

OFFICIAL RECORD

Requested By:

MURPHY AUSTIN ADAMS

SCHOENFELD

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 5 Fee: 43.00

BK-0312 PG- 2448 RPTT: 0.00



RECORDING REQUESTED BY:
Murphy Austin Adams Schoenfeld LLP

AND WHEN RECORDED MAIL TO:

Donald E. Brodeur, Esq.
Murphy Austin Adams Schoenfeld LLP
304 "S" Street
Sacramento, CA 95811-6906

AFFIDAVIT — DEATH OF CO-TRUSTEE

A.P.N.: ~~4718~~
1318-26-101-006
ptm

STATE OF CALIFORNIA)
) ss.
COUNTY OF SACRAMENTO)

HELEN A. EMERSON, of legal age, being first duly sworn, deposes and says:

I. Under date of October 11, 1988, JOHN M. EMERSON and HELEN A. EMERSON, as Trustors, established the JOHN M. EMERSON AND HELEN A. EMERSON REVOCABLE LIVING TRUST (a Revocable Trust), in which JOHN M. EMERSON and HELEN A. EMERSON were the originally designated Co-Trustees. The Revocable Trust originally dated October 11, 1988, was amended and restated in full July 11, 1995.

II. By the terms of the Revocable Trust originally dated October 11, 1988, as restated July 11, 1995, referred to above, upon the death, resignation or incapacity of an original Co-Trustee, the remaining original Trustee shall act as sole Trustee.

III. Under Grant Deed dated October 27, 1988, real property located in the County of Douglas, State of Nevada, was conveyed by JOHN M. EMERSON and HELEN A. EMERSON, husband and wife as Joint Tenants, to JOHN M. EMERSON and

HELEN A. EMERSON, Co-Trustees of the JOHN M. EMERSON AND HELEN A. EMERSON REVOCABLE LIVING TRUST AGREEMENT, dated October 11, 1988. The original Grant Deed aforementioned was recorded on November 10, 1988, Document Number 190435, of the Official Records of Douglas County, Nevada, covering the following described real property situated in Douglas County, State of Nevada.

Said real property is more particularly described in the attachment hereto, which is marked Exhibit "A" and made a part hereof.

Said property is commonly known as 133 Deer Run, Stateline, Nevada 89449 (APN: 1718).

IV. JOHN M. EMERSON died January 19, 2012, see certified copy of death certificate attached as Exhibit "B," and as a consequence HELEN A. EMERSON became the successor Trustee of the Revocable Trust originally dated October 11, 1988. Accordingly, title to the subject property is presently vested in "HELEN A. EMERSON, Successor Trustee of the JOHN M. EMERSON AND HELEN A. EMERSON REVOCABLE LIVING TRUST, established October 11, 1988, restated July 11, 1995."

Dated: March 1, 2012.


HELEN A. EMERSON, Successor Trustee

STATE OF CALIFORNIA)
)
COUNTY OF SACRAMENTO) ss.

Subscribed and sworn to (or affirmed) before me on this 1st day of March, 2012, by HELEN A. EMERSON, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(SEAL)

Betty A. Hamilton

BETTY A. HAMILTON, Notary Public

EXHIBIT "A"

LEGAL DESCRIPTION

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, MDB&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" and subsequent amendments thereto as hereinafter referred to.

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, and 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 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("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.

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

APN: 1718

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052012009634

CERTIFICATE OF DEATH

3201234000467

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO CORRECTIONS, WRITINGS OR ALTERATIONS VS-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOHN		2. MIDDLE MARSHALL		3. LAST (Family) EMERSON	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) JOHN MARSHALL EMERSON JR.		4. DATE OF BIRTH mm/dd/yyyy 02/26/1923		5. AGE Yrs. 88	
9. BIRTH STATE/FOREIGN COUNTRY MA		10. SOCIAL SECURITY NUMBER 9615		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/PROF* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 01/19/2012		8. HOUR (24 Hours) 0715	
13. EDUCATION - Highest Level/Degree (See worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. 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 STATE POLICEMAN		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LAW ENFORCEMENT		18. YEARS IN OCCUPATION 20	
20. DECEDENT'S RESIDENCE (Street and number, or location) 3436 KENTFIELD DRIVE					
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95821	
24. YEARS IN COUNTY 65		26. STATE/FOREIGN COUNTRY CA			
29. INFORMANT'S NAME, RELATIONSHIP HELEN EMERSON, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3436 KENTFIELD DRIVE, SACRAMENTO, CA 95821			
28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST HELEN		29. MIDDLE ANABELL		30. LAST (BIRTH NAME) ROBERTSON	
31. NAME OF FATHER/PARENT-FIRST JOHN		32. MIDDLE MARSHALL		33. LAST EMERSON	
34. BIRTH STATE MA		35. NAME OF MOTHER/PARENT-FIRST RUTH		36. MIDDLE BLAIR	
37. LAST (BIRTH NAME) BLAIR		38. BIRTH STATE MA			
39. DISPOSITION DATE mm/dd/yyyy 01/23/2012		40. PLACE OF FINAL DISPOSITION CALVARY CEMETERY, 7101 VERNER AVENUE, SACRAMENTO, CA 95841			
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT NORTH SACRAMENTO FUNERAL HOME, INC.		45. LICENSE NUMBER FD720		46. SIGNATURE OF LOCAL REGISTRAR Laurie A Werner, MD, MPH	
47. DATE mm/dd/yyyy 01/20/2012					
101. PLACE OF DEATH ASBURY PARK NURSING AND REHAB CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ER/ICU <input type="checkbox"/> OR <input type="checkbox"/> ICU <input type="checkbox"/> ICU <input type="checkbox"/> ICU <input type="checkbox"/> ICU		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> NURS <input type="checkbox"/> HOME/TC <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> OTHER	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2257 FAIR OAKS BLVD		106. CITY SACRAMENTO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries or complications - that directly caused death. DO NOT omit terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) ADULT FAILURE TO THRIVE (B) DEMENTIA ALZHEIMERS DISEASE		108. BEACH REPORTED TO CORONER? Direct and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) ADULT FAILURE TO THRIVE		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SEQUENTIALLY LIST CONDITIONS IF ANY LEADING TO CAUSE ON LINE A. ENTER UNDERLYING CAUSE (Final disease or injury that initiated the events resulting in death) LAST (B) DEMENTIA ALZHEIMERS DISEASE		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	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent's Attended Since: 01/05/2010 (A) mm/dd/yyyy Decedent's Last Seen Alive: 01/13/2012 (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER ASHKAN H JAVAHERI, M.D.		116. LICENSE NUMBER A98944	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ASHKAN H JAVAHERI M.D., 3000 Q ST, SACRAMENTO, CA 95816		118. 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		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
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	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
 COUNTY OF SACRAMENTO } SS

* 001269922 *

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **January 20, 2012**

Laurie A Werner MD MPH
 LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

