

20-

OFFICIAL RECORD
Requested By:
MANNON KING & JOHNSON

WHEN RECORDED MAIL TO:)
)
Stephen F. Johnson)
Mannon, King and Johnson)
✓ P. O. Box 419)
Ukiah, CA 95482)
)
)
)

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 7 Fee: 20.00
BK-0311 PG- 5468 RPTT: 0.00



AFFIDAVIT - DEATH OF TRUSTEE

We, the undersigned, hereby certify and declare:

1. The name of the trust to which this affidavit applies is The Benjamin K. DePrue and Linda L. DePrue Revocable Trust Dated May 30, 2006.
2. The trust was created on May 30, 2006 by Benjamin K. DePrue and Linda L. DePrue, trustees of The Benjamin K. DePrue and Linda L. DePrue Revocable Trust Dated May 30, 2006.
3. Benjamin K. DePrue and Laurie Doster were the co-trustees of the trust.
4. The former co-trustee, Benjamin K. DePrue is the same person as Benjamin Kailauokekoa DePrue, the decedent mentioned in the attached certified copy of the Certificate of Death, incorporated herein by reference as Exhibit A.
5. The current acting Successor Co-Trustees of The Benjamin K. DePrue and Linda L. DePrue Revocable Trust Dated May 30, 2006 - Survivor's Trust and The Benjamin K. DePrue and Linda L. DePrue Revocable Trust Dated May 30, 2009 - Bypass Trust are Laurie Doster and Nancy Lee by reason of the death of former co-trustee, Benjamin K. DePrue on October 7, 2011. The First Amendment to The Benjamin K. DePrue and Linda L. DePrue Revocable Trust Dated May 30, 2006, Section 8.1 states in pertinent part: "Initial and successor trustees. Benjamin K. DePrue and Linda L. DePrue are the initial co-trustees of this trust. If one shall cease to serve, then Laurie Doster shall

serve as co-trustee with the remaining initial trustee. If the remaining initial trustee shall cease to serve or cannot serve because of mental or physical incapacity, then the following persons shall serve as successor co-trustees: (1) Laurie Doster and (2) Nancy Lee. If one of the successor co-trustees shall cease to serve, then the remaining trustee shall serve as sole successor trustee.”

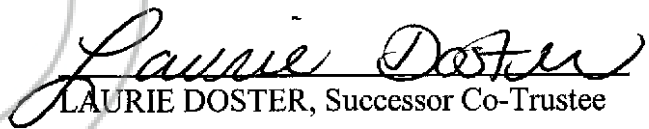
6. The trust holds the following interests in the real properties described below:

a. Timeshare located at The Ridge Resorts, aka The Ridge Tahoe in the County of Douglas, State of Nevada, commonly known as Douglas County Assessor's Parcel No. 1319-30-724-013, and legally described as set forth on Exhibit B, attached hereto, and incorporated herein by reference.


b. Timeshare located at The Ridge Resorts, aka The Ridge Tahoe in the County of Douglas, State of Nevada, commonly known as Douglas County Assessor's Parcel No. 1319-30-721-005, and legally described as set forth on Exhibit C, attached hereto, and incorporated herein by reference.

7. This affidavit is being signed below by the current acting successor co-trustees of the trust.

Dated: March 16, 2011


LAURIE DOSTER, Successor Co-Trustee

Dated: March 16, 2011


NANCY LEE, Successor Co-Trustee

AFFIDAVIT - DEATH OF TRUSTEE

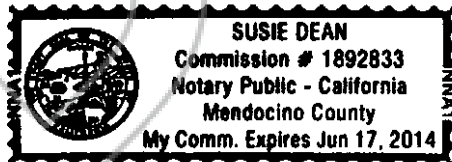
JURAT

State of California

County of Mendocino

Subscribed and sworn to (or affirmed) before me on this 16th day of March, 2011, by Laurie Doster and Nancy Lee, who proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

Signature Susie Dean
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3201049002966

