SPOUSE (at time of death) <b>CARL</b>	24. MIDDLE NAME OF DECEASED'S SPOUSE <b>DEAN</b>	25. LAST NAME OF DECEASED'S SPOUSE <b>CLIFT</b>	26. DATE OF BIRTH (Month, Day, Year) <b>SALES</b>
27. NAME OF DECEASED'S SPOUSE (at time of death) <b>DORIS</b>	28. MIDDLE NAME OF DECEASED'S SPOUSE <b>ELLEN</b>	29. LAST NAME OF DECEASED'S SPOUSE <b>PAULLIN</b>	30. DATE OF BIRTH (Month, Day, Year) <b>SALES</b>
31. DATE OF DEATH (Month, Day, Year) <b>08/17/2023</b>			
32. PLACE OF DEATH (Name of Hospital, Residence, etc.) <b>RESIDENCE OF JULIE CLIFT, 14385 ESTHER DRIVE, SAN JOSE, CA 95124</b>			
33. TYPE OF DEATH (Cause of Death) <b>CREMATE/RESIDENCE</b>		34. TYPE OF BURIAL (Disposition of Body) <b>NOT EMBALMED</b>	
35. NAME OF FUNERAL HOME (at time of death) <b>DARLAN &amp; DORIS CAMPBELL</b>		36. NAME OF FUNERAL HOME (at time of death) <b>SARA H. CODY, MD</b>	
37. NAME OF HOSPITAL (at time of death) <b>RAISER FOUNDATION HOSPITAL-SANTA CLARA</b>			
38. COUNTY OF DEATH <b>SANTA CLARA</b>		39. ZIP CODE OF DEATH <b>700 LAWRENCE EXPY</b>	
40. CAUSE OF DEATH (List all causes of death, including immediate, intermediate, and remote causes) <b>SEPTIC SHOCK</b> <b>CANDIDEMIA</b> <b>HEMORRHAGIC SHOCK NON TRAUMATIC</b> <b>MULTIPLE MYELOMA</b> <b>FAILURE TO THRIVE, GASTROINTESTINAL BLEEDING NON TRAUMATIC</b>			
41. ICD-10 CODE (Cause of Death) <b>NO</b>			
42. NAME OF PHYSICIAN (at time of death) <b>FARZIN ALBORZI, MD</b>		43. NAME OF PHYSICIAN (at time of death) <b>ANDREW VOLISSEY KELAGA, MD</b>	
44. ADDRESS OF PHYSICIAN (at time of death) <b>700 LAWRENCE EXPRESSWAY, SANTA CLARA, CA 95081</b>		45. ADDRESS OF PHYSICIAN (at time of death) <b>700 LAWRENCE EXPRESSWAY, SANTA CLARA, CA 95081</b>	
46. SIGNATURE OF PHYSICIAN (at time of death) <b>SARA H. CODY, MD</b>			
47. SIGNATURE OF REGISTRAR (at time of death) <b>SARA H. CODY, MD</b>			
48. DATE OF REGISTRATION (Month, Day, Year) <b>08/21/2023</b>			
49. PLACE OF REGISTRATION (City, County, State) <b>SANTA CLARA, CA</b>			
50. SIGNATURE OF REGISTRAR (at time of death) <b>SARA H. CODY, MD</b>			

CERTIFIED COPY OF VITAL RECORDS

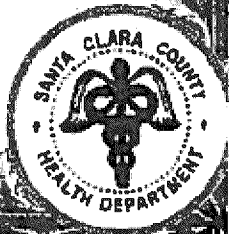
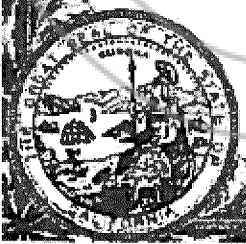
STATE OF CALIFORNIA } DATE ISSUED  
COUNTY OF SANTA CLARA } 08/21/2023



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

*Sara H. Cody, MD*  
SARA H. CODY, MD  
REGISTRAR AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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



**Exhibit "E"**

All that certain real property situate in the County of Douglas County, State of Nevada, described as follows:

**LOT 47 AS SHOWN ON THE FINAL MAP LDA 16-004 AND PD 04-002-2 FOR RAIN SHADOW RANCH PHASE 3, RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON JULY 17, 2018 AS DOCUMENT NO. 2018-916804, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF 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.**

**Subject to**

- 1. All general and special taxes for the current fiscal year.**
- 2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.**