

OFFICIAL RECORD

Requested By:  
HEATHER HYDE

1 RECORDING REQUESTED BY:  
AND WHEN RECORDED MAIL TO:

2 Anzhelika Milstein, Trustee  
3 721 Old San Francisco Road  
4 Sunnyvale, CA 94086

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0509 PG- 6131 RPTT: 0.00



5 MAIL TAX STATEMENTS TO:  
6 Anzhelika Milstein, Trustee  
address above

8 AFFIDAVIT - DEATH OF TRUSTEE/TRUSTOR

9 STATE OF CALIFORNIA )  
10 COUNTY OF SANTA CLARA ) SS.

11 The undersigned, being of legal age, being duly sworn deposes  
12 and says that the decedent named in the attached certified copy of  
13 Certificate of Death is the same person as PHILIP B. MILSTEIN,  
14 named as Trustee in that certain Trust Transfer Deed, dated  
15 February 21, 2009 executed by Philip B. Milstein and Anzhelika  
16 Milstein under the Declaration of Trust dated February 21, 2009  
17 recorded as Document Number 0741084 on April 9, 2009 in the  
18 Official Records of Douglas County, Nevada, covering the decedent's  
19 interest in the following described real property situated in the  
20 County of Douglas, State of Nevada:

21 See Exhibit "A" attached, for Legal Description

22 APN 1319-30-721-001

23 Dated: May 07, 2009

*Anzhelika Milstein*  
\_\_\_\_\_  
ANZHELIKA MILSTEIN

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VERIFICATION [CCP Sections 446, 2015.5]

I, ANZHELIKA MILSTEIN, say:

I am the Affiant in the above Affidavit - Death of Trustee.  
I have read the foregoing Affidavit and know the contents thereof.  
The same are true of my own knowledge.

I declare under penalty of perjury that the foregoing is true  
and correct, and that this declaration was executed on May 7,  
2009 at Sunnyvale, California.

*Anzelika Milstein*

ANZHELIKA MILSTEIN

State of California )  
                                  )  
County of Santa Clara)

Subscribed and sworn to (or affirmed) before me on this 7<sup>TH</sup>  
day of May, 2009, by Anzelika Milstein, proved to me on the basis  
of satisfactory evidence to be the person who appeared before me.

Signature *Heather Hyde*  
Heather Hyde

(This area for notarial seal)

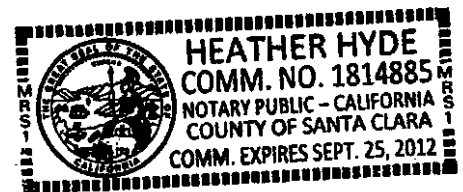


EXHIBIT "A"

A Timeshare Estate comprised of:

Parcel One:

An undivided 1/51st interest in and to that certain condominium described as follows:

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 31 of 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, all of Official Records Douglas County, State of Nevada. Except therefrom units 81 to 100 Amended Map and as corrected by said Certificate of Amendment.
- (b) Unit No. 081 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

Parcel Two:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173 Page 229 of Official Records and in modification thereof recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records.

Parcel Three:

A non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes over, on and through Lots, 29, 39, 40, and 41 as shown on said Tahoe Village Unit No. 3, Fifth-Amended Map and as corrected by said Certificate of Amendment.

Parcel Four:

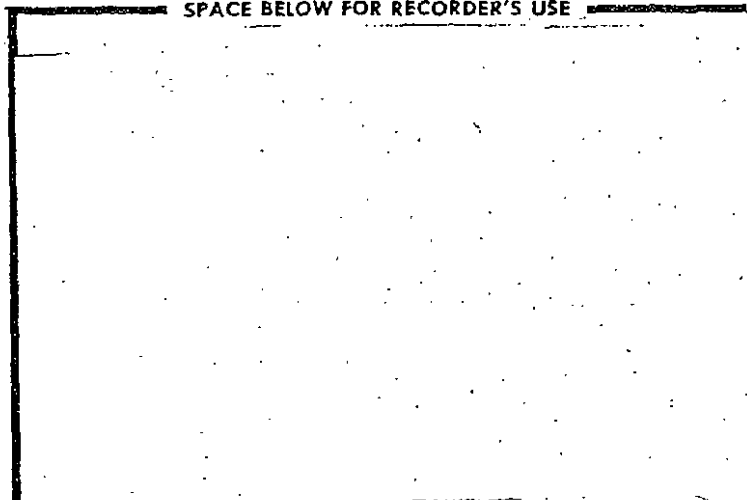
- (a) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, M.D.M., - and -
- (b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Fifth-Amended Map of Tahoe Village No. 3, recorded October 29, 1981, as Document No. 61612, and amended by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, Official Records, Douglas County, State of Nevada.

