

OFFICIAL RECORD

Requested By:
KINGSBURYS GID

RECORDING REQUESTED BY:

Marie Ardell Vander Beek

WHEN RECORDED MAIL TO:

✓ Marie Ardell Vander Beek
825 W Third St
Ripon, CA 95366

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0509 PG-6327 RPTT: 0.00



AFFIDAVIT OF DEATH OF TRUSTEE(S)

Assessor Parcel Number: 1318-26-101-006

State of California ss
County of San Joaquin

Marie Ardell Vander Beek, affiant of legal age, being first duly sworn, deposes and says:

1. That Gerhard Vander Beek, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gerhard Vander Beek and Marie Ardell Vander Beek, named as co-Trustees of the Vander Beek Family Trust, UTA dated April 4, 1996.
2. At the time of demise of the Decedent, the Decedent was the record owner, as Co-Trustee, of real property located at 133 Deer Run Road, Stateline, Nevada 89449, acquired by a deed recorded on April 22, 1996, as Instrument No.0385927, in Official Records of Douglas County, Nevada, covering the property described on the attached Exhibit "A" attached hereto and made a part hereof.
3. I am the surviving or successor Trustee under the above referenced Trust, which was in effect at the time of death of the Decedent mentioned in Paragraph 1 above, and which has not been revoked, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.
4. There is no Federal Estate Tax due as the result of death of the decedents mentioned in Paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of Nevada and California, that the foregoing is true and correct.

Sworn to and executed this 3rd day of April, 2009.

Marie Ardell Vander Beek
Marie Ardell Vander Beek
825 W Third St
Ripon, CA 95366

Subscribed and Sworn to before me
A Notary Public, in and for said County and State

This 3rd day of April, 2009

Gordon H. Vander Veen
Signature
GORDON H. VANDER VEEN
Name (Typed or Printed)

Notary Public Commissioned for said County and State

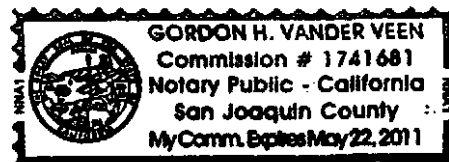


EXHIBIT "A"
KINGSBURY CROSSING
LEGAL DESCRIPTION

N UNDIVIDED ONE THREE THOUSAND TWO HUNDRED and THIRTEENTH INTEREST 1/3213) as tenant in common of that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, being a portion of the North ½ of the Northwest ¼ of Section 26, Township 13 North, Range 18 East, M.D.B.&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" and subsequent amendments thereto 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 said Declaration of Timeshare Use and amendments thereto 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 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at Page 1021, Official Records of Douglas County, Nevada as Document No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at Page 1688, Douglas County, Nevada as Document No 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the LOW 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-of-way of record.



CERTIFICATION OF VITAL RECORD

1541A

OR
PRINT IN
PERMANENT
BLACK INK

262784

I.D. TAG NO.

98-1067-837

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

130-

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7

8

REGISTRAR

9

RESERVED FOR REGISTRAR'S USE

10

11

CERTIFIER

12

13

CONDITIONS

IF ANY

WENCH GAVE

RISE TO

IMMEDIATE

CAUSE

OF DEATH

14

15

16

17

| | | | | |
|---|--|--|---|---|
| 1. DECEDENT'S NAME First: Gerhard Middle: - Last: VANDER BEEK JR. | | | 2. SEX Male | 3. DATE OF DEATH (Month, Day, Year) November 30, 1998 |
| 4. SOCIAL SECURITY NUMBER 0365 | | 5a. AGE-Last Birthday (Years) 72 | 5b. Under 1 Year Mon. Days Hours Mins. | 5c. Under 1 Day Hours Mins. |
| 6. BIRTHPLACE (City and State or Foreign Country) French Camp, CA | | | 7. DATE OF BIRTH (Month, Day, Year) October 26, 1926 | |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> relatives Home | | | | |
| 9b. FACILITY NAME (If not institution, give street and number) 150 Ash Creek Rd. | | | 9c. CITY, TOWN, OR LOCATION OF DEATH Tiller | |
| 9d. COUNTY OF DEATH Douglas | | | | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Salesman | | 10b. KIND OF BUSINESS/INDUSTRY Snack Food Manufacturer | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married |
| 12. SPOUSE (If Married, Widowed) Marie Ardell Vanderbeek | | | | |
| 13a. RESIDENCE - STATE California | | 13b. COUNTY San Joaquin | | 13c. CITY, TOWN, OR LOCATION Ripon |
| 13d. STREET AND NUMBER 825 W. 3rd St. | | | | |
| 13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 13f. ZIP CODE 95366 | | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| 15. RACE White | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 10 College (1-4 or 5-4) | | |
| 17. FATHER - NAME first middle last Gerhard - Vander Beek Sr. | | | 18. MOTHER - NAME first middle maiden Betsy - Hollander | |
| 19. INFORMANT - NAME and relationship to deceased Marie Ardell Vander Beek - Wife | | | | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hillcrest Crematory | |
| 20c. LOCATION - City or Town, State Grants Pass, OR | | | | |
| 21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Monte...</i> | | | 21b. OREGON LICENSE NO. (Of Licensee) 3672 | |
| 22. NAME, ADDRESS AND ZIP OF FACILITY Mountain View Funeral Home 28 N. Old Pacific Hwy. Tiller, Oregon 97457 | | | | |
| 23. DATE FILED (Month, Day, Year) DEC 15 1998 | | | 24. REGISTRAR'S SIGNATURE <i>Donna Clarke</i> | |
| RESERVED FOR REGISTRAR'S USE | | | | |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | | | |
| 27. TIME OF DEATH M <input type="checkbox"/> <input checked="" type="checkbox"/> P | | 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>James M. Olson</i> | | 31a. TIME OF DEATH 9:30 AM | | |
| 30. DATE SIGNED (Month, Day, Year) 12-8-98 | | 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 11-30-98 9:30 A.M. | | |
| 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James Olson M.D., 1505 Washington St. N.W., Grants Pass, Oregon 97526 | | 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>James M. Olson</i> | | |
| 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 33. DATE SIGNED (Month, Day, Year) 12-8-98 | | |
| 36. PART I (a) Undetermined Natural Cause DUE TO, OR AS A CONSEQUENCE OF: | | 38. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | | |
| 40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other | | 41a. DATE OF INJURY (Month, Day, Year) | | |
| 41b. TIME OF INJURY M <input type="checkbox"/> <input checked="" type="checkbox"/> P | | 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 41e. DESCRIBE HOW INJURY OCCURRED | | |
| 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | 41g. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | |
| RESERVED FOR REGISTRAR'S USE | | | | |

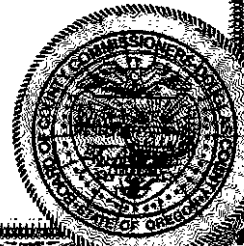
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 PG- 6329
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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE DOUGLAS COUNTY REGISTRAR.

DATE ISSUED

DEC 15 1998

Donna Clarke
DONNA CLARKE
COUNTY REGISTRAR
DOUGLAS COUNTY, OREGON



COPY