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RECORDATION REQUESTED BY AND WHEN  
RECORDED MAIL TO:

Daniel E. Davis, Esq.  
O'BRIEN WATTERS & DAVIS, LLP  
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SANTA ROSA, CA 95402-3759  
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DOC # 0796709  
01/31/2012 10:56 AM Deputy: PK  
OFFICIAL RECORD  
Requested By:  
O'BRIEN WATTERS & DAVIS LLP

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: 17.00  
BK-0112 PG-6052 RPTT: 0.00



MAIL TAX STATEMENTS TO:

Ronald Rafanelli, Trustee  
833 Josephine Lane  
Healdsburg, CA 95448

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

On January 24, 2012, RONALD RAFANELLI, being of legal age, and first duly sworn, says:

On November 28, 2000, ARTHUR C. RAFANELLI, Successor Trustee of the ARTHUR C. AND BETTY LOU RAFANELLI REVOCABLE LIVING TRUST udt November 21, 1990, as to an undivided two-thirds (2/3) interest as tenants in common, executed a Grant Deed, recorded as Document No. 0504244 in Book No. 1200, Page 0033, in Official Records of the Douglas County Recorder, conveying to Arthur C. Rafanelli, Trustee, or any successor trustee, of the CREDIT SHELTER TRUST created under the ARTHUR C. and BETTY LOU RAFANELLI REVOCABLE LIVING TRUST udt November 21, 1990, as to an undivided two-thirds (2/3) interest as tenants in common, the following described real property located in the county of Douglas, state of Nevada;

On July 23, 2011, ARTHUR C. RAFANELLI, the said Trustee and the same person as the decedent mentioned in the attached certified copy of Certificate of Death, died;

The said Declaration of Trust provides that RONALD RAFANELLI thereupon became the sole trustee of the CREDIT SHELTER TRUST created under the ARTHUR C. AND BETTY LOU RAFANELLI REVOCABLE LIVING TRUST udt November 21, 1990, and having accepted the office of Trustee, is now qualified and acting Trustee of said trust;

The property hereinabove mentioned, situated in the county of Douglas, state of Nevada, is described as follows:

[See Legal Description Attached Hereto As Exhibit A and Incorporated Herein by Reference.]

APN: 1318-15-110-021 (191 Lake Shore Blvd., Unit #21, Douglas County, Nevada)

Dated: January 24, 2012

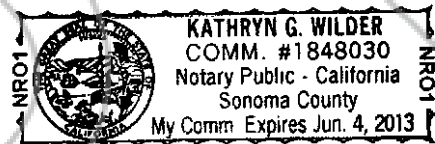
*Ronald Rafanelli, Successor Trustee*  
Ronald Rafanelli, Successor Trustee of the CREDIT SHELTER TRUST, created under the ARTHUR C. AND BETTY LOU RAFANELLI REVOCABLE LIVING TRUST, created under Declaration dated November 21, 1990

**JURAT**

State of California  
County of Sonoma

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 24<sup>th</sup> day of January, 2012, by RONALD RAFANELLI, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*Ronald Rafanelli*  
Signature



(Seal)

**ACKNOWLEDGMENT**

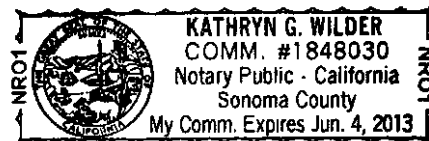
State of California )  
: ss.  
County of Sonoma )

On January 24, 2012, before me, Kathryn G. Wilder, notary public, personally appeared RONALD RAFANELLI, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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.