Parcel Five:

The Exclusive right to use said UNIT and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcels Two, Three, and Four above during ONE "use week" within the Winter "use season", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982 as Document No. 71000 of said Official Records.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said use week within said season.

SPACE BELOW FOR RECORDER'S USE



BK- 0509  
PG- 6133

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

**COUNTY of SANTA CLARA**

PUBLIC HEALTH DEPARTMENT  
VITAL RECORDS AND REGISTRATION  
645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

**CERTIFICATE OF DEATH**

3200943001929

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (SEE INSTRUCTIONS)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
PHILIP		BARRY		MILSTEIN	
4. DATE OF BIRTH (month/day/yr)		5. AGE Yrs.		6. SEX	
08/17/1950		58		M	
7. DATE OF DEATH (month/day/yr)		8. HOUR (24 Hours)		9. MANNER OF DEATH	
03/13/2009		1125		MARRIED	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (at Time of Death)	
7882		NO		MARRIED	
13. EDUCATION - Highest Level (Degree)		14. OCCUPATION (Type of work for most of life. DO NOT USE RETIRED)		15. YEARS IN OCCUPATION	
BACHELOR		ENGINEERING MANAGER		30	
16. USUAL OCCUPATION		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employ./rent agency, etc.)		18. YEARS IN OCCUPATION	
AEROSPACE				30	
20. DECEDENT'S RESIDENCE (Street and number or location)					
721 OLD SAN FRANCISCO ROAD					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
SUNNYVALE		SANTA CLARA		94086	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
29		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
ANZHELIKA MILSTEIN, WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number or post office number, city or town, state, ZIP)					
721 OLD SAN FRANCISCO ROAD, SUNNYVALE, CA 94086					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST ( Maiden Name)	
ANZHELIKA				SHIRINA	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
HARRY				MILSTEIN	
34. BIRTH STATE		35. MIDDLE		36. LAST	
PA				STEIN	
37. BIRTH STATE		38. MIDDLE		39. LAST	
PA				STEIN	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)			
SANTA CLARA MISSION CEMETERY		BU			
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
MARVALYNN BAKER		EMB8047		SPANGLER MORTUARY	
45. LICENSE NUMBER		46. DATE		47. SIGNATURE OF LOCAL REGISTRAR	
FD579		03/16/2009		MARTIN D FENSTERSHEIB, MD	
101. PLACE OF DEATH					
KAISER PERMANENTE MEDICAL CENTER					
102. COUNTY		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		104. CITY	
SANTA CLARA		700 LAWRENCE EXPRESSWAY		SANTA CLARA	
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT abbreviate.					
(A) PANCREATIC CANCER, METASTASIS TO BONE					
108. DEATH REPORTED TO CORONER?					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
109. BOPSY PERFORMED?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
110. AUTOPSY PERFORMED?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
111. USED BY DETERMINING CAUSE?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE (month/day/yr)	
ANJALI DHAR M.D.		A54191		03/16/2009	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
ANJALI DHAR M.D. 556 CASTRO STREET, MOUNTAIN VIEW, CA 94041					
119. I CERTIFY THAT IF MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED					
120. MANNER OF DEATH		121. INJURED AT WORK?		122. ALIENY DATE (month/day/yr)	
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Could not be determined <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE (month/day/yr)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. # <i>al</i> CENSUS TRACT	

BK- 0509  
PG- 6134  
0743775 Page: 4 of 4 05/26/2009

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA }  
COUNTY OF SANTA CLARA } SS

DATE ISSUED  
**MAR 20 2009**

\*H2353420\*

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

*Martin D. Fenstersheib MD*  
MARTIN D. FENSTERSHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

