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Doc Number: **0811248**

10/22/2012 09:50 AM

OFFICIAL RECORDS

Requested By
Law Offices Of James J. Phillips

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 5 Fee: \$ 18.00
Bk: 1012 Pg: 5385



Deputy sg

Assessor's Parcel Number: 0706310

Recording Requested By:

✓ Name: Karen Marie Francone

Address: 2222 Dexter Way

City/State/Zip Hayward, CA 94541

Real Property Transfer Tax: \$ 0.00

Affidavit of Karen Marie Francone, Accepting Successor Sole Trusteeship of The Francone Family Revocable Living Trust, Dated September 22, 1995 Due to Death of Jeannie A. Francone and Resignation of Nicola S. Francone as Trustee

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

Recording Requested By:
KAREN MARIE FRANCONI, TRUSTEE

When Recorded, Mail To:

LAW OFFICES OF JAMES J. PHILLIPS
A Professional Corporation
4900 Hopyard Road, Suite 260
P.O. Box 10005
Pleasanton, California 94588

**AFFIDAVIT OF KAREN MARIE FRANCONI,
ACCEPTING SUCCESSOR SOLE TRUSTEESHIP OF
THE FRANCONI FAMILY REVOCABLE LIVING TRUST,
DATED SEPTEMBER 22, 1995, DUE TO DEATH OF
JEANNIE A. FRANCONI AND RESIGNATION OF
NICOLA S. FRANCONI AS TRUSTEE**

I, KAREN MARIE FRANCONI, declare:

1. NICOLA S. FRANCONI and JEANNIE A. FRANCONI, Husband and Wife, as trustors and original trustees, executed a revocable inter vivos trust on September 22, 1995, known as THE FRANCONI FAMILY REVOCABLE LIVING TRUST (hereinafter referred to as the "Trust");

2. WHEREAS, said Trust was restated in its entirety by First Restatement dated November 25, 2008;

3. WHEREAS, said Trust has never been revoked or recorded;

4. WHEREAS, Section 7.1 ("Successors to NICK and JEANNIE") of the Trust provides that if both NICK or JEANNIE are unable or unwilling to continue to act as cotrustees or as sole trustee, the successor trustee shall be the trustors' daughter, KAREN MARIE FRANCONI;

5. WHEREAS, JEANNIE A. FRANCONI died on February 28, 2012, (as shown on the attached certified copy of death certificate), and was serving as a cotrustee with NICOLA S. FRANCONI at that time;

6. WHEREAS, on May 29, 2012, NICOLA S. FRANCONI resigned as trustee of the FRANCONI FAMILY LIVING TRUST, dated September 22, 1995, effective upon his daughter KAREN MARIE FRANCONI, accepting the position of successor trustee pursuant to the Resignation of Trustee dated May 29, 2012, as shown on Exhibit A attached hereto. NICOLA S. FRANCONI has also declined to serve as trustee of TRUST ONE, TRUST TWO, TRUST THREE AND TRUST FOUR, created thereunder;

7. The Trust owns the real property at 77B S Rubicon Circle, South Lake Tahoe, County of Douglas, State of Nevada, Assessor Parcel Number 0706310, see grant deed recorded in the official records of Douglas County on May 8, 1996, as instrument number 387331, BK0596PG1390, described as follows:

Lot 65-B, as shown on the Map of Lake village Unit No. 2-D, filed in the office of the County Recorder on June 5, 1972, Document No. 59803, Official Records of Douglas County,

State of Nevada.

8. WHEREAS, KAREN MARIE FRANCONI hereby accepts the office of sole successor trustee of the Trust and agrees to be bound by its terms;

9. WHEREAS, KAREN MARIE FRANCONI now also agrees to serve as sole trustee of Trust One, Trust Two, Trust Three, and Trust Four of the Trust;

NOW THEREFORE, KAREN MARIE FRANCONI hereby accepts the office of sole trustee of the Trust and sole trustee of the Trust One, Trust Two, Trust Three, and Trust Four and agrees to be bound by its terms.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed by me on October 12, 2012, at Castro Valley, California.

Karen Marie Francone
KAREN MARIE FRANCONI, Trustee

ACKNOWLEDGMENT

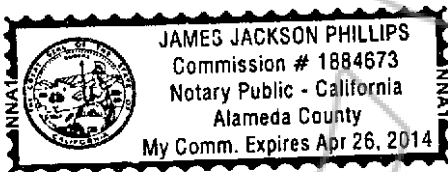
STATE OF CALIFORNIA
COUNTY OF ALAMEDA

On October 12, 2012, before me, James Jackson Phillips, a Notary Public, personally appeared **KAREN MARIE FRANCONI**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her 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 is true and correct.

WITNESS my hand and official seal.

