

OFFICIAL RECORD

Requested By:

L E BURSTINER

RECORDING REQUESTED BY:

LAVON E. BURSTINER
11466 Upper Meadow Drive
Gold River, California 95670

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0410 PG-2526 RPTT: 0.00



WHEN RECORDED, MAIL TO:

SAME AS ABOVE

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

SPACE ABOVE FOR RECORDER'S USE
AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA,

SS.

County of Douglas

Lavon E. Burstiner, of legal age, being first duly sworn, deposes and says:

That Joel Jay Burstiner, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Joel J. Burstiner named as one of the parties in the deed dated December 23, 2005, executed by Joel J. Burstiner and Lavon E. Burstiner, grantor to Joel J. Burstiner and Lavon E. Burstiner, Trustees of the Burstiner Family Trust, dated December 14, 2005, and recorded on January 17, 2006 in Book 0106, Page 5352, of Official Records of Douglas County, Nevada as Instrument No. 0665824, concerning the real property located in Douglas County, Nevada, with the legal and common description as follows:

See EXHIBIT "A" (LEGAL DESCRIPTION),
attached hereto and made a part hereof.

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

04-07 2010
Dated

Lavon E. Burstiner
LAVON E. BURSTINER

State of California) SS.

County of Sacramento)

On 04-07-2010, before me, Jay Desimone a Notary Public, personally appeared LAVON E. BURSTINER, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity on behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Jay Desimone
Signature of Notary Public [Seal]



EXHIBIT "A" (LEGAL DESCRIPTION)

TIMESHARE – Kingsbury Crossing

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, 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 as defined in the "Declaration of Timeshare Use" as amended.

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, 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, third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Document No. 89535 and fourth amendment to Declaration of Timeshare Use recorded August 31, 1987 in Book 887 at page 3987, Official Records of Douglas County, Nevada, Document No. 161309, ("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-of-way of record. A portion of APN 07-130-19.

This deed is made and accepted upon all the covenants, conditions, restrictions, assessments, liens, easements and other matters set forth in said Declaration of Timeshare Use and amendments thereto all of which are incorporated herein by reference.

APN: 07-130-19

Address: 133 Deer Run Court, Stateline, NV 89449

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

CERTIFICATE OF DEATH

3200638000180

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ALTERATIONS 19-11 (REV 1/01)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
JOEL		JAY		BURSTINER	
4A. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
05/21/1944		61		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
NEW YORK		-1279		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		01/13/2006		1620	
13. EDUCATION — Highest Level/degree (See worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back.)		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
BACHELOR'S		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO CAUCASIAN	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
FACILITY MANAGER		DEPARTMENT OF HUMAN ASSISTANCE		7	
20. DECEDENT'S RESIDENCE (Street and number or location)					
11466 UPPER MEADOW DRIVE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
GOLD RIVER		SACRAMENTO		95670	
24. YEARS IN CITY		25. STATE/FOREIGN COUNTRY			
28		CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
LAVON BURSTINER, WIFE			11466 UPPER MEADOW DRIVE, GOLD RIVER, CA 95670		
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE		30. LAST (maiden Name)	
LAVON		EVELYN		JOHNSON	
31. NAME OF FATHER — FIRST		32. MIDDLE		33. LAST	
MURRAY				BURSTINER	
34. BIRTH STATE		35. NAME OF MOTHER — FIRST		36. MIDDLE	
NY		PERAL		SEIFE	
37. BIRTH STATE		38. BIRTH STATE		39. BIRTH STATE	
POLAND		POLAND		POLAND	
36. DISPOSITION DATE mm/dd/yyyy		39. PLACE OF FINAL DISPOSITION			
01/20/2006		EAST LAWN MEMORIAL PARK, 43rd & Folsom Blvd., Sacramento, CA 95819			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMERALD		43. LICENSE NUMBER	
BURIAL		<i>Scott Salviski</i>		7760	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
EAST LAWN MORTUARY		FD-1242		<i>Mitchell Katz</i>	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
01/18/2006		<i>Mitchell Katz</i>			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
CPMC-PACIFIC CAMPUS		<input checked="" type="checkbox"/> P <input type="checkbox"/> ENOP <input type="checkbox"/> DCA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
SAN FRANCISCO		2333 BUCHANAN STREET		SAN FRANCISCO	
107. CAUSE OF DEATH					
Enter the chain of events — diseases, injuries, complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular failure without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Time Interval Between Onset and Death		108. DEATH REPORTED TO CORONER?	
RENAL FAILURE		3 Mos.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in cause) LAST		109. BIOPSY PERFORMED?		110. AUTOPSY PERFORMED?	
CIRRHOSIS		3 Mos.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
NON ALCOHOLIC FATTY LIVER DISEASE		YEARS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
OBESITY		YEARS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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)				113A. IF FEMALE, PREGNANT IN LAST YEAR?	
NO				<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.		115. SIGNATURE AND TITLE OF CORONER		116. LICENSE NUMBER	
Decedent Attended Since		<i>Mitchell Katz</i>		A 87205	
Decedent Last Seen Alive				01/16/2006	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
01/13/2006 01/13/2006		JOEL TRAMBLEY, MD-2333 BUCHANAN STREET, SAN FRANCISCO, CA 94115			
119. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. 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 mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENSUS TRACT	

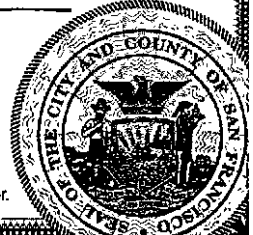
BK- 0410
 PG- 2528
 0762023 Page: 3 Of 3 04/14/2010



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
 This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.



Mitchell Katz
 Mitchell Katz, M.D.
 Health Officer and Local Registrar



DATE ISSUED **OCT 7 - 2009**
 This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.