

When Recorded Mail to:

DOUGLAS COUNTY, NV 2015-858797  
Rec:\$41.00  
Total:\$41.00 03/17/2015 03:25 PM  
CAROLEDLINGER Pgs=3

CAROL EDLINGER  
Trustee Francis Family Trust  
1741 SPRINGBROOK ROAD  
LAFAYETTE, CA 94549



KAREN ELLISON, RECORDER

A Portion of APN 41-240-01-  
1319-30-618-001

**AFFIDAVIT – DEATH OF TRUSTEE**

STATE OF CALIFORNIA

COUNTY OF CONTRA COSTA

CAROL EDLINGER, of legal age, being first duly sworn, deposes and says:

1. BETTY LOU FRANCIS is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust known as the FRANCIS FAMILY TRUST C.
2. At the time, decedent was the owner, as Trustee, of certain real estate property in the County of Douglas, State of Nevada, described as:

see Exhibit A attached hereto

Commonly known as Tahoe Summit Timeshare, Douglas County, NV

3. I am the successor Trustee of same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust serve as Trustee thereof.

Date: 5 Feb. 15

Carol Edlinger

CAROL EDLINGER

State of California

County of Contra Costa

Subscribed and sworn to (or affirmed) before me on this

5 day of Feb., 2015, by

CAROL EDLINGER, proved to me on the basis of

Satisfactory evidence to be the person who appeared before me

Signature CAITLYN RAE TANKERSLEY



EXHIBIT A

PARCEL 1: An undivided 1/51st interest in and to that certain condominium described as follows: (i) An undivided 1/9th interest, as tenants-in-common, in and to Lot 28 of Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53845, Official Records of Douglas County, State of Nevada, except therefrom Units 1 to 9; (ii) Unit No. H, as shown and defined on said last mentioned map. Unit Type B.

PARCEL 2: A non-exclusive right to use the real property know as The Common Area on the Official Map of Tahoe Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, records of said county and state, for all those purposes provided for in the Declarations of Covenants, Conditions, and Restrictions recorded September 28, 1973 as Document No. 69063 in Book 973 page 812 of Official Records and in the Modification recorded July 2, 1976 as Document No. 1472 in Book 776 Page 87 of Official Records.

PARCEL 3: The Exclusive right to use said Unit and the nonexclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcel Two above during One (1) "Use Period" within the Swing "Season", as said quoted terms are defined in the Declaration.

"Legacy # 280845, interval 45, Room 108"

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said Use Period within said Season.

TOGETHER WITH ALL AND SINGULAR THE TENEMENTS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING OR IN ANYWISE APPERTAINING, AND THE REVERSION AND REVERSIONS, REMAINDER AND REMAINDERS, RENTS, ISSUES, AND PROFETS THEREOF.

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# CITY OF BERKELEY

## DEPARTMENT OF HEALTH SERVICES

### CERTIFICATE OF DEATH

3201361000679

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>BETTY</b>		2. MIDDLE <b>LOU</b>	
		3. LAST (Family) <b>FRANCIS</b>	
DECEDENT'S PERSONAL DATA			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/ccyy <b>10/18/1919</b>		5. AGE Yrs. <b>94</b>	
6. SEX <b>F</b>		7. DATE OF DEATH mm/dd/ccyy <b>12/29/2013</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>AZ</b>		10. SOCIAL SECURITY NUMBER <b>4038</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/RDP* (at Time of Death) <b>WIDOWED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>		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) <b>CAUCASIAN</b>		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>TEACHER</b>	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>PUBLIC EDUCATION</b>		19. YEARS IN OCCUPATION <b>38</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1145 AMADOR AVE</b>			
USUAL RESIDENCE			
21. CITY <b>BERKELEY</b>		22. COUNTY/PROVINCE <b>ALAMEDA</b>	
23. ZIP CODE <b>94707</b>		24. YEARS IN COUNTY <b>63</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>			
INFORMANT			
26. INFORMANT'S NAME, RELATIONSHIP <b>CAROL EDLINGER, DPOAHC</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1741 SPRINGBROOK RD, LAFAYETTE, CA 94549</b>	
SPOUSE/RDP AND PARENT INFORMATION			
28. NAME OF SURVIVING SPOUSE/RDP - FIRST <b>CHARLES</b>		29. MIDDLE <b>LEWIS</b>	
30. LAST (BIRTH NAME) <b>SMITH</b>		31. BIRTH STATE <b>MO</b>	
32. NAME OF FATHER/PARENT - FIRST <b>MARY</b>		33. MIDDLE <b>ELIZABETH</b>	
34. LAST (BIRTH NAME) <b>MANSFIELD</b>		35. BIRTH STATE <b>KS</b>	
FUNERAL DIRECTORY/ LOCAL REGISTRAR			
36. DISPOSITION DATE mm/dd/ccyy <b>01/10/2014</b>		37. PLACE OF FINAL DISPOSITION <b>SUNSET VIEW CEMETERY 101 COLUSA AVE, EL CERRITO, CA 94530</b>	
38. TYPE OF DISPOSITION(S) <b>BU</b>		39. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
40. LICENSE NUMBER <b>FD1079</b>		41. SIGNATURE OF LOCAL REGISTRAR <b>JANET BERREMAN, MD, MPH</b>	
42. NAME OF FUNERAL ESTABLISHMENT <b>SUNSET VIEW CEMETERY ASSOCIATION</b>		43. DATE mm/dd/ccyy <b>01/07/2014</b>	
PLACE OF DEATH			
101. PLACE OF DEATH <b>OWN RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY <b>ALAMEDA</b>		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1145 AMADOR AVE</b>	
105. CITY <b>BERKELEY</b>		106. CITY <b>BERKELEY</b>	
CAUSE OF DEATH			
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 ventilator liberation without stating the etiology. DO NOT ABBREVIATE. <b>MYOCARDIAL INFARCTION</b>			
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) <b>MYOCARDIAL INFARCTION</b>		109. TIME INTERVAL BETWEEN ONSET AND DEATH (AT) <b>2 DAYS</b>	
110. DEATH REPORTED TO CORONER? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. BIOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. AUTOPSY PERFORMED? (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		113. USED IN DETERMINING CAUSE? (ET) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>HYPERTENSION, HYPERLIPIDEMIA</b>			
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>			
116. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
PHYSICIAN'S CERTIFICATION			
117. 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: _____		118. SIGNATURE AND TITLE OF CERTIFIER <b>RAE L. BOURNE M.D.</b>	
119. LICENSE NUMBER <b>A94483</b>		120. DATE mm/dd/ccyy <b>01/06/2014</b>	
(A) mm/dd/ccyy <b>10/16/2013</b>		(B) mm/dd/ccyy <b>12/28/2013</b>	
121. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RAE L. BOURNE M.D. 21 ORINDA WAY, ORINDA, CA 94563</b>			
CORONER'S USE ONLY			
122. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		123. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
124. 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		125. INJURY DATE mm/dd/ccyy	
126. INJURY HOUR (24 Hours)		127. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
128. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
129. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
130. SIGNATURE OF CORONER / DEPUTY CORONER		131. DATE mm/dd/ccyy	
132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		133. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.	
A B C D E		LEGISLATIVE TRACT	

This is to certify that this document is a true copy of the official record filed with the City of Berkeley.  
Janet M. Berreman, MD, MPH, Local Registrar and Health Officer  
by: *J. Berreman*  
LOCAL REGISTRAR AND HEALTH OFFICER

\* 000426033 \*

DATE ISSUED **JAN 13 2014**

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.  
FPCO (REV 09/11)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

