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Doc Number: **0818505**

02/19/2013 11:28 AM

OFFICIAL RECORDS

Requested By:
KINGSBURY CROSSING OWNERS ASSOCIATION

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00
Bk: 0213 Pg: 4863



Deputy: gb

RECORDING REQUESTED BY:

DOUGLAS R BATZ

WHEN RECORDED MAIL TO:

✓ DOUGLAS R BATZ
3619 WENDELL AVENUE
STOCKTON CA 95204

471050631

AFFIDAVIT OF DEATH OF TRUSTEE(S)

Assessor Parcel Number: 1318-26-101-006

State of California
County of San Joaquin^{SS}

Douglas R Batz, affiant of legal age, being first duly sworn, deposes and says:

1. That Dolores I Batz, the decedent mentioned in the attached certified copy(ies) of Certificate(s) of Death, is the same person as named as co-Trustees of the Batz Revocable Living Trust dated February 6, 1997.
2. At the time of demise of the Decedent and Douglas R Batz were the record owners, as Co-Trustee, of real property located at 133 Deer Run Road, Stateline, Nevada 89449, acquired by a deed recorded on March 17, 1997, as Instrument No.408571, in Official Records of Douglas County, Nevada, covering the property described on the attached Exhibit "A" attached hereto and made a part hereof.
3. I am the surviving or successor Trustee under the above referenced Trust, which was in effect at the time of death of the Decedents mentioned in Paragraph 1 above, and which has not been revoked, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.
4. There is no Federal Estate Tax due as the result of death of the decedents mentioned in Paragraph 1 above.

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

Sworn to and executed this 30 day of JANUARY, 2013.

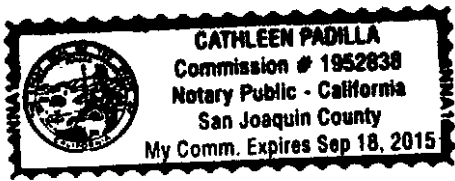
DOUGLAS R BATZ
3619 WENDELL AVENUE
STOCKTON CA 95204

Subscribed and Sworn to before me
A Notary Public, in and for said County and State

This 30th day of January, 2013

Signature
Cathleen Padilla

Name (Typed or Printed)
Notary Public Commissioned for said County and State



**EXHIBIT "A"
KINGSBURY CROSSING
LEGAL DESCRIPTION**

N UNDIVIDED ONE THREE THOUSAND TWO HUNDRED and THIRTEENTH INTEREST 1/3213) as tenant in common of that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, being a portion of the North ½ of the Northwest ¼ of Section 26, Township 13 North, Range 18 East, M.D.B.&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 and 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.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY
PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

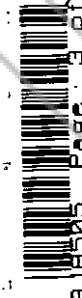
3052012139844

CERTIFICATE OF DEATH

3201239002844

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DOLORES		3. LAST (Family) BATZ	
2. MIDDLE INA		4. DATE OF BIRTH mm/dd/yyyy 11/21/1930	
5. AGE Yrs. 81		6. SEX F	
7. UNDER ONE YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. UNDER 24 HOURS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 8839	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (Date of Death) MARRIED	
13. EDUCATION - Highest Level/Degree ASSOCIATE		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 STENOGRAPHER		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TITLE COMPANY		18. YEARS IN OCCUPATION 45	
20. DECEDENT'S RESIDENCE (Street and number, or location) 3619 WENDELL AVENUE			
21. CITY STOCKTON		22. COUNTY/PROVINCE SAN JOAQUIN	
23. ZIP CODE 95204		24. YEARS IN COUNTY 27	
25. STATE/FOREIGN COUNTRY CALIFORNIA		26. STATE/FOREIGN COUNTRY CALIFORNIA	
27. INFORMANT'S NAME, RELATIONSHIP DOUGLAS BATZ, HUSBAND		28. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3619 WENDELL AVENUE, STOCKTON, CA 95204	
29. NAME OF SURVIVING SPOUSE/SPOP - FIRST DOUGLAS		30. MIDDLE RIEDNER	
31. LAST BIRTH NAME BATZ		32. LAST BIRTH NAME WIEST	
33. NAME OF FATHER/PARENT - FIRST PRESTON		34. MIDDLE THOMAS	
35. LAST BIRTH NAME INA		36. MIDDLE VERN	
37. NAME OF MOTHER/PARENT - FIRST INA		38. LAST BIRTH NAME MOSSMAN	
39. DATE OF BIRTH mm/dd/yyyy 08/03/2012		40. PLACE OF FINAL DISPOSITION STOCKTON RURAL CEMETERY 2350 CEMETERY LANE, STOCKTON, CA 95204	
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. LICENSE NUMBER	
45. NAME OF FUNERAL ESTABLISHMENT PARK VIEW FUNERAL HOME		46. LICENSE NUMBER FD-1360	
47. SIGNATURE OF LOCAL REGISTRAR KAREN FURST, MD		48. DATE mm/dd/yyyy 08/03/2012	
101. PLACE OF DEATH ST. JOSEPH'S MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. CITY STOCKTON	
105. COUNTY SAN JOAQUIN		106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1800 N. CALIFORNIA STREET	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. CARDIOPULMONARY ARREST		108. TIME ELAPSED BETWEEN ONSET AND DEATH MIN	
109. IMMEDIATE CAUSE (Final disease or condition resulting in death) SEPSIS		110. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST CLOSTRIDIUM-DIFFICILE COLITIS		112. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		114. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		116. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
117. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		118. SIGNATURE AND TITLE OF CERTIFIER MANJULA K. REDDY, M.D.	
119. LICENSE NUMBER A93135		120. DATE mm/dd/yyyy 08/01/2012	
121. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Absent Since: _____ Decedent Last Seen Alive: _____ Date: mm/dd/yyyy 07/27/2012 07/27/2012		122. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MANJULA K. REDDY, M.D. 1800 N. CALIFORNIA STREET, STOCKTON, CA 95204	
123. 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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		124. INJURY DATE mm/dd/yyyy 07/27/2012	
125. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		126. HOUR (24 Hours) 1405	
127. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		128. SIGNATURE OF CORONER / DEPUTY CORONER	
129. LOCATION OF INJURY (Street and number, or location, and city, and zip)		130. DATE mm/dd/yyyy	
131. SIGNATURE OF CORONER / DEPUTY CORONER		132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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STATE REGISTRAR STATE OF CALIFORNIA COUNTY OF SAN JOAQUIN SS

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

DATE ISSUED: **AUG 13 2012**

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

KAREN FURST, MD, MPH
 LOCAL REGISTRAR

