

OFFICIAL RECORD  
Requested By:  
DEBRA S. POPINEAU

RECORDING REQUESTED BY: )  
Debra S. Popineau, Esq. )

WHEN RECORDED MAIL TO: )

Charles A. Harris, Trustee )  
13043 4<sup>th</sup> Avenue )  
Victorville, CA 92395 )

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0309 PG- 5909 RPIT: 0.00



SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

SAA

### AFFIDAVIT OF CHANGE OF TRUSTEE

I, the undersigned, hereby certify and declare:

1. The name of the Trust to which this affidavit applies is the Florence L. Harris Revocable Trust.
2. The Trust was created on October 22, 1999, by Florence L. Harris as settlor. Said trust was amended on April 30, 2001.
3. The former Trustee is Florence L. Harris.
4. The currently acting Trustee is Charles A. Harris, having succeeded the former Trustee Florence L. Harris on November 11, 2008, by reason of the death of Florence L. Harris. See the attached death certificate.
5. The Trust holds the following interest in real property:

Quitclaim Deed recorded as Document No. 0486145 on February 11, 2000, in the Official Records of Douglas County, Nevada. Legal Description of the property is:

See attached Exhibit "A"

APN: A portion of 07-130-19

6. This affidavit is being signed below by the currently acting Sole Trustee of the Trust.

Date: 6 Jan 09

Charles A Harris  
Charles A. Harris

JURAT

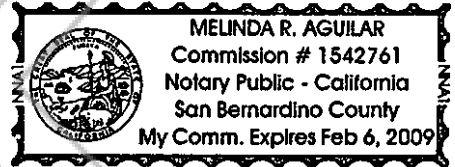
State of California

County of San Bernardino

Subscribed and sworn to (or affirmed) before me on this 6<sup>th</sup> day of Feb, 2009, by **Charles A. Harris**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Melinda Aguilar

Seal



Attachments: Certified Copy of Death Certificate

EXHIBIT A

The land situated in the State of Nevada, County of Douglas and described as follows:

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

EXCEPTING FROM THE REAL PROPERTY the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" as hereinafter referred to.

ALSO EXCEPTING FROM THE REAL PROPERTY AND RESERVING TO GRANTOR, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of the Declaration of Timeshare Use together with the right to grant said easements to others.

TOGETHER WITH THE EXCLUSIVE RIGHT TO USE AND OCCUPY A "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283, at page 1341 as Document No. 76233, and amended by an Instrument recorded April 20, 1983 in Book 483 at page 1021, as Document 78917 and again amended by an instrument recorded July 20, 1983 in Book 783, at page 1688 as Document No. 84425, and again amended by an instrument recorded October 14, 1983 in Book 1083 at page 2572 as Document No. 89535, Official Records of the County of Douglas, State of Nevada ("Declaration"), during a "Use Period", within the HIGH Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

SUBJECT TO all covenants, conditions, restrictions, limitations, easements, rights and rights-of-way of record.



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**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of SAN BERNARDINO**

DEPARTMENT OF PUBLIC HEALTH  
 351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

10664

CERTIFICATE OF DEATH 3200836010352

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>FLORENCE</b>		3. LAST (Family) <b>HARRIS</b>	
2. MIDDLE <b>LUCY</b>		4. DATE OF BIRTH <small>month/day/year</small> <b>09/04/1918</b>	
5. AGE Yrs. - <b>90</b>		6. SEX <b>F</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>IA</b>		10. SOCIAL SECURITY NUMBER <b>4658</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Date of Death) <b>WIDOWED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>	
19. YEARS IN OCCUPATION <b>72</b>		20. DECEDENT'S RESIDENCE (Street and number or location) <b>15084 MANDAN RD</b>	
21. CITY <b>APPLE VALLEY</b>		22. COUNTY/PROVINCE <b>SAN BERNARDINO</b>	
23. ZIP CODE <b>92307</b>		24. YEARS IN COUNTY <b>73</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMATION NAME, RELATIONSHIP <b>LOIS RATLIFF, DAUGHTER</b>	
27. INFORMATION'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>14378 MOJAVE LANE, VICTORVILLE, CA 92395</b>		28. NAME OF SURVIVING SPOUSE - FIRST <b>MARGARET</b>	
29. MIDDLE <b>GRACE</b>		30. LAST ( Maiden Name) <b>CAMPBELL</b>	
31. NAME OF FATHER - FIRST <b>ELISHA</b>		32. MIDDLE <b>PATRICK</b>	
33. LAST <b>GADDIS</b>		34. BIRTH STATE <b>UNK</b>	
35. NAME OF MOTHER - FIRST <b>MARGARET</b>		36. MIDDLE <b>GRACE</b>	
37. LAST ( Maiden) <b>CAMPBELL</b>		38. BIRTH STATE <b>UNK</b>	
39. DISPOSITION DATE <small>month/day/year</small> <b>11/15/2008</b>		40. PLACE OF FINAL DISPOSITION <b>VICTOR VALLEY-MEMORIAL PARK 17150 C ST, VICTORVILLE, CA 92395</b>	
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>TAMARAE VAN VLIET</b>	
43. LICENSE NUMBER <b>EMB8753</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>VICTOR VALLEY MORTUARY, INC.</b>	
45. LICENSE NUMBER <b>FD1452</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>MAXWELL OHIKHUARE, MD</b>	
47. DATE <small>month/day/year</small> <b>11/13/2008</b>		101. PLACE OF DEATH <b>DESERT VALLEY HOSPITAL</b>	
102. COUNTY <b>SAN BERNARDINO</b>		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>16850 BEAR VALLEY RD</b>	
104. CITY <b>VICTORVILLE</b>		105. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/ED <input type="checkbox"/> DCA <input type="checkbox"/> Outpatient <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
106. CAUSE OF DEATH <b>ACUTE RESPIRATORY FAILURE</b>		107. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
108. RUCY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) <b>SEPSIS</b>	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NONE</b>		113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
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: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER <b>JOSE LUIS S NORONHA M.D.</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JOSE LUIS S NORONHA M.D.</b>		117. LICENSE NUMBER <b>A73837</b>	
118. DATE <small>month/day/year</small> <b>11/11/2008</b>		119. DATE <small>month/day/year</small> <b>11/13/2008</b>	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE <small>month/day/year</small> <b>11/11/2008</b>	
122. HOUR (24 Hours) <b>09:00</b>		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>16850 BEAR VALLEY RD, VICTORVILLE, CA 92395</b>	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>Slipped on wet floor in kitchen</b>		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) <b>16850 BEAR VALLEY RD, VICTORVILLE, CA 92395</b>	
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>Margaret M Beed MD</b>		127. DATE <small>month/day/year</small> <b>11/13/2008</b>	
128. TITLE OF CORONER / DEPUTY CORONER <b>REGISTRAR</b>		129. NAME, TITLE OF CORONER / DEPUTY CORONER <b>MARGARET BEED, M.D.</b>	
STATE REGISTRAR <b>A 12-11-08</b>		FAX AUTH. # <b>951-251-1111</b>	
CENSUS TRACT <b>012008000931873</b>		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED **Nov 18, 2008**  
 COUNTY OF SAN BERNARDINO }  
 This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

*Margaret M Beed MD*  
 MARGARET BEED, M.D.  
 COUNTY HEALTH OFFICER  
 REGISTRAR OF VITAL STATISTICS



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