

18'

PTN 1319-30-724-004

DOC # 0787564
08/08/2011 09:37 AM Deputy: SG

OFFICIAL RECORD

Requested By:

COMSTOCK, THOMPSON, KONTZ &

BRENNER

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00
BK-0811 PG- 1074 RPTT: 0.00



RECORDING REQUESTED BY:

LAWRENCE M. BRENNER, ESQ.

WHEN RECORDED MAIL TO:

LAWRENCE M. BRENNER
COMSTOCK, THOMPSON, KONTZ &
BRENNER
340 SOQUEL AVE STE 205
SANTA CRUZ, CA 95062

A PORTION OF APN: 42-261-04

AFFIDAVIT - DEATH OF TRUSTEE

I, TIMOTHY W. DAVID, being duly sworn, say:

1. That I am 18 years of age or over.

2. That EVAN HYDE DAVID, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EVAN HYDE DAVID, named as a Trustee in the Grant Deed dated February 12, 1999, executed by EVAN HYDE DAVID, as Grantor. Said deed granted title to EVAN HYDE DAVID as Trustee of THE EVAN HYDE DAVID REVOCABLE LIVING TRUST under Declaration of Trust dated December 29, 1998, and to any Successor Trustee, and was recorded on June 21, 1999, as Document Number 470732, in the Official Records of Douglas County, State of Nevada, which conveyed the property described herein below to EVAN HYDE DAVID, Trustee of THE EVAN HYDE DAVID REVOCABLE LIVING TRUST under Declaration of Trust dated December 29, 1998.

SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE

3. That EVAN HYDE DAVID died on March 7, 2011, and that as a result of his death, TIMOTHY W. DAVID is appointed by the terms of THE EVAN HYDE DAVID REVOCABLE LIVING TRUST under Declaration of Trust dated December 29, 1998, ("Trust") to act as sole Trustee of the Trust.

4. That the Trust is in full force and effect, and that TIMOTHY W. DAVID is qualified and has the power to act as Trustee of the Trust and to exercise the powers granted him under the Trust in his capacity as Trustee of the Trust.

5. That the entire interest of the Trust in the above-described real property is now vested in title as follows: "TIMOTHY W. DAVID, Successor Trustee of THE EVAN HYDE DAVID REVOCABLE LIVING TRUST under Declaration of Trust dated December 29, 1998."

6. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above-described property.

I declare under penalty of perjury pursuant to the laws of the State of California that the foregoing is true and correct as to my own knowledge.

Dated: July 27, 2011



TIMOTHY W. DAVID

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CRUZ)

Subscribed and sworn to (or affirmed) before me this 27th day of July, 2011, by
TIMOTHY W. DAVID, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

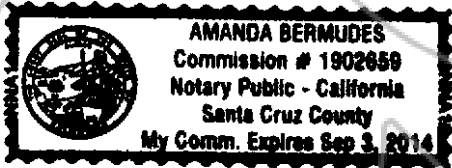

Notary Public

EXHIBIT "A"

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

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

- (A) An undivided 1/38th interest as tenants in common, in and to Lot 34 of Tahoe Village Unit No. 3 as shown on the Eighth Amended Map, recorded as Document No. 156903 of the Official Records of Douglas County, State of Nevada. Except therefrom Units 001 to 038 as shown and defined on that certain Condominium Plan recorded June 22, 1987 as Document No. 156903 of Official Records of Douglas County, State of Nevada.
- (B) Unit No. 004 as shown and defined on said Condominium Plan.

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 the modifications 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 the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

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, 1987, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded Jun 17, 1976) in Section 30, Township 13 North, Range 19 East, - and-
- (B) An easement for ingress, egress, and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

