

23-

OFFICIAL RECORD

Requested By:
DONAHUE GALLAGHER WOODS

RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:

APN: 1318-03-212-032

Elizabeth M. Engh

✓ DONAHUE GALLAGHER WOODS LLP

1646 N. California Blvd, Suite 310

Walnut Creek, CA 94596

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 10 Fee: 23.00

BK-0812 PG- 6729 RPTT: 0.00



MAIL TAX STATEMENT TO:

David H. Fair, Trustee
120 Village Square #70
Orinda, CA 94563

AFFIDAVIT OF DEATH

SUBSTITUTION OF TRUSTEE

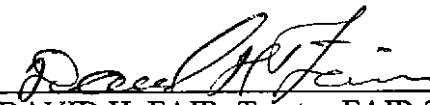
STATE OF CALIFORNIA)
) ss.
COUNTY OF ALAMEDA)

DAVID H. FAIR, of legal age, being first duly sworn, deposes and says:

That WOODROW WOODARD FAIR, the decedent mentioned in the attached Certificate of Death, is the same person as WOODROW W. FAIR, a Trustee of the FAIR 2000 LIVING TRUST dated December 18, 2000. As Trustee he had an ownership interest in the real property listed on the Exhibit A attached hereto and incorporated herein by this reference.

1. That upon the death of WOODROW W. FAIR on December 3, 2005, VELTA M. FAIR became the sole Trustee of said Trust.
2. That on September 23, 2011, VELTA M. FAIR resigned as Trustee. Said Resignation is attached and marked Exhibit B.
3. That upon the resignation of VELTA M. FAIR, PHILLIP L. FAIR and I became the Trustees of the FAIR 2000 LIVING TRUST dated December 18, 2000.

Date: August 13, 2012


DAVID H. FAIR, Trustee FAIR 2000 LIVING TRUST dated December 18, 2000, as amended

COPY

EXHIBIT A

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER
COUNTY OF ALAMEDA
OAKLAND, CALIFORNIA

CERTIFICATE OF DEATH

3200501007807

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
Woodrow		Fair	
2. MIDDLE		4. DATE OF BIRTH	
Woodard		01/17/1915	
5. AGE Yrs.		6. SEX	
90		M	
7. DATE OF DEATH		8. HOUR (24 Hours)	
12/03/2005		2230	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
Oakland		7442	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. DECEASED'S RACE - (Up to 3 races may be listed (see worksheet on back))		14. EDUCATION - Highest Level Degree (See worksheet on back)	
Caucasian		Some College	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.)	
Real Estate Broker		Real Estate	
17. YEARS IN OCCUPATION		18. DECEASED'S RESIDENCE (Street and number or location)	
55		4100-10 Redwood Road #412	
19. CITY		20. COUNTY/PROVINCE	
Oakland		Alameda	
21. ZIP CODE		22. YEARS IN COUNTRY	
94619		65	
23. STATE/FOREIGN COUNTRY		24. INFORMANT'S NAME, RELATIONSHIP	
CA		David Fair (Son)	
25. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		26. NAME OF SURVIVING SPOUSE - FIRST	
120 Village Square #78, Orinda, CA 94563		Velta	
27. MIDDLE		28. LAST (Maiden Name)	
M.		Hall	
29. NAME OF FATHER - FIRST		30. MIDDLE	
Will		A.	
31. LAST		32. BIRTH STATE	
Fair		KS	
33. NAME OF MOTHER - FIRST		34. MIDDLE	
Adelaide		A.	
35. LAST (Maiden)		36. BIRTH STATE	
Castell		IL	
37. DEPOSITION DATE		38. PLACE OF FINAL DISPOSITION	
12/09/2005		Chapel of the Chimes, 4499 Piedmont Avenue, Oakland, CA 94611	
39. TYPE OF DISPOSITION		40. SIGNATURE OF EMBALMER	
BU		<i>Thomas M. ...</i>	
41. LICENSE NUMBER		42. SIGNATURE OF LOCAL REGISTRAR	
8786		<i>Patricia O'Connell</i>	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
Chapel of the Chimes		FD1254	
45. DATE OF LOCAL REGISTRATION		46. DATE OF DEATH	
12/06/2005		12/06/2005	
47. PLACE OF DEATH		48. IF HOSPITAL, SPECIFY ONE	
Rounseville Rehabilitation Center		<input type="checkbox"/> F <input type="checkbox"/> ENOP <input type="checkbox"/> BDA <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Home/TC <input type="checkbox"/> Cemetery <input type="checkbox"/> Other	
49. COUNTY		50. FACILITY ADDRESS OR LOCATION WHERE POLICE (Street and number or location)	
Alameda		210 40th Street Way	
51. CITY		52. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Oakland		<input type="checkbox"/> Home/TC <input type="checkbox"/> Cemetery <input type="checkbox"/> Other	
53. CAUSE OF DEATH		54. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (That develops or condition existing in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DYSPHAGIA		55. APPROVAL NUMBER	
56. YRS		57. APPROVAL NUMBER	
CEREBROVASCULAR ACCIDENT		58. BOPBY PERFORMED?	
59. YRS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. UNDERLYING CAUSE (Disease or injury that caused the events leading in death) EARLY		61. AUTOPSY PERFORMED?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
62. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		63. USED IN DETERMINING CAUSE?	
ADDISON'S DISEASE, HYPERTENSION, DEMENTIA		<input type="checkbox"/> YES <input type="checkbox"/> NO	
64. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		65. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
66. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		67. SIGNATURE AND TITLE OF CERTIFIER	
68. Decedent's Attended Status: <input type="checkbox"/> Decedent Last Seen Alive		<i>Joan King-Angell MD</i>	
69. (A) <input type="checkbox"/> (B) <input type="checkbox"/>		70. LICENSE NUMBER	
08/28/2001 12/03/2005		G058410	
71. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		72. DATE	
Joan King-Angell, MD, 280 W. MacArthur Blvd., Oakland, CA 94611		12/05/2005	
73. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		74. INJURED AT WORK?	
75. 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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
76. PLACE OF INJURY (e.g., home, construction site, medical care, etc.)		77. INJURY DATE	
78. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		79. HOUR (24 Hours)	
80. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		81. SIGNATURE OF CORONER/DEPUTY CORONER	
		<i>Patricia O'Connell</i>	
82. DATE		83. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
84. STATE REGISTRAR		85. FAX AUTH #	
A B C D E		85110	
86. CENSUS TRACT			