[Signature]
JAMES JACKSON PHILLIPS
Notary Public



James Jackson Phillips
Alameda County
925/463-1980
Comm.# 1884673
Comm. Exp. April 26, 2014

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201201001471

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, HIGHLIGHTS OR ALTERATIONS VS-1 (REV. 2/08)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JEANNIE		2. MIDDLE ALICE		3. LAST (Family) FRANCONE			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 12/27/1930		5. AGE Yrs. 81		6. UNDER THE FINAL Cause of Death	7. SEX F
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 9927		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SEX* (at Time of Death) MARRIED	13. DATE OF DEATH mm/dd/yyyy 02/28/2012
14. EDUCATION - Highest Level/Degree HS GRADUATE		15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 5 races may be listed (see worksheet on back) WHITE		17. YEARS IN OCCUPATION 61	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME				19. YEARS IN OCCUPATION 61	
20. DECEDENT'S RESIDENCE (Street and number, or location) 4167 CHAPARRAL PLACE							
21. CITY CASTRO VALLEY		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94552		24. YEARS IN COUNTY 81	25. STATE/FOREIGN COUNTRY CA
26. INFORMANT'S NAME, RELATIONSHIP NICOLA S. FRANCONI, SPOUSE				27. INFORMANT'S MAILING ADDRESS (Street and number, or post office, city or town, state and zip) 4167 CHAPARRAL PLACE, CASTRO VALLEY, CA 94552			
28. NAME OF SURVIVING SPOUSE/SPOD - FIRST NICOLA		29. MIDDLE S.		30. LAST (BIRTH NAME) FRANCONE			
31. NAME OF FATHER/PARENT - FIRST MICHAEL		32. MIDDLE SANCHEZ		33. LAST MARTIN		34. BIRTH STATE SPAIN	
35. NAME OF MOTHER/PARENT - FIRST CELESTINA		36. MIDDLE ALETHEA		37. LAST (BIRTH NAME) HERRERO		38. BIRTH STATE SPAIN	
39. DISPOSITION DATE mm/dd/yyyy 03/08/2012		40. PLACE OF FINAL DISPOSITION HOLY SEPULCHRE CEMETERY 26320 MISSION BLVD., HAYWARD, CA 94544					
41. TYPE OF DISPOSITION U		42. SIGNATURE OF EXAMINER KELLY M. SHARKEY				43. LICENSE NUMBER EMB9118	
44. NAME OF FUNERAL ESTABLISHMENT HOLY ANGELS FUNERAL AND CREMATION CENTER		45. LICENSE NUMBER FD126		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.		47. DATE mm/dd/yyyy 03/05/2012	
101. PLACE OF DEATH PARK CENTRAL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EDICU <input type="checkbox"/> DON <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Outpatient <input type="checkbox"/> Other				103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2100 PARKSIDE DRIVE				106. CITY FREMONT	
107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complication - but directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.							
IMMEDIATE CAUSE - CARDIOPULMONARY ARREST		MINS.		108. DISPOSED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE (disease or injury that initiated the events resulting in death) LAST		YRS		110. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
108. CARDIOMYOPATHY		YRS		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
109. CHRONIC OBSTRUCTIVE PULMONARY DISEASE		YRS		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (Yes, list type of operation and date.) NO			
110. ATRIAL FIBRILLATION		YRS		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSE GIVEN. Decedent Affected Since: _____ Decedent Last Seen Alive: _____			
111. SIGNATURE AND TITLE OF CERTIFIER BALA ANNADURAI, M.D.		115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BALA ANNADURAI, M.D. 2147 MOWRY AVENUE, FREMONT, CA 94538		116. LICENSE NUMBER A56197		117. DATE mm/dd/yyyy 03/01/2012	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES GIVEN. 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 checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		120. HOURS (of Hours)		121. MARRIAGE DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
125. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

BK 1012
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

DATE ISSUED: **MAR 07 2012**

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

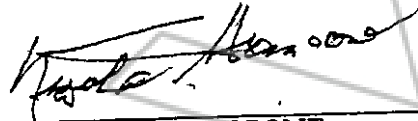
000866081

FRANCONE FAMILY LIVING TRUST

RESIGNATION OF TRUSTEE

I, NICOLA S. FRANCONI, hereby resign as trustee of FRANCONI FAMILY LIVING TRUST and as Trustee of Trust One and Trust Two created thereunder, effective upon my daughter, KAREN MARIE FRANCONI, accepting the position of successor trustee.

DATED: May 29, 2012



NICOLA S. FRANCONI
Trustor and Trustee

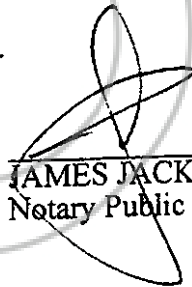
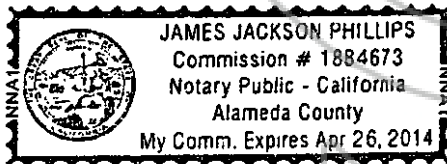
ACKNOWLEDGMENT

STATE OF CALIFORNIA
COUNTY OF ALAMEDA

On May 29, 2012, before me, James Jackson Phillips, a Notary Public, personally appeared NICOLA S. FRANCONI, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his 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 is true and correct.

WITNESS my hand and official seal.



JAMES JACKSON PHILLIPS
Notary Public