

APN# 1318-23-215-003

Recording Requested by/Mail to:

Name: Nielsen Trust

Address: 1797 Spooner Dr

City/State/Zip: San Luis Obispo CA 93405

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

3805 - JL

Affidavit Death of Trustee

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** _____ (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)



Signature

J Lane

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY:
Signature Title Company LLC

AND WHEN RECORDED MAIL TO:

Kelly Nielsen Successor Trustee
1797 Spooner Drive
San Luis Obispo CA 93405

A.P.N.: 1318-23-215-003
Order No.:
Escrow No.: ZC3805-JL

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS

Kelly D. Nielsen, of legal age, being first duly sworn, deposes and says:

That Hardy Iversen Nielsen the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Hardy I. Nielsen, trustee of the Hardy I. Nielsen and Judith F. Nielsen Trust under declaration of trust dated June 23, 2004, named as one of the parties in that certain Quitclaim Deed dated July 9, 2004, executed by Hardy I. Nielsen and Judith F. Nielsen Husband and Wife, to Hardy I. Nielsen and Judith F. Nielsen Trustees of the Hardy I. Nielsen and Judith F. Nielsen Trust under declaration of trust dated June 23, 2004, recorded as Instrument No. 2004-0618650, on July 14, 2004 in book 0704 page 05027, of Official Records of Douglas County, Nevada covering the following described real property situated in the County of Douglas, State of Nevada:

Lot 13 of LAKE VILLAGE UNIT NO. 2-A, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 9, 1972, as File No. 61076, of Official Records.

APN: 1318-23-215-003

A section of the trust provides that if either Hardy I. Nielsen or Kelly D. Nielsen is, through death, disability or refusal to act, unable or unwilling to act as Trustee, the other shall act alone as Trustee. That at the date hereof, Kelly D. Nielsen is the sole Trustee of the above named Trust.

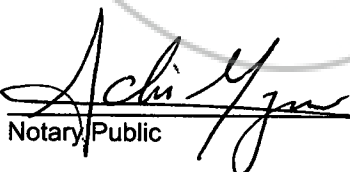
Dated: June 27, 2024


Kelly D. Nielsen, Successor Trustee

~~STATE OF California } ss:
COUNTY OF San Luis Obispo~~

This instrument was acknowledged before me on July 19, 2024.

by Kelly D. Nielsen _____


Notary Public _____ (seal)

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

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.

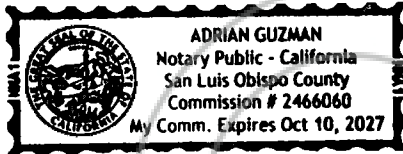
State of California

County of San Luis Obispo }

On July 19, 2024 before me, Adrian Guzman, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Kelly D. Nielsen
Name(s) of Signer(s)

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.



Place Notary Seal and/or Stamp Above

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 [Handwritten Signature]
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Corporate Officer – Title(s): _____ Corporate Officer – Title(s): _____

Partner – Limited General Partner – Limited General

Individual Attorney in Fact Individual Attorney in Fact

Trustee Guardian or Conservator Trustee Guardian or Conservator

Other: _____ Other: _____

Signer is Representing: _____ Signer is Representing: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO

SAN LUIS OBISPO, CALIFORNIA

3052024025787

CERTIFICATE OF DEATH

320244000269

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SRDP AND PARENT INFORMATION, FUNERAL DIRECTORY LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY, STATE REGISTRAR.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN LUIS OBISPO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT.

FEB 09 2024

DATE ISSUED:



* 000512641 *

Dr. Penny Borenstein Health Officer

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

FD-100 (Rev. 12/15)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