BK- 0812
PG- 6731
0808106 Page: 3 of 10 08/27/2012

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

* 002197048 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

Patricia O'Connell
PATRICIA O'CONNELL
ALAMEDA COUNTY RECORDER

DATE ISSUED

FEB 01 2012

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Recorder



EXHIBIT "A"

All that real property located in the County of Douglas, State of Nevada, described as follows:

Lot 199, of SKYLAND SUBDIVISION NO. 3, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on February 24, 1960, in Book 1, Page 450, as Document No. 15653.

TOGETHER WITH right of access to the water of Lake Tahoe and for beach and recreational purposes over Lots 32 and 33, as shown on the map entitled Skyland Subdivision No. 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on February 27, 1958, as Document No. 12967, as reserved in the deed from Stockton Garden Homes, Inc., a California Corporation, to Skyland Water Company, a Nevada corporation, recorded February 5, 1960 in Book 1 of Official Records, at Page 268, Douglas county, Nevada.

APN: ~~05-041-010~~ 1318-03-212-032

Commonly known as:

107 Tahoe Drive
Zephyr Cove, NV 89448

COPY

EXHIBIT B

*RESIGNATION OF TRUSTEE
APPOINTMENT AND ACCEPTANCE OF CO-TRUSTEES
FAIR 2000 LIVING TRUST
POWER OF APPOINTMENT TRUST*

The FAIR 2000 LIVING TRUST was made on December 18, 2000, by and between WOODROW W. FAIR and VELTA M. FAIR as Settlers and the original Trustees ("Trust Agreement"). WOODROW W. FAIR has died. Pursuant to the Trust Agreement and due to his death, the POWER OF APPOINTMENT TRUST was established and VELTA M. FAIR as the surviving spouse holds the power to amend said Trust Agreement in its entirety and to appoint and remove the Trustees of all Trusts under said Trust Agreement. VELTA M. FAIR is the current sole Trustee of all TRUSTS under said Trust Agreement.

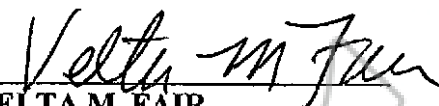
In accordance with the terms of said Trusts, as amended, PHILLIP L. FAIR and DAVID H. FAIR are named as the successor Co-Trustees of all Trusts under the FAIR 2000 LIVING TRUST dated December 18, 2000, as amended, including without limitation, the POWER OF APPOINTMENT TRUST.

VELTA M. FAIR hereby resigns as Trustee of all TRUSTS under said Trust Agreement including the FAIR 2000 LIVING TRUST and the POWER OF APPOINTMENT TRUST, as amended. This resignation shall be effective upon the acceptance of PHILLIP L. FAIR and DAVID H. FAIR to serve as Co-Trustees.