*Kathryn G. Wilder*  
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA  
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3201149002196

|   |  |   |  |
|---|--|---|--|
| STATE FILE NUMBER   |  | LOCAL REGISTRATION NUMBER   |  |
| 1. NAME OF DECEDENT - FIRST (Given)<br><b>ARTHUR</b>  |  | 2. MIDDLE<br><b>CARY</b>  | 3. LAST (Family)<br><b>RAFANELLI</b>   |
| AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)  |  |   |  |
| 9. BIRTH STATE/FOREIGN COUNTRY<br><b>CA</b>   |  | 10. SOCIAL SECURITY NUMBER<br><b>5057</b>   | 11. EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK |
| 4. DATE OF BIRTH mm/dd/yyyy<br><b>06/06/1920</b>  |  | 5. AGE Yrs.<br><b>91</b>  | 6. SEX<br><b>M</b>   |
| 13. EDUCATION - Highest Level/Degree<br><b>HS GRADUATE</b>  |  | 14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)<br><b>WHITE</b>  |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED<br><b>OWNER</b>  |  | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br><b>WINERY MACHINERY MANUFACTURING</b>   | 19. YEARS IN OCCUPATION<br><b>80</b>   |
| 20. DECEDENT'S RESIDENCE (Street and number, or location)<br><b>2584 RIM ROCK WAY</b>   |  |   |  |
| 21. CITY<br><b>SANTA ROSA</b>   |  | 22. COUNTY/PROVINCE<br><b>SONOMA</b>  | 23. ZIP CODE<br><b>95404</b>   |
| 24. YEARS IN COUNTY<br><b>91</b>  |  | 25. STATE/FOREIGN COUNTRY<br><b>CA</b>  |  |
| 26. INFORMANT'S NAME, RELATIONSHIP<br><b>SUZANNE SHEPPARD, SPOUSE</b>   |  | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)<br><b>2584 RIM ROCK WAY, SANTA ROSA, CA 95404</b>   |  |
| 28. NAME OF SURVIVING SPOUSE/SRDP - FIRST<br><b>SUZANNE</b>   |  | 29. MIDDLE<br><b>KATHERINE</b>  | 30. LAST (BIRTH NAME)<br><b>ALCORN</b>   |
| 31. NAME OF FATHER/PARENT - FIRST<br><b>CESAR</b>   |  | 32. MIDDLE<br><b>R.</b>   | 33. LAST<br><b>RAFANELLI</b>   |
| 34. BIRTH STATE<br><b>ITALY</b>   |  | 35. NAME OF MOTHER/PARENT - FIRST<br><b>MARIETTA</b>  |  |
| 36. MIDDLE<br><b>GIAMPOLI</b>   |  | 37. LAST (BIRTH NAME)<br><b>GIAMPOLI</b>  | 38. BIRTH STATE<br><b>ITALY</b>  |
| 39. DISPOSITION DATE mm/dd/yyyy<br><b>07/26/2011</b>  |  | 40. PLACE OF FINAL DISPOSITION<br><b>SANTA ROSA MEMORIAL PARK<br/>1900 FRANKLIN AVENUE, SANTA ROSA, CA 95404</b>  |  |
| 41. TYPE OF DISPOSITION(S)<br><b>CR/BU</b>  |  | 42. SIGNATURE OF EMBALMER<br><b>NOT EMBALMED</b>  | 43. LICENSE NUMBER   |
| 44. NAME OF FUNERAL ESTABLISHMENT<br><b>FRED YOUNG FUNERAL HOME</b>   |  | 45. LICENSE NUMBER<br><b>FD1944</b>   | 46. SIGNATURE OF LOCAL REGISTRAR<br><b>MARK NETHERDA, MD</b>   |
| 47. DATE mm/dd/yyyy<br><b>07/26/2011</b>  |  |   |  |
| 101. PLACE OF DEATH<br><b>EMERITUS AT, SANTA ROSA</b>   |  | 102. IF HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE   |
| 104. COUNTY<br><b>SONOMA</b>  |  | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)<br><b>300 FOUNTAIN GROVE PARKWAY</b>   | 106. CITY<br><b>SANTA ROSA</b>   |
| 107. CAUSE OF DEATH<br>Enter the chain of events - disease, trauma, 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.<br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><b>(A) CARDIAC ARREST</b><br>Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the sequence resulting in death) LAST<br><b>(B) CORONARY ARTERY DISEASE</b> |  | 108. DEATH REPORTED TO CORONER?<br>(A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>(B) MINS<br>(C) YRS<br>(D) NONE   | 109. BIOPSY PERFORMED?<br>(A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>(B) NONE                      |
| 110. AUTOPSY PERFORMED?<br>(A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>(B) NONE  |  | 111. USED IN DETERMINING CAUSE?<br>(A) YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107<br><b>INTERCRANIAL HEMORRHAGE, SUBDURAL HEMATOMA DUE TO UNWITNESSED MECHANICAL FALL ON<br/>06/17/2011</b>  |  |   |  |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (Yes, list type of operation and date)<br><b>CORONARY ARTERY BYPASS GRAFT 07/25/1995</b>   |  |   |  |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>Decedent Attended Since: _____ Decedent Last Seen Alive: _____  |  | 115. SIGNATURE AND TITLE OF CERTIFIER<br><b>JAN OLOF SONANDER M.D.</b>  | 116. LICENSE NUMBER<br><b>G56178</b>   |
| (A) mm/dd/yyyy<br><b>02/01/2005</b>   |  | (B) mm/dd/yyyy<br><b>07/22/2011</b>   | 117. DATE mm/dd/yyyy<br><b>07/25/2011</b>  |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE<br><b>JAN OLOF SONANDER M.D.<br/>11 DOCTORS PARK DRIVE, SANTA ROSA, CA 95405</b>  |  |   |  |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined   |  | 120. INJURED AT WORK?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK  | 121. INJURY DATE (mm/dd/yyyy)  |
| 122. HOUR (24 Hours)  |  |   |  |
| 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  |

