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Doc Number: **0824204**

05/24/2013 01:24 PM

OFFICIAL RECORDS

Requested By
JOHN E. MAHONY

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00

Bk: 0513 Pg: 6559



Deputy: sg

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME JOHN E MAHONY
ADDRESS 4913 N BARTLETT AVE
CITY
STATE & ZIP MILWAUKEE, WI 53217
APN NO. 0000-42-170-120 1319 30 722 00 8

Save Above This Line for Recorder's Use Only

AFFIDAVIT -- DEATH OF TRUSTEE

STATE OF NEVADA

COUNTY OF DOUGLAS } SS.

JOHN E MAHONY
("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **JOHN L MAHONY**
("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on APRIL 5, 2010 at SACRAMENTO, CALIFORNIA (city and state of death).
2. Decedent is the same person named as the Trustee named in that certain Declaration of Trust dated 05/03/1993 executed by JOHN L MAHONY AND LAVERNE K MAHONY as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain QUITCLAIM DEED dated AUG. 10, 1993 which was recorded as instrument No. 314698, in book 0893, Page 1605, of Official Records of DOUGLAS County, Nevada, as legally described as follows:

SEE EXHIBIT "A" ATTACHED

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 18 May 2013

Declarant:

JOHN E MAHONY

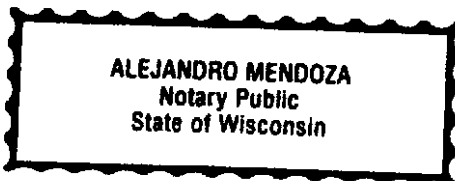
WI
State of ~~Nevada~~

County of Milwaukee

Signed and sworn to (or affirmed) before me on

by

Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052010039720

CERTIFICATE OF DEATH

3201034002854

1. NAME OF DECEDENT - FIRST (Given) JOHN		2. MIDDLE LLOYD		3. LAST (Family) MAHONY	
4. DATE OF BIRTH mm/dd/yyyy 08/07/1927				5. AGE Yrs. 82	6. UNDER ONE YEAR F. UNDER ONE YEAR G. UNDER 24 HOURS H. UNDER 24 HOURS
9. BIRTH STATE/FOREIGN COUNTRY PA		10. SOCIAL SECURITY NUMBER 2343	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/BDP* (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 04/05/2010
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		8. HOUR (24 Hour) 2320
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ELECTRICAL TECHNICIAN			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency etc.) COUNTY GOVERNMENT		16. YEARS IN OCCUPATION 41
19. DECEDENT'S RESIDENCE (Street and number or location) 831 SOUTHWICK WAY					
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO	23. ZIP CODE 95864	24. YEARS IN COUNTY 44	25. STATE/FOREIGN COUNTRY CA
28. INFORMANT'S NAME, RELATIONSHIP LAVERNE K. MAHONY WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 831 SOUTHWICK WAY, SACRAMENTO, CA 95864		
29. NAME OF SURVIVING SPOUSE/SP - FIRST LAVERNE		29. MIDDLE JANE	30. LAST (BIRTH NAME) KOHNS		34. BIRTH STATE OH
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE LLOYD	33. LAST MAHONY		37. BIRTH STATE PA
35. NAME OF MOTHER/PARENT - FIRST EDITH		36. MIDDLE OLIVE	37. LAST (BIRTH NAME) WILTI		39. BIRTH STATE PA
38. DEPOSITION DATE mm/dd/yyyy 04/08/2010		40. PLACE OF FINAL DISPOSITION EAST LAWN SIERRA HILLS MEMORIAL PARK 5757 GREENBACK LANE, SACRAMENTO, CA 95841			
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EXAMINER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT EAST LAWN MORTUARY		45. LICENSE NUMBER FD1242	46. SIGNATURE OF LOCAL REGISTRAR GLENNAH I TROCHET, MD		47. DATE mm/dd/yyyy 04/08/2010
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2025 MORSE AVENUE		106. CITY SACRAMENTO	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE		108. TIME INTERVAL BETWEEN Onset and Death MINS		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. CAUSE OF DEATH Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST INTRACRANIAL/INTRAVENTRICULAR HEMORRHAGE-SPONTANEOUS		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPTY PERFORMED? <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 HYPERTENSION		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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. Decedent Attended Since: Decedent Last Seen Alive: 04/05/2010 04/05/2010		115. SIGNATURE AND TITLE OF CERTIFIER PAUL TAYLOR AKINS M.D.		116. LICENSE NUMBER GB3907	117. DATE mm/dd/yyyy 04/06/2010
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. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PAUL TAYLOR AKINS M.D. 2025 MORSE AVENUE, SACRAMENTO, CA 95825		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/yyyy
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		122. HOUR (24 Hour)	
125. LOCATION OF INJURY (Street and number, or location, and city and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR		A B C D E		FAX AUTH.#	CENSUS TRACT

BK: 0519
PG: 6560
5/24/2013

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

} SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: April 13, 2011



* 001210145 *

Glennah I Trochet M.D.
LOCAL REGISTRAR

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



EXHIBIT "A" LEGAL DESCRIPTION

A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium described as follows:

- (a) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village, Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.
- (b) Unit No. 012-16, as shown and defined on said 7th Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas set forth on said Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

Parcel 3: the exclusive right to use said 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" within the "summer use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded on March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the property during said "use week" in said above mentioned use season.