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| RECORDING REQUESTED BY GERALD M. TOMASSIAN   | 11/04/2013 02:50 PM ) OFFICIAL RECORDS Requested By. TOMASSIAN & PIMENTEL ) DOUGLAS COUNTY RECORDERS |
|--|--|
| AND WHEN RECORDED MAIL TO TOMASSIAN, PIMENTEL & SHAPAZIAN 3419 West Shaw Avenue Fresno, CA 93711 | Page: 1 Of 6 Fee: \$ 19.00  Bk: 1113 Pg: 813  Deputy. pk   |
|  | ) Space above this line for recorder's use   |

Doc Number: 0833340

### **AFFIDAVIT OF CHANGE OF TRUSTEE**

| STATE OF NEVADA )   | )              |
|---------------------|----------------|
| )                   | APN: 04-300-21 |
| COUNTY OF DOUGLAS ) | / /            |

- I, MICHELLE ANN MELESKI, the undersigned, hereby certify and declare:
- The name of the Trust to which this affidavit applies is the CRESSMAN FAMILY TRUST OF 1993 dated December 9, 1993.
- 2. The Trust was created on December 9, 1993, by LARRY ALLAN CRESSMAN and SHIRLEY ANN CRESSMAN, as Trustors and Trustees. The real property was transferred into the Trust by Document No. 96048604 recorded on April 16, 1996.
- 3. The former Trustees are LARRY ALLAN CRESSMAN and SHIRLEY ANN CRESSMAN.
- 4. The currently acting Trustee is MICHELLE ANN MELESKI, having succeeded the former Trustee SHIRLEY ANN CRESSMAN on April 8, 2013, by reason of death. Please see the attached certified death certificate. Former Trustee LARRY

TOMASSIAN, PIMENTEL & SHAPAZIAN

A PROFESSIONAL LAW PARTNERSHIP 3419 West Shaw Avenue Fresno, California 93711

BK: 1113 PG: 814 11/4/2013

ALLAN CRESSMAN became incapacitated on March 16, 2013. See the attached Physician's Certificates of Incapacity. Said declaration of trust includes the following provision:

## "15. APPOINTMENT OF TRUSTEES.

a. Initial and Successor Trustee.

The Settlors nominate and appoint as Trustees and Successor Trustees (each hereinafter referred to a "Trustee", the following named persons:

FIRST APPOINTEE: LARRY ALLAN CRESSMAN AND

SHIRLEY ANN CRESSMAN

SECOND APPOINTEE: MICHELLE ANN MELESKI

THIRD APPOINTEE: KELLY ELIZABETH

STOLTENBERG

The First Appointee shall serve first until they both shall be unable or unwilling to serve in such capacity, for any reason whatsoever, in which event the Successor Trustees shall serve as designated, in the order named. Each said Successor Trustee or Successors shall act as Trustee only if the immediate predecessor or predecessors fail to quality or cease to act."

The Trust holds the following interest in real property:

A timeshare estate comprised of:

<u>Parcel 1:</u> An undivided 1/51st interest in and to the certain condominium described as follows:

(a) An undivided 1/2th 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 April 14, 1982, as Document No. 66828 Official Records of Douglas County, State of Nevada, and as said Common Area 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. 021 as shown and defined on said 7<sup>th</sup> 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 as set forth on said Seventh Amended Map of Tahoe Village, Unit No. 1, recorded April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, at 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 subparagraphs (a) of Parcel 1 and Parcel 2 above during one "use week" within the "Winter 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 Arnended by instrument recorded 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 project during said "use week" in said above mentioned use season.

6. This affidavit is being signed below by the currently acting Trustee

of the Trust.

Dated: July 3, 2013

MICHELLE ANN MELESKI

Successor Trustee

STATE OF CALIFORNIA ) ss. **COUNTY OF FRESNO** 

Subscribed and sworn to (or affirmed) before me on this 3rd day of July, 2013, by MICHELLE ANN MELESKI, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Morales - Walker

(Seal)

CAROL MORALES-WALKER Commission # 2019876 Notary Public - California Fresno County My Comm. Expires Apr 21, 2017

# STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD

## **COUNTY of FRESNO**

DEPARTMENT OF PUBLIC HEALTH FRESNO, CALIFORNIA

|                          | 3052013072706  | CERTII   | FICATE OF DEA<br>STATE OF CAUPORIAN<br>IND ERASURES, WHITEOUTS OR<br>VS-1 TAPREY 1708)                         | ATH ~/  | 7.7  | 320131000202<br>CAL REGISTRATION NUM    |                             |
|--------------------------|--|--|--|---|--|---|-----------------------------|
|                          | 1. NAME OF DECEDENT-FIRST (GIVEN) SHIRLEY  | 2. MIDDLE<br>ANN   | 42-130461 1/10)  | 3 LAST (Family)<br>CRESS                          |  |   | 1                           |
| DECEDENT'S PERSONAL DATA | AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LA   | şη.  |  | BIRTH min/dd/pcy/ 5. A                            | Leasthan .                                       | ER ONE YEAR IF UNDER                    | Minutes F                   |
| 'S PER80                 |  | 943 🔲 viss   | X vo unk 1   | MARTIAL STATUS SRIP &                             | 04/  | 08/2013                                 | 8.HOUR (24 Hours)<br>. 2120 |
| EDENT                    | 13. EDUCATION - Highest Level/Degree   14/15, WAS DECEDENT HIS   | see worksheet on back) 15  | DECEMENT'S RACE - UP<br>AUCASIAN   | to 3 races may be i                               | , <u>1</u>                                       |   |                             |
|                          | 17. USUAL OCCUPATION - Type of work for most of tile DO N<br>HOMEMAKER   |  | ON HOME  | USTRY (ing_grocery store.                         | read construction, en                            | ployment agency, etc.)                  | 50                          |
| - Ş                      | 29, DECEDENT'S RESIDENCE (Street and number, or location) 2524 SIERRA AVENUE   | _  | - ,  |   | 皇主   | at a                                    |                             |
| NBUA<br>RESTO            | 21. CITY<br>CLOVIS   | PRESNO   | 9361.1 24 YEARS IN COUNTY 25. STATEFORDISH COUNTRY CALLIFORNIA   |   |  |   |                             |
| MANT.                    | 28. INFORMANT'S NAME, RELATIONSHIP MICHELLE MELESKI, DAUGHTE   | ER (   | 5868 N. BET  | HEL, CLOVIS,                                      | CA 93619   | rember, phy or lown, state a            | v3 24(p)                    |
| ATION                    | 28. NAME OF SURVIVING SPOUSE/SROP'-FIRST LARRY   | 29 MIDDOLE   |  | CRESSMAN  |  | ~ /                                     |                             |
| E/SROP<br>NFORM          | 31 NAME OF FATHER/PARENT-FIRST // OSCAR  | 32. MIDDLE / BENTON  |  | MOORE 5   |  |   | OK COM                      |
| SPOUSE<br>ARENT I        | 35, NAME OF MOTHER/PARENT-FIRST  | SS. MIDDLE<br>NANCY  | 7. 1   | 37: LAST (BIRTH HAME)                             |  |   | OK STATE                    |
| <del>}_</del>            | 38 DISPOSITION DATE mm/dd/copy -40. PLAGE OF FINAL   | DISPOSITION RESIDENCE  |  | MELESKI DAL                                       | IGHTER ;   | 7.4                                     | - 1-                        |
| DIRECTOR                 | 41. TYPE OF DISPOSITION(S)   | 42, SIGNAT   | URE OF EMBALMER  |   | <del>\}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del> | 43.                                     | UCENSE NUMBER               |
| UNERAL                   | CR/RES  44 NAME OF PUMERAL ESTABLISHMENT AFFORDABLE DIRECT, CREMA  | 45, UCBNS  | FEMBALMED  | REDIFLOCAL REGISTRAT                              | - 11 - 1   |   | DATE men/dd/coyy            |
|                          | 101. PLACE OF DEATH  | FD200  | 102.0  | HOSE TAL SPECIFY ONE                              |  | R THAN HOSPITAL SPECI                   | FY ONE Observed Cher        |
| CACRO                    | ST. AGNES MEDICAL CENTER  104. COUNTY  1303 E. H  1303 E. H  | DORESS OR LOCATION WHERE FOR   | 7 1  | النتا - ۲۰۰۰ البال ي                              |  | FRESNO                                  | Home L                      |
| _                        | 107. CAUSE OF DEATH  | mits — dissipases, injustras, or admolfcation<br>orationy arress, or venturoular floration w | ris - that directly caused dea<br>stroug thowing the stology: D  | on, DO NOT enter textural en<br>Q NOT ABBREVIATE. | enis such  | 1                                       | уєз Хио                     |
|                          | (Final disease or condition resulting  | TORY FAILURE   | <i>( )</i>   |   | X  | HRS/                                    | BIOPSY PERFORMED?           |
|                          | In death)  Sequentially, list conditions, it any,  | HAGIC STROKE   |  | 2 7 9   |  | DAYS [                                  | YES X NO                    |
| FDEAT                    | leading to cause on Line A Enter UMDERLYING CAUSE Risease or   |  | Y.A. 1   |   | 、怎)  |   | AUTOPBY PERFORMED? YES X NO |
| CAUSEC                   | injury that syling (OI selection of the events of the even | <u> </u>   |  | 15  |  | 7 (01) 111.                             | AES NOCIONAMA CANZES        |
| and the same of          | 112. OTHER BIOMERCHAY CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ATRIAL FIBRILLATION  |  |  |   |  |   |                             |
|                          | 113, WAS OPERATION PROFORMED FOR ANY CONDITION I   | N TIEM 107 OR 1127 (Lyes, Est type   | of operation and date.)  | 9. 1.   |  | - IEA F FEA                             | WE LEGAMU MITEL APAGE       |
| ANS                      | IN ICERTY THY TO THE REST OF MY HOMED GEOGRAPOOL  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE SOUTH TO A THE CALSES STATE  AT THE HOLD CARE, AND PLACE STATE  AT THE CALSES STATE  AT THE CALSE STATE  AT THE CALSES STATE  AT THE CALSES STATE  AT THE CALSE | ,   , , , , , , , , , , , , , , , , , ,  | EODY NARED   | DÝ M.D.   | <b>5</b> 0                                       | 1                                       | 04/11/2013                  |
| PHYSICA                  | (4) mm/dd/scyy (5) mm/dd/scyy (9) 09/06/2012 04/08/2013  | 776 E JUNE LA  |  |   | IINNAPA R  | EDDY NARE                               | DDY M.D.                    |
| 1                        | 119,1 CERTIFY THAT IN MY CIPTACK CEATH COOLIFFED AT THE HO   | UR DATE AND PLACE STATED FROM THE  | ECAUSES STATED.  | 120.0KJURED AT V                                  | NO UNK   | 121, INJURY DATE avoids                 | Stopy 122 HOUR (24 Hours)   |
|                          |  |  | agelion determined   |   |  | J=                                      |                             |
| - 98                     | 124. DESCRIBE HOW WIJURY OCCURRED (Events which re   | isuated in injury!   | · ·  |   |  |   |                             |
| - ISE                    | 125. LOCATION OF INJURY (Street and number, or location  | and city, and zip)   |  |   |  | 7.                                      |                             |
| The same of              | 128. BISINATURE OF CORONER / DEPUTY CORONER  | <u> </u>   | 127. DATE mm/dd/cbyy   | 128 TYPE NAME, TITI                               | LE OF CORONER/C                                  | DEPUTY CORONER                          |                             |
|                          | TATE A B C   | D / E  | ANTERIOR DE PROPERTO DE LA COMPANIONE DE L | <u> </u><br>                                      | - TOTAL  | FAX AUTHJ                               | CENSUS TRACT                |
|                          | ISTRAR   | CEDEUE CO  | *0100  | 001002327998*                                     |  |   |                             |
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This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