BK- 0112  
PG- 6054  
0796709 Page: 3 Of 4 01/31/2012

|                 |   |   |   |   |   |   |           |              |
|-----------------|---|---|---|---|---|---|-----------|--------------|
| STATE REGISTRAR | A | B | C | D | E | F | FAX AUTH# | CENSUS TRACT |
|-----------------|---|---|---|---|---|---|-----------|--------------|

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SONOMA } SS

AUG 01 2011

DATE ISSUED

\* 000670334 \*

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.

FBKCO (Rev) 04/10

LOCAL REGISTRAR  
SONOMA COUNTY, CALIFORNIA

following described real property in the County of Douglas, State of Nevada:

A Condominium composed of:

PARCEL NO. 1:

Unit #21 as shown on that certain subdivision map entitled "Official Plat of PINEWILD, Marla Bay, Douglas County, Nevada", recorded June 26, 1973 in Book 673, Pages 1089 et seq., Official Records in the Office of the County Recorder of Douglas County, Nevada.

PARCEL NO. 2:

The exclusive right to use and possession of those certain patio areas adjacent to said unit designated as "Restricted Common Area" on the subdivision map referred to in Parcel 1 above.

PARCEL NO. 3:

An undivided Twenty Six and One-Fifth Percent ( 26.2% ) interest as tenant in common in and to that portion of the real property described on the subdivision map referred to in the description in Parcel 1 above, defined in the Amended Declaration of Covenants, Conditions and Restrictions of Pinewild, a condominium project, recorded on March 11, 1974, in Book 374, at Page 193 et seq. as Limited Common Area and thereby allocated to the unit described in Parcel 1 above, and excepting unto Grantor non-exclusive easements for ingress and egress, utility services, support, encroachments, maintenance and repair over the common areas defined and set forth in said Declaration of Covenants, Conditions and Restrictions.

PARCEL NO. 4:

Non-exclusive easements appurtenant to Parcel 1 above, for ingress and egress, utility services, support encroachments, maintenance and repair, over the common areas defined and set forth in the Declaration of Covenants, Conditions and Restrictions of Pinewild, more particularly described in the description of Parcel 3 above.

Deed is made and accepted by the parties hereto, subject to that certain instrument titled Amended Declaration of Covenants, Conditions and Restrictions of Pinewild, a condominium project, recorded on March 11, 1974, in Book 374, at Page 193 et seq., in-ve, Official Records of the County of Douglas, State of Nevada, the provisions of are incorporated in this Deed as though fully set forth herein, including all variations of easements appurtenant to the property herein described.