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT—FIRST (Given) BENJAMIN		2 MIDDLE KAILAUOKEKOA	
3 LAST (Family) DE PRUE		4 DATE OF BIRTH mm/dd/yyyy 12/22/1941	
AKA, ALSO KNOWN AS— Include full AKA (FIRST, MIDDLE, LAST)		5 AGE Yrs 68	
6 SEX M		7 DATE OF DEATH mm/dd/yyyy 10/07/2010	
8 HOUR (24 Hour) 2240		9 BIRTH STATE/FOREIGN COUNTRY HAWAII	
10 SOCIAL SECURITY NUMBER 2316		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS/GROUP (at Time of Death) WIDOWED		13 EDUCATION—Highest Level/Degree (see worksheet on back) HS GRADUATE	
14 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15 DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) HAWAIIAN, FRENCH NEGRO	
17 USUAL OCCUPATION—Type of work for most of life DO NOT USE RETIRED PRINTER		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PRINTING	
19 YEARS IN OCCUPATION 53		20 DECEDENT'S RESIDENCE (Street and number or location) 5351 EASTSIDE CALPELLA RD	
21 CITY UKIAH		22 COUNTY/PROVINCE MENDOCINO	
23 ZIP CODE 95482		24 YEARS IN COUNTY 20	
25 STATE/FOREIGN COUNTRY CALIFORNIA		26 INFORMANT'S NAME, RELATIONSHIP Laurie Doster, Daughter	
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5225 EASTSIDE CALPELLA ROAD, UKIAH, CA 95482		28 NAME OF SURVIVING SPOUSE/SRDP—FIRST ELAUINA	
29 MIDDLE MIHA		30 LAST (BIRTH NAME) KALUNA	
31 NAME OF FATHER/PARENT—FIRST HENRY		32 MIDDLE JOSEPH	
33 LAST DE PRUE		34 BIRTH STATE LA	
35 NAME OF MOTHER/PARENT—FIRST ELAUINA		36 MIDDLE MIHA	
37 LAST (BIRTH NAME) KALUNA		38 BIRTH STATE HI	
39 DISPOSITION DATE mm/dd/yyyy 10/09/2010		40 PLACE OF FINAL DISPOSITION RES: LAURIE DOSTER 5351 EASTSIDE CALPELLA RD, UKIAH, CA 95482	
41 TYPE OF DISPOSITION(S) CR/RES		42 SIGNATURE OF EMBALMER NOT EMBALMED	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT EVERSOLE MORTUARY	
45 LICENSE NUMBER FD24		46 SIGNATURE OF LOCAL REGISTRAR MARY MADDUX-GONZALEZ, M.D.	
47 DATE mm/dd/yyyy 10/08/2010		101 PLACE OF DEATH KAISER PERMANENTE	
102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY SONOMA		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 401 BICENTENNIAL WAY	
106 CITY SANTA ROSA		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. INTRACRANIAL HEMORRHAGE	
IMMEDIATE CAUSE (Final disease or condition resulting in death) INTRACRANIAL HEMORRHAGE		Time Interval Between Occal and Death (hr) 2 DAYS	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST HEAD TRAUMA		108 DEATH REFERRED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Coroner's Number 10-0001145	
MECHANICAL FALL		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HEMIPLEGIA POST STROKE, CONGESTIVE HEART FAILURE		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 CAUSES STATED Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		115 SIGNATURE AND TITLE OF CERTIFIER MARTIN PATRICIO ANANIAS M.D.	
116 LICENSE NUMBER A67788		117 DATE mm/dd/yyyy 10/08/2010	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CHARLES CATLETT 401 BICENTENNIAL WAY, SANTA ROSA, CA 95403-2192		119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE mm/dd/yyyy	
122 HOUR (24 Hour)		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 mm/dd/yyyy	
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129 SIGNATURE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA } SS
COUNTY OF SONOMA } DATE ISSUED **10/12/2010**

* 000645157 *

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services

Mary Maddux-Gonzalez
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

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



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PG- 5471
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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201049002966

STATE FILE NUMBER

1.1

LOCAL REGISTRATION NUMBER

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A NAME—FIRST BENJAMIN	1B MIDDLE KAILAUOKEKOA	1C LAST DE PRUE	2 SEX M
	3 DATE OF EVENT—MM/DD/CCYY 10/07/2010	4 CITY OF EVENT SANTA ROSA	5 COUNTY OF EVENT SONOMA	

PART II STATEMENT OF CORRECTIONS

6 CERTIFICATE ITEM NUMBER	7 INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8 INFORMATION AS IT SHOULD APPEAR
119	--	ACCIDENT
120		NO
121		10/07/2010
122		0400
123		HOME
124		DECEDENT HAD A WITNESSED FALL WHILE USING THE BATHROOM AND STRUCK HIS HEAD
125		5351 EASTSIDE CALPELLA ROAD, UKIAH, CA 95482

LIST ONE ITEM PER LINE

2 of 2

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	9 SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER MARK A. PROVOST	10 DATE SIGNED—MM/DD/CCYY 10/11/2010	11 TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DEPUTY CORONER	
	12 ADDRESS—STREET and NUMBER 3336 CHANATE ROAD	13 CITY SANTA ROSA	14 STATE CA	15 ZIP CODE 95404

STATE/LOCAL REGISTRAR USE ONLY	16 OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR MARY MADDEX-GONZALEZ, MD	17 DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 10/11/2010
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STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS
FORM VS 24a (REV. 1/08)
"020101001610616"

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PG- 5472
03/25/2011
7
Page: 5 of 7
0780576

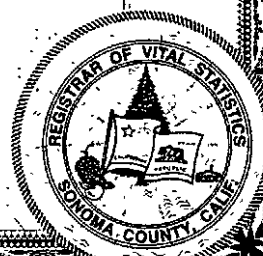
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA }
COUNTY OF SONOMA } SS
DATE ISSUED 10/12/2010

* 000645158 *

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services

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

Mary Maddux-Gonzalez
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA



FBNCO (Rev) 6/010

**EXHIBIT B**

LEGAL DESCRIPTION

(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. 012 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 SWING "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-013

EXHIBIT B

EXHIBIT C

LEGAL DESCRIPTION

(31)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 31 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 081 through 100 (inclusive) as shown on 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; and (B) Unit No. 085 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 Phase II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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 Lots 31, 32 or 33 only, for one week each year in the SPRING/FALL "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-721-005

EXHIBIT C