

16-

RECORDING REQUESTED BY:

DEBORAH SHAW HICKERSON
805 SUFFOLK PLACE
WINTERS, CA 95694

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0612 PG- 6148 RPTT: 0.00



WHEN RECORDED MAIL DOCUMENT
AND TAX STATEMENT TO:

DEBORAH SHAW HICKERSON
805 SUFFOLK PLACE
WINTERS, CA 95694

SPACE ABOVE FOR RECORDER'S USE ONLY

APN: 1319-30-631-013

Affidavit - Death of Trustee

State of California }
County of Solano } ss

DEBORAH SHAW HICKERSON, of legal age, being first duly sworn, deposes and says:

That JONATHAN HICKERSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JONATHAN HICKERSON named as Trustee in that certain QUITCLAIM DEED dated August 19, 2010, executed by JONATHAN HICKERSON and DEBORAH SHAW HICKERSON, to JONATHAN HICKERSON and DEBORAH SHAW HICKERSON, as Trustees of THE HICKERSON FAMILY TRUST, Dated May 25, 2010, recorded on August 23, 2010, as document number 0769034 in the Official Records of the County of Douglas, covering the following described property situated in the said County, State of Nevada:

A Timeshare estate comprised of:

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

- (A) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as document No. 183624.
- (B) Unit No. 204 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said

condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&Rs"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "USE WEEK" as more fully set forth in the CC&R's.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

SUBJECT TO any and all matters of record, including taxes, assessments, easements, oil and mineral reservations and leases if any, rights of way, agreements and the Declaration of Time Share Covenants, Conditions and Restrictions Recorded April 27, 1989 at Book 489, page 3383, as under Document No. 200951 Official Records of Douglas County, Nevada, and which Declaration is incorporated herein by this reference as if the same were fully set forth herein.

In accordance with Section 4.1(A) of the Trust Agreement, **DEBORAH SHAW HICKERSON**, is the Surviving Trustee.

Dated: 6/21/12

Deborah Shaw Hickerson
DEBORAH SHAW HICKERSON,
Surviving Trustee

Subscribed and sworn (or affirmed) before me on this 21st day of June, 2012, by **DEBORAH SHAW HICKERSON**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[SEAL]

B Rogers
Signature of Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

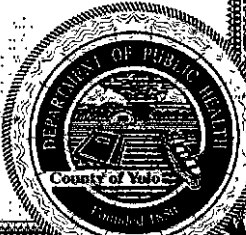
COUNTY OF YOLO
WOODLAND, CALIFORNIA 95695

CERTIFICATE OF DEATH

3201257000261

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JONATHAN		3. LAST (Family) HICKERSON	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 12/23/1951	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs 60	
6. BIRTH STATE/FOREIGN COUNTRY NEW YORK		7. DATE OF DEATH mm/dd/yyyy 04/01/2012	
10. SOCIAL SECURITY NUMBER 2553		8. SEX M	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level Degree (See worksheet on back) MASTER'S		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TEACHER		16. YEARS IN OCCUPATION 27	
17. USUAL RESIDENCE (Street and number, or location) 805 SUFFOLK PLACE		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) EDUCATION	
21. CITY WINTERS		22. COUNTY/PROVINCE YOLO	
23. ZIP CODE 95694		24. YEARS IN COUNTY 30	
25. STATE/FOREIGN COUNTRY CALIFORNIA		26. INFORMANT'S NAME, RELATIONSHIP DEBORAH HICKERSON, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 805 SUFFOLK PLACE, WINTERS, CA 95694		28. NAME OF SURVIVING SPOUSE/SROP - FIRST DEBORAH	
29. MIDDLE LOUISE		30. LAST (BIRTH NAME) SHAW	
31. NAME OF FATHER/PARENT - FIRST NATHANIEL		32. MIDDLE HICKERSON	
33. NAME OF MOTHER/PARENT - FIRST PATRICIA		34. BIRTH STATE NEW YORK	
35. MIDDLE LOUISE		36. LAST (BIRTH NAME) ROTH	
37. BIRTH STATE NEW YORK		38. BIRTH STATE NEW YORK	
39. DISPOSITION DATE mm/dd/yyyy 04/03/2012		40. PLACE OF FINAL DISPOSITION RESIDENCE OF DEBORAH HICKERSON, 805 SUFFOLK PLACE, WINTERS, CA 95694	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER FD2013		44. NAME OF FUNERAL ESTABLISHMENT WISCOMBE FUNERAL HOME	
45. LICENSE NUMBER 59		46. SIGNATURE OF LOCAL REGISTRAR CHRISTIAN SANDROCK, MD	
47. DATE mm/dd/yyyy 04/03/2012		48. DATE mm/dd/yyyy 04/03/2012	
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> ERVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
103. CITY YOLO		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 805 SUFFOLK PLACE	
105. CITY WINTERS		106. CITY WINTERS	
107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fluctuation without showing the etiology. DO NOT ABBREVIATE. W CARDIORESPIRATORY ARREST		108. DEATH REFERRED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) MOTOR NEURON DISEASE		109. BIOPSY PERFORMED? 1 YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Underlying Cause (Disease or injury that initiated the events resulting in death) LAST. PARKINSON'S DISEASE		110. AUTOPSY PERFORMED? 6 YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HEMIPLEGIA; UNABLE TO SWALLOW	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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. (A) mm/dd/yyyy (B) mm/dd/yyyy 08/-/2010 03/01/2012		115. SIGNATURE AND TITLE OF CERTIFIER HALIMA AKHTER KARIM M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HALIMA AKHTER KARIM M.D.		117. LICENSE NUMBER A92522	
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. DATE mm/dd/yyyy 04/02/2012	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 04/02/2012	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24-hour)	
123. PLACE OF INJURY (Street and number, or location, and city, and zip)		123. HOUR (24-hour)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. HOUR (24-hour)	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		125. HOUR (24-hour)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		126. HOUR (24-hour)	
127. DATE mm/dd/yyyy		127. HOUR (24-hour)	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER CHRISTIAN SANDROCK, MD, MPH		128. HOUR (24-hour)	
129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER LOCAL REGISTRAR		129. HOUR (24-hour)	

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PG- 6150
06/27/2012
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* 000169057 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF YOLO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the YOLO COUNTY HEALTH DEPARTMENT.

DATE ISSUED **APR 12 2012**
CHRISTIAN SANDROCK, MD, MPH
LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

PHN (201) 6341