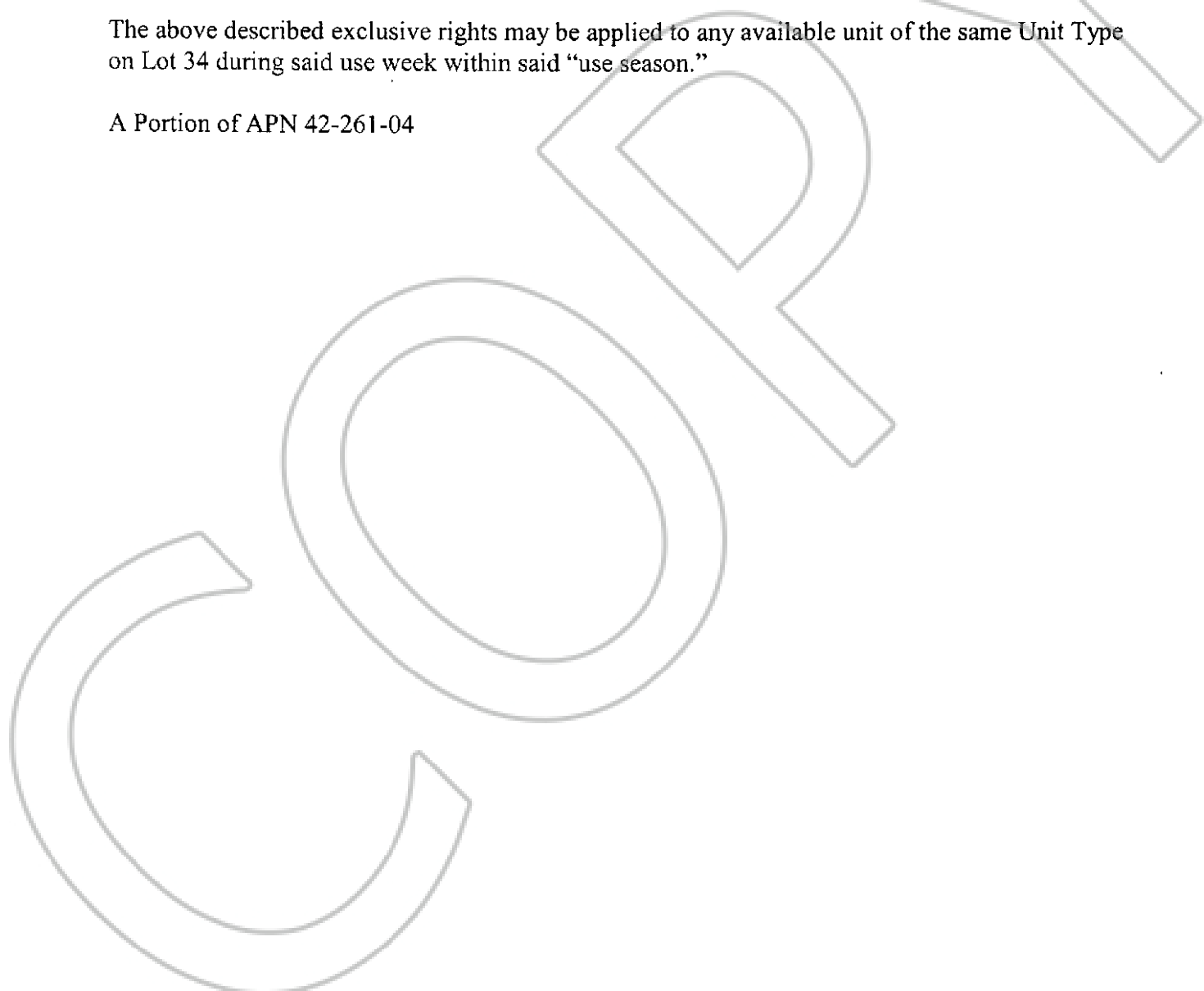


PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, recorded on June 22, 1987, as Document No. 156904 of Official Records of Douglas County, in which an interest is hereby conveyed in Subparagraph (B) of Parcel One, 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 for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE use week within the "Prime Season", as said quoted term is defined in the Amended Declaration of Annexation of Phase Three Establishing Phase Four.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 34 during said use week within said "use season."

A Portion of APN 42-261-04



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CRUZ

SANTA CRUZ, CALIFORNIA

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BK- 0811
PG- 1078

3052011043804 **CERTIFICATE OF DEATH** 3201144000319

STATE FILE NUMBER 3052011043804		LOCAL REGISTRATION NUMBER 3201144000319	
1. NAME OF DECEDENT - FIRST (Given) EVAN		3. LAST (Family) DAVID	
2. MIDDLE HYDE		4. DATE OF BIRTH mm/dd/yyyy 01/17/1926	
5. AGE Yrs. Mths. Ds. 85		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 03/07/2011		8. HOUR (24 Hour) 0140	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 1937	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO(AS/PANISH)? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED BUSINESS OWNER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSTRUCTION AND REAL ESTATE		19. YEARS IN OCCUPATION 45	
20. DECEDENT'S RESIDENCE (Street and number, or location) 4002 CHERRYVALE AVE.			
21. CITY SOQUEL		22. COUNTY/PROVINCE SANTA CRUZ	
23. ZIP CODE 95073		24. YEARS IN COUNTY 85	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP TIMOTHY W. DAVID, SON AND DPOAHC	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 4004 CHERRYVALE AVE., SOQUEL, CA 95073		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST ALICE	
29. MIDDLE EVELYN		30. LAST (BIRTH NAME) HYDE	
31. NAME OF FATHER/PARENT - FIRST EVAN		32. MIDDLE DEGRAFF	
33. LAST DAVID		34. BIRTH STATE NV	
35. NAME OF MOTHER/PARENT - FIRST ALICE		36. MIDDLE EVELYN	
37. LAST (BIRTH NAME) HYDE		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 03/09/2011		40. PLACE OF FINAL DISPOSITION SOQUEL CEMETERY	
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT SANTA CRUZ MEMORIAL	
45. LICENSE NUMBER FD1476		46. SIGNATURE OF LOCAL REGISTRAR POKI NAMKUNG, M.D.	
47. DATE mm/dd/yyyy 03/09/2011		101. PLACE OF DEATH RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EVOP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
104. COUNTY SANTA CRUZ		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4002 CHERRYVALE AVE.	
106. CITY SOQUEL		107. CAUSE OF DEATH (A) CONGESTIVE HEART FAILURE	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER JAMES PHILIP GLANCY M.D.	
116. LICENSE NUMBER G73204		117. DATE mm/dd/yyyy 03/08/2011	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JAMES PHILIP GLANCY M.D.		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. TYPE NAME TITLE OF CORONER / DEPUTY CORONER	



STATE OF CALIFORNIA
COUNTY OF SANTA CRUZ

CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED: **MAR 11 2011**

000226795

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Santa Cruz County Public Health Department.

Poki Namkung
CHIEF PUBLIC HEALTH OFFICER
SANTA CRUZ, CALIFORNIA



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