

Doc Number: **0828179**

08/01/2013 10:36 AM

OFFICIAL RECORDS

Requested By
KAECCYS DATA SERVICE LLC

APN: 1318-26-101-006
MAIL TAX STATEMENT
WHEN RECORDED RETURN TO:
RAFAEL MARTINEZ
2340 MARTINEZ AVENUE
MARTINEZ, CA 94553

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 5 Fee: \$ 18.00
Bk: 0813 Pg: 133



Deputy sg

CERTIFICATE OF INCUMBENCY

Whereas, GENARO MARTINEZ & ROSIE M. MARTINEZ were the Trustees under that certain trust entitled THE MARTINEZ FAMILY REVOCABLE TRUST, DTD JUNE 20, 2000

and listed as Grantees under that Certain GRANT, BARGAIN, SALE DEED recorded

JUNE 20, 2000 in Book 0600 Page: 4109 as Document No. 0494392

AND Whereas, GENARO MARTINEZ & ROSIE M. MARTINEZ are one and same as named on those certain Death Certificates attached hereto and made a part hereof.

REGINA M. QUINTANILLA is named as the Successor Trustee under said Trust

and is fully authorized to act in accordance with the terms of said Trust Agreement.

SUCCESSOR TRUSTEE:


REGINA M. QUINTANILLA

On this 12th day of June, 2013, before me, a Notary Public in and for said state, personally appeared REGINA M. QUINTANILLA, personally known to me (or proved to me) to be the person who executed the above instrument, and acknowledged to me that (they/he/she) executed the same for purposes stated therein.

STATE OF:

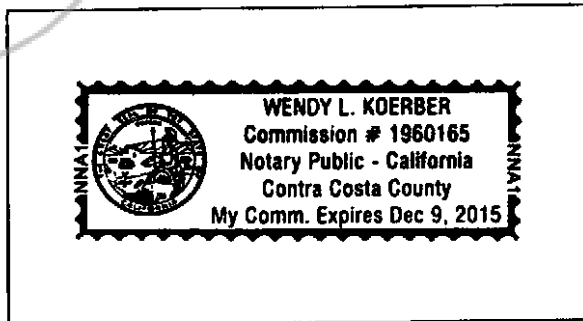
COUNTY OF:

Subscribed and sworn to before me

this 12th day of June 2013

Wendy L Koerber
Notary Public

Wendy L Koerber



PLACE NOTARY SEAL INSIDE OF BOX

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

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8/1/2013

CERTIFICATE OF DEATH

3201207003051

Form containing personal data, residence, informant, spouse, funeral director, place of death, cause of death, physician, and coroner information.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA

DATE ISSUED JUN 05 2012 000949539*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES

Signature of Wendel Brunner, M.D., CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH 3200807005920
STATE OF CALIFORNIA
USE BLACK INK ONLY (NO CHARCOAL, PENCILS OR ALTERATIONS
EXCEPT BY 100) LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Print)		2. MIDDLE		3. LAST (Print)	
GENARO				MARTINEZ	
4. DATE OF BIRTH (month/day/year)					
01/25/1931					
5. AGE YRS. MONTHS. DAYS					
77 7 11					
6. SEX (M or F)					
M					
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		3098		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARRIAGE STATUS (as of Date of Death)		13. DATE OF DEATH (month/day/year)		14. HOUR (24 Hours)	
MARRIED		11/12/2008		1510	
15. EDUCATION - Highest Level (Degree or certificate or less)		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)		17. DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back)	
HS GRADUATE		<input checked="" type="checkbox"/> YES MEXICAN		MEXICAN	
18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, food construction, employment agency, etc.)		20. YEARS IN OCCUPATION	
LABORER		PETROLEUM		30	
21. DECEDENT'S RESIDENCE (Street and number or location)					
560 PALM DRIVE					
22. CITY		23. COUNTY/PROVINCE		24. YEARS IN COUNTY	
MARTINEZ		CONTRA COSTA		51	
25. STATE/FOREIGN COUNTRY		26. DECEASED'S MARITAL ADDRESS (Street and number or location, county, city or town, state, ZIP)			
CA		560 PALM DRIVE, MARTINEZ, CA 94453			
27. DECEASED'S NAME, RELATIONSHIP		28. LAST (Print Name)			
ROSIE MARTINEZ, WIFE		SILVA			
29. NAME OF SURVIVING SPOUSE - FIRST		30. MIDDLE		31. BIRTH STATE	
ROSIE				MEXICO	
32. NAME OF FATHER - FIRST		33. MIDDLE		34. BIRTH STATE	
RAFAEL				MEXICO	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. BIRTH STATE	
CARMEN				MEXICO	
38. DATE OF DISPOSITION (month/day/year)		39. PLACE OF FINAL DISPOSITION			
11/19/2008		RESIDENCE OF ROSIE MARTINEZ 560 PALM DRIVE, MARTINEZ, CA 94453			
40. TYPE OF DISPOSITION(S)		41. SIGNATURE OF EMBALMER		42. LICENSE NUMBER	
CR/RES		NOT EMBALMED			
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER		45. SIGNATURE OF LOCAL REGISTRAR	
CONNOLLY & TAYLOR		FD154		WENDEL BRUNNER, MD	
46. PLACE OF DEATH		47. IF OTHER THAN HOSPITAL, SPECIFY ONE		48. DEATH REPORTED TO CORONER?	
KAISER PERMANENTE WALNUT CREEK CAMPUS		<input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
49. COUNTY		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		51. CITY	
CONTRA COSTA		1425 SOUTH MAIN STREET		WALNUT CREEK	
52. CAUSE OF DEATH (Print disease or condition resulting in death)		53. TIME ELAPSED BETWEEN ONSET AND DEATH		54. DEATH REPORTED TO CORONER?	
HOSPITAL ACQUIRED PNEUMONIA		DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. IMMEDIATE CAUSE (Print disease or condition resulting in death)		56. YEARS		57. BIOPSY PERFORMED?	
COLON CANCER				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. UNDERLYING CAUSE (Print disease or injury that initiated the events resulting in death)		59. AUTOPSY PERFORMED?		60. USED IN DETERMINING CAUSE?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
61. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 52		62. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date.		63. IF FEMALE, PREGNANT IN LAST YEAR?	
		NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		65. SIGNATURE AND TITLE OF CERTIFIER		66. LICENSE NUMBER	
		LAURENCE LYMAN CRAM M.D.		G34295	
67. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		68. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		69. DATE (month/day/year)	
		RAMON M ORTIZ M.D.		11/18/2008	
70. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		71. INJURED AT WORK?		72. INJURY DATE (month/day/year)	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
73. PLACE OF INJURY (If a, boat, construction site, wooded area, etc.)		74. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		75. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
76. SIGNATURE OF CORONER / DEPUTY CORONER		77. DATE (month/day/year)		78. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
79. STATE REGISTRAR		80. FAX AUTH #		81. CENSUS TRACT	
A					