The undersigned acknowledges receipt and delivery of the foregoing Resignation of Trustee this 23rd day of September, 2011, at Oakland, California.

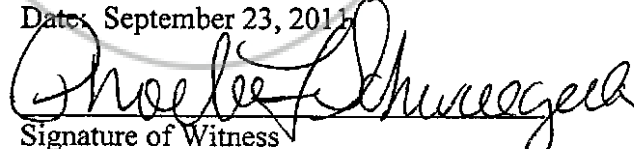


Mark of VELTA M. FAIR, Resigning Trustee
and Surviving Spouse

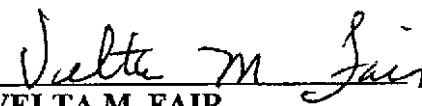


VELTA M. FAIR
being unable to write, made her mark in my
presence as her signature to this document,
and I signed her name at her request and in
her presence.
Date: September 23, 2011

Date: September 23, 2011



Signature of Witness



VELTA M. FAIR
being unable to write, made her mark in my
presence as her signature to this document,
and I signed her name at her request and in
her presence.
Date: September 23, 2011

Date: September 23, 2011



Signature of Witness

ACCEPTANCE OF CO-TRUSTEE POSITION

I, DAVID H. FAIR, hereby accept the foregoing appointment and agree to serve as the Co-Trustee of all Trusts under the FAIR 2000 LIVING TRUST dated December 18, 2000, as amended, including without limitation, the POWER OF APPOINTMENT TRUST, as amended, with PHILLIP L. FAIR.

Executed, agreed to, and delivery acknowledged this 23rd day of September, 2011, at Oakland, California.

David H. Fair

DAVID H. FAIR

ACCEPTANCE OF CO-TRUSTEE POSITION

I, PHILLIP L. FAIR, hereby accept the foregoing appointment and agree to serve as the Co-Trustee of all Trusts under the FAIR 2000 LIVING TRUST dated December 18, 2000, as amended, including without limitation, the POWER OF APPOINTMENT TRUST, as amended, with DAVID H. FAIR.

Executed, agreed to, effective and delivery acknowledged this 23 day of September, 2011, at Oakland, California.

Phillip L. Fair

PHILLIP L. FAIR

State of California


County of Alameda

On September 23, 2011 before me, PHYLLIS QUINTERO, Notary Public, personally appeared VELTA M. FAIR and DAVID H. FAIR, 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.

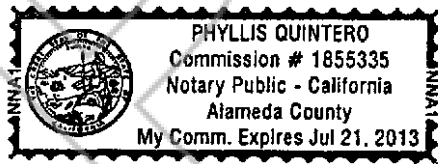
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)



Notary Public



Name of Notary: PHYLLIS QUINTERO
County of Notary's principal place of business: Alameda
Notary's telephone number: (510) 834-6600
Notary's registration number: 1855335
Notary's commission expiration date: July 21, 2013

State of California


County of Alameda

On September 23, 2011 before me, Phyllis Quintero, Notary Public, personally appeared PHILLIP L. FAIR, 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.

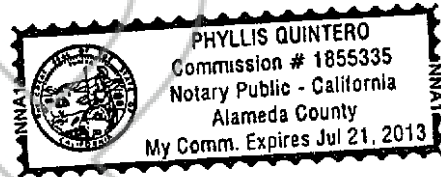
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)



Notary Public



Name of Notary: PHYLLIS QUINTERO
County of Notary's principal place of business: Alameda
Notary's telephone number: (510) 834-6600
Notary's registration number: 1855335
Notary's commission expiration date: July 21, 2013

State of California

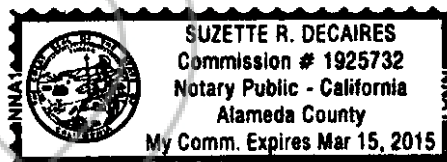
County of Alameda

On August 13, 2012, before me, Suzette Delaires, Notary Public, personally appeared **DAVID H. FAIR**, who proved to me on the basis of satisfactory evidence to be the person whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/his/their authorized capacity (i/s), and that by his/her/their signature on the instrument the person , or the entity upon behalf of which the person 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.

Suzette R. Delaires
Notary Public



Name of Notary: Suzette R. Delaires
County of Notary's principal place of
business: Alameda
Notary's telephone number: 510-451-0544
Notary's registration number: 1925732
Notary's commission expiration date: 3-15-15