

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

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

Neil Fischer
225 E Main St.
Santa Maria CA
93454

EUREKA COUNTY, NV **2021-244672**
Rec:\$37.00
\$37.00 Pgs=4 **04/14/2021 11:49 AM**
FIRST AMERICAN TITLE INSURANCE COMPANY
LISA HOEHNE, CLERK RECORDER

Space Above This Line for
Recorder's Use Only

A.P.N. 005-340-30

File No.: 13895-2618144 (TV)

Affidavit - Death of Trustee

State of California)
County of Santa Barbara)ss.

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

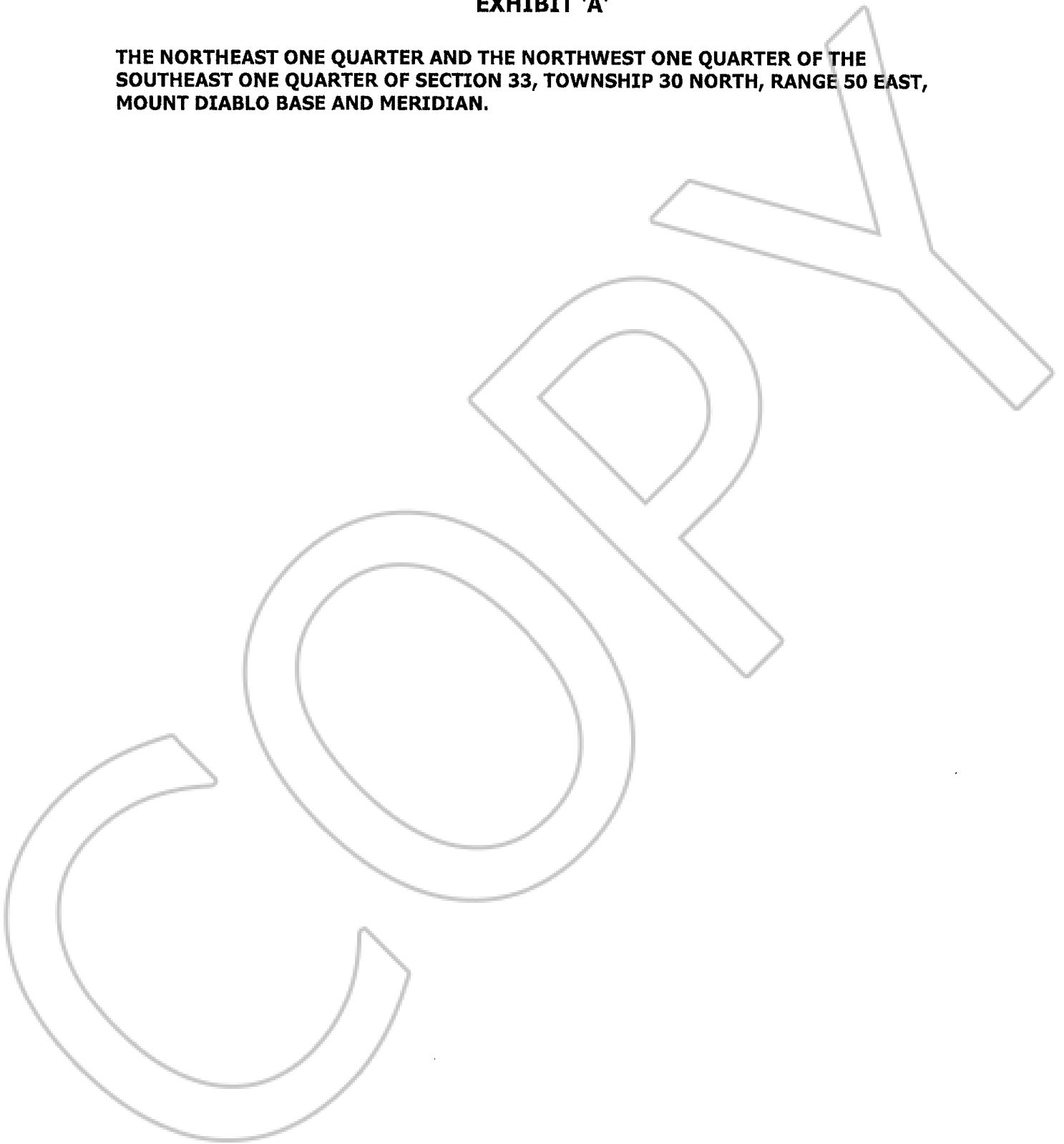
1. **Maybelle F. Fischer** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 11/3/97 at Los Angeles, CA (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **October 15, 1990** executed by **Maybelle F. Fischer** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **June 4, 1990** which was recorded as Instrument No. **132437** in Book **210**, Page **567**, of Official Records of **Eureka** 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

EXHIBIT 'A'

**THE NORTHEAST ONE QUARTER AND THE NORTHWEST ONE QUARTER OF THE
SOUTHEAST ONE QUARTER OF SECTION 33, TOWNSHIP 30 NORTH, RANGE 50 EAST,
MOUNT DIABLO BASE AND MERIDIAN.**



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 199719 045557

Form with fields for Decedent Personal Data, Usual Residence, Informant, Spouse and Parent Information, Dispositions, Funeral Director and Local Registrar, Place of Death, Cause of Death, Physician's Certification, and Coroner's Use Only.

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

FEB 22 2021



100000404276

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This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANGOR