

OFFICIAL RECORD
Requested By:
VICTORIA LI ESQ

APN: 1319-30-644-047
A PORTION OF 42-284-14

RECORDING REQUESTED BY:
VICTORIA LI, ESQ.
2845 MOORPARK AVE.,
SUITE 110
SAN JOSE, CA 95128

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0812 PG- 4427 RPTT: 0.00



✓ **WHEN RECORDED MAIL TO:**
MR. RUSSELL K. LEE
1351 STEVENS COURT
CAMPBELL, CA 95008

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENT NAME: **Affidavit - Death of Trustee**

TAX STATEMENT SENT TO : MR. RUSSELL K. LEE
1351 Stevens Court
Campbell, CA 95008

RECORDING REQUESTED BY:)
Victoria Li, Esq.)

WHEN RECORDED MAIL TO:)
Mr. Russell K. Lee)
1351 Stevens Court)
Campbell, CA 95008)

APN: 1319-30-644-047
A portion of 42-284-14

Space above this line for recorder's use

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA)

THE UNDERSIGNED, RUSSELL K. LEE , BEING OF LEGAL AGE, BEING DULY SWORN, DEPOSES AND SAYS:

1. That Nani P. Younse, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Nani P. Younse, named as the Trustee in that certain Declaration of Trust dated November 29, 1999, executed by Nani P. Younse as Trustor.
2. At the time of demise of the decedent, the decedent was the record owner, as Trustee, of real property commonly known as The Ridge Tahoe, 400 Ridge Club Drive, Stateline, NV 98449, which property is described in a Deed which was signed by Nani P. Younse, as Grantor on January 25, 2011 and recorded as Document No. 0778066, on February 3, 2011, of Official Records of Douglas County, State of Nevada.

The legal description of said property is as follows: See EXHIBIT "A" attached hereto and made a part hereto.

3. I, Russell K. Lee am the Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which as not been revoked, and I hereby consent to act as such.
4. There is no federal estate tax due as the result of the death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on May 18, 2012, at San Jose, California.

Russell K. Lee
RUSSELL K. LEE, Trustee

State of California)
County of Santa Clara)

Subscribed and sworn to (or affirmed) before me on this 18th day of May, 2012 by RUSSELL K. LEE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Victoria Li


 **VICTORIA LI**
COMM. #1846737
Notary Public - California
Santa Clara County
My Comm. Expires Apr. 27, 2013

EXHIBIT "A"

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 080 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 Phase Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-284-14

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201143003525

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) NANI		3. LAST (Family) YOUNSE	
2. MIDDLE P.		4. DATE OF BIRTH mm/dd/yyyy 06/27/1920	
AKA, ALSO KNOWN AS - include AKA (FIRST, MIDDLE, LAST)		6. AGE Yrs. 90	
5. BIRTH STATE/FOREIGN COUNTRY HI		7. DATE OF DEATH mm/dd/yyyy 05/03/2011	
10. SOCIAL SECURITY NUMBER 0972		8. HOUR (of Hour) 1553	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/RODP (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TEACHER		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CHINESE	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PUBLIC EDUCATION		18. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and Number, or location) 1700 CIVIC CENTER DRIVE #110			
21. CITY SANTA CLARA		22. COUNTY/PROVINCE SANTA CLARA	
23. ZIP CODE 95050		24. YEARS IN COUNTY 30	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP RUSSELL LEE, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1351 STEVENS COURT, CAMPBELL, CA 95008		28. NAME OF SURVIVING SPOUSE/SPRD - FIRST PANG	
29. MIDDLE YUEN		30. LAST (BIRTH NAME) SIUG	
31. NAME OF FATHER/PARENT - FIRST SIUG		32. MIDDLE SHEE	
33. LAST (BIRTH NAME) SHEE		34. BIRTH STATE CHINA	
35. NAME OF MOTHER/PARENT - FIRST SIUG		36. MIDDLE SHEE	
37. LAST (BIRTH NAME) SHEE		38. BIRTH STATE CHINA	
39. DISPOSITION DATE mm/dd/yyyy 05/13/2011		40. PLACE OF FINAL DISPOSITION GOLDEN GATE NATIONAL CEMETERY 1300 SNEATH LANE, SAN BRUNO, CA 94066	
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALLER CANDICE BROOKE	
43. LICENSE NUMBER EMB9200		44. NAME OF FUNERAL ESTABLISHMENT D-F CAMPBELL MEMORIAL CHAPEL	
45. LICENSE NUMBER FD898		46. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy 05/06/2011		101. PLACE OF DEATH VASONA CREEK	
102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/ICU <input type="checkbox"/> CCU <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. CITY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 16421 LOS GATOS BLVD	
106. CITY LOS GATOS		107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIOPULMONARY ARREST PRESUMPTIVE MYOCARDIAL INFARCTION MICRO VASCULAR DISEASE DIABETES TYPE II	
108. BIRTH STATE CHINA		109. CAUSE OF DEATH (Final disease or condition resulting in death) CARDIOPULMONARY ARREST PRESUMPTIVE MYOCARDIAL INFARCTION MICRO VASCULAR DISEASE DIABETES TYPE II	
110. BIRTH STATE CHINA		111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PERIPHERAL VASCULAR DISEASE, HISTORY OF CEREBRAL VASCULAR ACCIDENT	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PERIPHERAL VASCULAR DISEASE, HISTORY OF CEREBRAL VASCULAR ACCIDENT		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 Affected Brain <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER ANDREW YINTAH CHI M.D.	
116. LICENSE NUMBER A76299		117. DATE mm/dd/yyyy 05/04/2011	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW YINTAH CHI M.D. 14651 S. BASCOM AVE. STE 102, LOS GATOS, CA 95032		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW YINTAH CHI M.D. 14651 S. BASCOM AVE. STE 102, LOS GATOS, CA 95032	
120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
122. INJURY DATE mm/dd/yyyy		123. HOUR (of Hour)	
124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
126. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
127. SIGNATURE OF CORONER / DEPUTY CORONER		128. DATE mm/dd/yyyy	
129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

BK- 0812
PG- 4430
08/20/2012
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

DATE ISSUED

By MAY 12 2011

* H 2 6 4 2 7 0 4 *

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

