

OFFICIAL RECORD

Requested By:

WAGNER KIRKMAN BLAINE ETAL

PTN of APN: 1319-30-724-030

Recording requested by
and when recorded mail to:

Jamoa Athena Moberly, Co-Trustee
Marcia Moberly Palmer, Co-Trustee
The Violet Moberly Trust
c/o Robin L. Klomprens, Esq.
WAGNER KIRKMAN BLAINE
KLOMPARENS & YOUMANS, LLP
10640 Mather Boulevard, Suite 200
Sacramento, CA 95655

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 4 Fee: 17.00
BK-0111 PG- 1162 RPTT: 0.00



Mail tax statements to:
Jamoa Moberly
1 Sunburst
Irvine, CA 92603-3607

AFFIDAVIT - DEATH OF TRUSTEE

We, MARCIA MOBERLY PALMER, and JAMOA ATHENA MOBERLY, being of legal age and duly sworn, depose and state that:

1. VIOLET FARR MOBERLY was the Trustor and Trustee of the VIOLET MOBERLY TRUST dated July 3, 2003. VIOLET FARR MOBERLY died on April 26, 2008. She is the same person as VIOLET FARR MOBERLY, the decedent named in the attached certified copy of Certificate of Death.
2. VIOLET FARR MOBERLY is the same person as VIOLET FARR MOBERLY, aka VIOLET F. MOBERLY, named as one of the parties in that Grant Deed executed July 3, 2003, by VIOLET FARR MOBERLY, aka VIOLET F. MOBERLY, to VIOLET FARR MOBERLY, Trustee of the VIOLET MOBERLY TRUST, recorded July 30, 2003, as Document No. 0584838, at Book 0703, Page 15303, records of Douglas County, State of Nevada.
3. MARCIA MOBERLY PALMER and JAMOA ATHENA MOBERLY are the named successor co-trustees under the terms of the Trust. The Trust has not been recorded. The Trust is in full force and effect and continues to hold as an asset of the Trust the real property in the City of Stateline, County of Douglas, State of Nevada, more fully described as follows:

SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN

PTN of A.P.N.: 1319-30-724-030

Ridge Account No. 3402922A

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

Dated: 12/9/2010

Marcia Moberly Palmer
MARCIA MOBERLY PALMER

Dated: 11/21/2010

Jamoa Athena Moberly
JAMOA ATHENA MOBERLY

State of California

County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 9 day of December, 2010, by MARCIA MOBERLY PALMER, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature K. Salas



State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this 21 day of November, 2010, by JAMOA ATHENA MOBERLY, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature B. Osorio

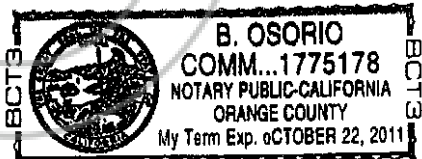


EXHIBIT "A"

(34)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38th interest in and to Lot 34 as shown on Tahoe Village Unit No. 3 - 13th 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 therefrom Units 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 029 as shown and defined on said Condominium Plan; 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 recorded August 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 the same unit type conveyed, in Lot 34 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-030

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

CERTIFICATE OF DEATH

3200834003566

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
VIOLET		VESTA		FARR MOBERLY	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
08/09/1921		86		F	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS (at Time of Death)	
PA		5855		WIDOWED	
13. EDUCATION - Highest Level (Degree and institution, if listed)		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/AMERICAN? (If yes, list ethnicity on back)		16. DECEDENT'S RACE - List to 3 races may be listed (see worksheet on back)	
BACHELOR		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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	
DEVELOPER		REAL ESTATE		50	
20. DECEDENT'S RESIDENCE (Street and number or location)					
6988 CARRETA LANE					
21. CITY		22. COUNTY/DIVISION		23. ZIP CODE	
RANCHO MURIETA		SACRAMENTO		95683	
24. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
MARCIA MOBERLY PALMER, DAUGHTER		360 ROSS WAY, SACRAMENTO, CA 95664			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
ROY		J.		FARR	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
BEAULAH		MAE		HAYES	
34. BIRTH STATE		35. BIRTH STATE		36. BIRTH STATE	
PA		PA		PA	
38. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION - ARLINGTON NATIONAL CEMETERY			
05/03/2008		ARLINGTON, VA 22211			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALEMER		43. LICENSE NUMBER	
CR/TR/BU		LYNITA HARRIS		EMB8876	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
MOUNT VERNON MEMORIAL PARK		FD1154		GLENNAH J. TROCHET, MD	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy			
04/29/2008		04/29/2008			
101. PLACE OF DEATH					
KAISER FOUNDATION HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. CITY	
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DSA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other				SACRAMENTO	
105. COUNTY		106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		107. CITY	
SACRAMENTO		2025 MORSE AVE		SACRAMENTO	
108. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. DEATH REPORTED TO CORONER		110. DEATH REPORTED TO CORONER	
(A) MASSIVE CEREBRAL VASCULAR ACCIDENT		DYS		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111. UNDERLYING CAUSE (Disease or injury that initiated the chain of events resulting in death) LAST		112. BODIFY PERFORMED?		113. AUTOPSY PERFORMED?	
HYPERTENSION, DIABETES MELLITUS TYPE II		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		115. USED IN DETERMINING CAUSE?		116. USED IN DETERMINING CAUSE?	
HYPERTENSION, DIABETES MELLITUS TYPE II		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
117. WERE OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		118. IF FEMALE, PREGNANT IN LAST YEAR		119. SIGNATURE AND TITLE OF CERTIFIER	
NO		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		RUTH ANN BERTSCH M.D.	
120. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		121. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		122. LICENSE NUMBER	
Decedent Attended Since		RUTH ANN BERTSCH M.D.		A84484	
04/23/2008		2025 MORSE AVENUE, SACRAMENTO, CA 95825		04/28/2008	
123. MANNER OF DEATH		124. INJURED AT WORK?		125. INJURY DATE	
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 <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK			
126. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		127. DATE		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
129. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		130. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		131. SIGNATURE OF CORONER / DEPUTY CORONER	
132. SIGNATURE OF CORONER / DEPUTY CORONER		133. DATE		134. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E					

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PG- 1165
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO



This is a true and exact reproduction of the document officially registered and placed on file in the office of the SACRAMENTO COUNTY CLERK/RECORDER.

DATE ISSUED MAR 01 2010

Craig C. Kramer
CRAIG C. KRAMER
SACRAMENTO COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk/Recorder.

