

APN: 1318-26-101-006
MAIL TAX STATEMENT AND
WHEN RECORDED RETURN TO:
✓ KENYON H. TROUT
20034 SOMMETTE DRIVE
SONORA, CA 95370



KAREN ELLISON, RECORDER

CERTIFICATE OF INCUMBENCY

Whereas, FRANCES A. TROUT was the Trustee under that certain trust
entitled THE TROUT 1994 REVOCABLE TRUST DTD JANUARY 22, 1994

and listed as Grantee under that Certain GRANT DEED recorded
SEPTEMBER 21, 2007 in Book 0907 Page 4914 as Document No. 0709689

AND Whereas, FRANCES A. TROUT is one and same as named on that certain
Death Certificate attached hereto and made a part hereof.

KENYON H. TROUT is named as the Successor Trustee under said Trust
and is fully authorized to act in accordance with the terms of said Trust Agreement.

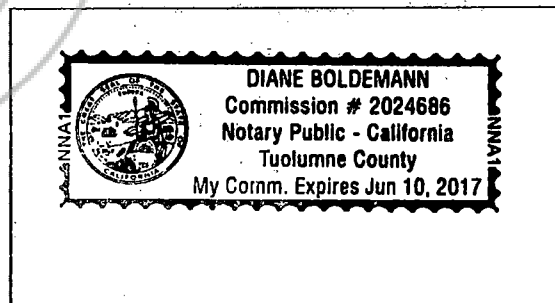
SUCCESSOR TRUSTEE:

Kenyon H Trout
KENYON H. TROUT

On this 23 day of Aug., 2014, before me, a Notary Public in and for said state, personally
appeared KENYON H. TROUT, personally known to me (or proved to me) to be the person who executed the
above instrument, and acknowledged to me that (he) executed the same for purposes stated therein.

STATE OF: California
COUNTY OF: Tuolumne
Subscribed and sworn to before me

this 23 day of Aug. 2014
Diane Boldemann
Notary Public



PLACE NOTARY SEAL INSIDE OF BOX

SEE ATTACHED EXHIBIT "A"

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER

COUNTY OF TUOLUMNE

SONORA, CALIFORNIA

CERTIFICATE OF DEATH

3201455000195

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) FRANCES		2. MIDDLE ANNE		3. LAST (Family) TROUT	
AKA; ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) FRAN TROUT		4. DATE OF BIRTH mm/dd/yyyy 03/16/1935		5. AGE Yrs. Mths. Days 79	
6. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 3943		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level/Degree MASTERS		14/15. 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 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION (If type of work for most of life. DO NOT USE RETIRED) EDUCATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19. YEARS IN OCCUPATION 45	
20. DECEDENT'S RESIDENCE (Street and number, or location) 20034 SOMMETTE DRIVE		21. CITY SONORA		22. COUNTY/PROVINCE TUOLUMNE	
23. ZIP CODE 95370		24. YEARS IN COUNTY 79		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP KERRY KUHLMAN, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 4820 MONTEREY WAY, SACRAMENTO, CA 95822			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST KENYON		29. MIDDLE HAROLD		30. LAST (BIRTH NAME) TROUT	
31. NAME OF FATHER/PARENT - FIRST FRANK		32. MIDDLE R.		33. LAST MILLER	
34. BIRTH STATE PA		35. NAME OF MOTHER/PARENT - FIRST ADELYN		36. MIDDLE LOVE	
37. LAST (BIRTH NAME) WICKHAM		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 05/05/2014		40. PLACE OF FINAL DISPOSITION MT. SHADOW CEMETERY LYONS-BALD MT ROAD, SONORA, CA 95370			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER JOHN MOORE		43. LICENSE NUMBER EMB6430	
44. NAME OF FUNERAL ESTABLISHMENT TERZICH AND WILSON FUNERAL HOME		45. LICENSE NUMBER FD762		46. SIGNATURE OF LOCAL REGISTRAR KEN CAETANO	
47. DATE mm/dd/yyyy 05/02/2014					
101. PLACE OF DEATH SONORA REGIONAL MEDICAL LONG TERM CARE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> LOA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY TUOLUMNE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 179 FAIRVIEW LN SONORA			
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. ACUTE MYELOGENOUS LEUKEMIA		108. DEATH REPORTED TO CORONER? Great and Death? WKS		109. DEATH REPORTED TO CORONER? Mental Report? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. IMMEDIATE CAUSE (A) First disease or condition resulting in death ACUTE MYELOGENOUS LEUKEMIA		(B)		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) Significantly list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(D)		110. AUTOPSY 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 BREAST CARCINOMA		(E)		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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 mm/dd/yyyy 04/22/2014		115. SIGNATURE AND TITLE OF CERTIFIER MATTHEW LINCOLN PERSONIUS M.D.		116. LICENSE NUMBER A62512	
Decedent Last Seen Alive mm/dd/yyyy 04/24/2014		117. DATE mm/dd/yyyy 05/01/2014			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MATTHEW LINCOLN PERSONIUS M.D. 183 S FAIRVIEW LN STE C, SONORA, CA 95370					
119. 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"/> Poisoning <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
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		C	
D		E		FAX AUTH#	
CENSUS TRACT		*010001002631128*			

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tuolumne County Assessor-Recorder.



000105275

KEN CAETANO
TUOLUMNE COUNTY ASSESSOR-RECORDER. DATE ISSUED 05/02/2014

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Assessor-Recorder.

TFCO (RS) 0812

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"
LEGAL DESCRIPTION
KINGSBURY CROSSING

HOA UNIT NUMBER: B/2359 & B/2355
INTERVAL WEEK NUMBER: 49 & 14
HOA ACCOUNT NUMBER: 47-014112 & 47-031260
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 "TWO-THREE THOUSAND TWO HUNDRED AND THIRTEENTHS (2/3213) 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 RIGT 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:

KENYON H. TROUT
20034 SOMMETTE DRIVE
SONORA, CA 95370

ACCOMMODATION RECORDING INSTRUCTIONS

TO: KAECY'S DATA SERVICE

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

CERTIFICATE OF INCUMBENCY

The undersigned hand you a check in the amount of \$ N/A payable to the Douglas 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 Kenyon H Trout

Name Printed KENYON H. TROUT