COUNTY HEALTH OFFICER REGISTRAR OF VITAL STATISTICS

\*001008529\*

This copy not velid unless prepared on engraved border displaying date, seal and signature of Registrar.

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| PHYSICIAN'S CERTIFICATE OF INCAPACITY   |
|---|
| professional office is located at 2645 Mey (ect st california. My office telephone number is (55) 264 - 8642  |
| I am a physician licensed to practice in the State of California acting within the scope of my licensure.   |
| I am a physician attending to the continuing care of LARRY CRESSMAN, hereinafter referred to as "Patient". The most recent occasion on which I saw Patient was on   |
| 3. It is my professional opinion that Patient has become severely impaired physically and mentally impaired and that he is currently unable to properly care for himself or for his property. Also in my professional opinion, Patient is no longer able to understand or appreciate information relevant to making any decision(s) concerning his own health care, nutrition, finances, shelter, clothing, hygiene or safety.  |
| 4. It is my further opinion that he is not able to intellectually understand options for meeting his financial or personal care needs or to appreciate the reasonably foreseeable consequences of any decision(s) or lack of decision. In my opinion, he therefore lacks capacity and competence to provide for his physical needs, or to manager his personal affairs, or to give informed consent to any legal or other decision(s) regarding any aspect of his life, including the management or other exercise of control or care over finances and property. |
| 5. In the event that Patient should show any improvement(s) suggesting recovery of partial capacity and competence to exercise a measure of control over his personal affairs and to make informed decisions regarding his care, my recommendation is that any doubts, uncertainties or ambiguities regarding such capacity or competence should be resolved in favor of any trustee, attorney-in-fact, agent or other caretaker charged with authority and responsibility for management of his person or estate.  |
| I certify and declare under penalty of perjury under the laws of the State of California hat the foregoing is true and correct.   |
| Date: <u>D6-74</u> , 2013 Signature   |
| AVA K JOSHOMOM M.D.  PRINTED NAME   |