

Recording Requested By:

Marilyn R. Cates

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0309 PG- 3838 RPTT: 0.00

When recorded mail document to:

✓ Marilyn R. Cates  
687 West 37<sup>th</sup> Place  
Yuma, AZ 85365



Above Space for Recorder's Use Only

**AFFIDAVIT OF DEATH OF TRUSTEE**

Assessor's Parcel Number: 42-170-09 1319 30 721 007 p7N

State of Nevada  
County of Douglas

1. Marilyn R. Cates, of legal age, being first duly sworn, deposes and say: Manuel Udell Cates AKA Udell Manuel Cates, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in the certain Declaration of Trustee Dated January 11, 1994 executed by Udell M. Cates and Marilyn R. Cates as Trustors.
2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on March 1, 1994, as instrument No. BK0394PG0004, in the Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada: See Attached
3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated MARCH 3, 2009

Signed Marilyn Cates, Marilyn R. Cates

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 3<sup>rd</sup> day of March 2009 by Marilyn R. Cates proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Jeanne Allen Fletcher  
Notary Signature  
My commission expires: 02/01/2010



### **Exhibit "A"**

An undivided 1/51<sup>st</sup> interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20<sup>th</sup> interest in and to Lot 31 as shown on Tahoe Village Unit No. 3-13<sup>th</sup> Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting there from Units 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 087 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, and as described in The Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lots 31, 32 or 33 only, for one week each year in the Summer "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-170-09



**CERTIFICATION OF VITAL RECORD**

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

**STATE OF ARIZONA**

ORIGINAL STATE COPY		STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH				DEATH NO. D-10007 - 045606
NAME OF DECEASED 1. <b>AKA</b> A. FIRST <b>MANUEL</b> B. MIDDLE <b>UDELL</b> C. LAST <b>CATES</b>		SEX 2. <b>MALE</b>	DATE OF DEATH 3. <b>DECEMBER 20, 2007</b>			
RACE (e.g., white, black, American Indian, (specify tribe) etc.) 4A. <b>WHITE</b>		WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) 4B. <b>NO</b>		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. <b>YES</b>
PLACE OF DEATH 6A. COUNTY <b>YUMA</b>		6B. TOWN OR CITY <b>YUMA</b>		6C. HOSPITAL OR INSTITUTION <b>687 W. 37TH PLACE</b>		6D. <input type="checkbox"/> DOA <input type="checkbox"/> CP EMER. <input type="checkbox"/> IN PATIENT
DATE OF BIRTH 7. <b>OCTOBER 9, 1926</b>		AGE (YEARS LAST BIRTHDAY) 8A. <b>81</b>	IF UNDER 1 YEAR MOS. DAYS 8B.	IF UNDER 1 DAY HRS. MIN. 8C.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. <b>MARRIED</b>	SURVIVING SPOUSE 10. <b>MARILYN RUTH JEUNE</b>
STATE AND CITY OF BIRTH (if not in USA, name country) 11. <b>ARKANSAS, FORT SMITH</b>		CITIZEN OF WHAT COUNTRY? 12. <b>U. S. A.</b>		SOCIAL SECURITY NO. 13. <b>3760</b>		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. <b>STORE OWNER</b>
USUAL RESIDENCE 15A. STATE <b>ARIZONA</b>		15B. COUNTY <b>YUMA</b>		15C. TOWN OR CITY <b>YUMA</b>		15D. ZIP CODE <b>85365</b>
STREET ADDRESS OF R.F.D. 15E. <b>687 W. 37TH PLACE</b>		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. <b>YES</b>		ON RESERVATIONS (SPECIFY Yes or No) 15G. <b>NO</b>		PREVIOUS STATE OF RESIDENCE 18. <b>CALIFORNIA</b>
FATHERS NAME 19. <b>JOHN CATES</b>		MOTHERS MAIDEN NAME 20. <b>MARGARET WILLIAMS</b>		14B. <b>FURNITURE SALES</b>		
INFORMANT'S SIGNATURE 21. <b>MARILYN CATES</b>		RELATIONSHIP TO DECEASED 22. <b>WIFE</b>		ADDRESS 23. <b>687 W. 37TH PLACE YUMA, ARIZONA 85365</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. <b>CREMATION</b>		DATE 25. <b>12-26-07</b>		CEMETERY OR CREMATORY - NAME AND LOCATION 26. <b>DESERT LAWN CREMATORY YUMA, ARIZONA</b>		EMBALMERS SIGNATURE 27A. <b>NOT EMBALMED</b>
FUNERAL HOME 28. <b>KAMMANN MORTUARY 795 W. 28TH STREET YUMA, AZ 85364</b>		NAME 29. <b>CHARLES REEL JR.</b>		CITY AND STATE 28B. <b>358</b>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30. SIGNATURE AND TITLE <i>Michael Shea</i>		DATE SIGNED (Mo., Day, Year) 31. <b>December 20, 2007</b>		HOUR OF DEATH 32. <b>1:45 PM</b>		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34. SIGNATURE AND TITLE <i>Michael Shea</i>
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 33. <b>MICHAEL SHEA 1320 W. 24TH ST. YUMA, AZ 85364</b>		AUTHORIZED FOR CREMATION (Specify Yes or No) 37. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE <i>Michael Shea</i>		
DATE REGISTERED 42. <b>1/1/08</b>		REG. FILE NO. 43. <b>2130</b>		REG. DISTRICT 45. <b>1403</b>		DATE REGD IN STATE OFFICE 46.
SEVERELY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) PART I. LAST.		47A. IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) <b>Respiratory Failure</b>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>7 months</b>
		47B. DUE TO OR AS A CONSEQUENCE OF: <b>Pancreatic Cancer</b>				
		47C. DUE TO OR AS A CONSEQUENCE OF:				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) 48. <b>NO</b>		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 49. <b>YES</b>		
MANNER OF DEATH NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO DAY YR HOUR 52. 53. 54.		INJURY AT WORK? (Specify Yes or No) 55. DESCRIBE HOW INJURY OCCURRED		
SUPPLEMENTARY ENTRIES 56.		PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY		WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE		

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BK- 0309  
PG- 3840

JAN 08 2008  
*Patricia Adams*  
PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR

8177252A2

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR FRASURE VOIDS THIS DOCUMENT