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CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY RECORDER.

ATTEST: *[Signature]*
DATE ISSUED: JUL 03 2012

[Signature]
CONTRA COSTA COUNTY RECORDER

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

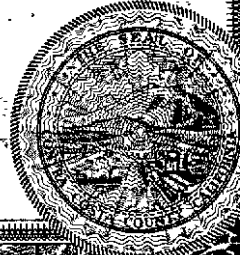


EXHIBIT "A"
KINGSBURY CROSSING - LEGAL DESCRIPTION

HOA NUMBER: 0047T1
MANAGEMENT CO. NUMBER: 3502
ACCOUNT NUMBER: 471057041
SEASON: HIGH
USE: ANNUAL

The following described real property in the County of Douglas, State of Nevada, and is more particularly described as follows:

PARCEL A:

AN UNDIVIDED "ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTHS (1/3213) INTEREST AS A TENANT-IN-COMMON IN THE FOLLOWING DESCRIBER REAL PROPERTY (THE PROPERTY)":

A PORTION OF THE NORTH ONE-HALF OF THE NORTHWEST ONE-QUARTER OF SECTION 26 TOWNSHIP 13 NORTH, RANGE 18 EASE, MDB&M, DESCRIBED AS FOLLOWS:

PARCEL 3, AS SHOWN ON THAT AMENDED PARCEL MAPS FOR JOHN E. MICHAELSON 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 OF JOHN E. MICHELSEN AND WALTER COX, RECORDED FEBRUARY 10, 1978, IN BOOK 278, OF OFFICIAL RECORDS, AT PAGE 591, DOUGLAS COUNTY, NEVADA, AS DOCUMENTS NO. 17578.

EXCEPTING FROM THE REAL PROPERTY THE EXCLUSIVE RIGHT TO USE AND OCCUPY ALL OF THE DWELLING UNITS AS DEFINED IN THE "DECLARATION OF TIMESHARE USE" AND SUBSEQUENT AMENDMENTS THERRETO 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 THE 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 NON-EXCLUSIVE RIGHT TO USE THE COMMON AREAS AS DEFINED IN THE DECLARATION.

SUBJECT TO ALL COVENANTS, CONDITIONS, RESTRICTIONS, LIMITATIONS, EASEMENTS, RIGHTS-OF-WAY OF RECORD.

APN: 1318-26-101-006
ACCOMMODATION
WHEN RECORDED RETURN TO:
RAFAEL MARTINEZ
2340 MARTINEZ AVENUE
MARTINEZ, CA 94553

ACCOMMODATION RECORDING INSTRUCTIONS

TO: **KAECY'S DATA SERVICE**

The undersigned hereby hand you the following document(s) for recordation in Clark County, Nevada in no particular order.

CERTIFICATE OF INCUMBENCY

The undersigned hand you a check in the amount of \$ N/A payable to the Clark County Recorder. The undersigned understand that the documents will not be recorded if the check is insufficient.

The undersigned declare and represent to you that they have all necessary authority and power to record, and to instruct you to record the documents.

The undersigned hereby understand and agree that you:

- ✓ will not review the document for any purpose and will not issue any policies of title insurance based on the recording of the documents;
- ✓ will perform this service as an accommodation only;
- ✓ shall have absolutely no liability or responsibility as to whether the documents may be recorded or as to the effect of recordation of the documents;
- ✓ do not perform this service in the ordinary course of business and are unwilling to record the documents as an accommodation without being fully indemnified and held harmless as set forth in the following paragraph.

IN CONSIDERATION FOR THIS SERVICE, THE UNDERSIGNED HEREBY PROMISE, COVENANT AND AGREE THAT WE HOLD YOU HARMLESS AND PROTECT AND INDEMNIFY YOU AGAINST ANY AND ALL LIABILITIES, LOSSES, DAMAGES, EXPENSES, AND CHARGES INCLUDING, BUT NOT LIMITED TO, ATTORNEYS' FEES AND COSTS OF SUIT WHICH YOU MAY SUSTAIN FROM RECORDING THE DOCUMENTS LISTED ABOVE. THE UNDERSIGNED HEREBY RELEASE YOU FROM ANY LIABILITY WHICH MAY OCCUR BY REASON OF YOUR FAILURE TO RECORD THE DOCUMENTS IN A TIMELY FASHION. THE UNDERSIGNED FURTHER ACKNOWLEDGE THAT THIS INSTRUCTION WILL BE ATTACHED TO EACH DOCUMENT LISTED ABOVE AND MADE A PART THEREOF.

Signature 

Name Printed REGINA M. QUINTANILLA