

DOUGLAS COUNTY, NV

2015-860754

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\$17.00 Pgs=4

04/23/2015 11:31 AM

THE DOCUMENT CENTER INC

KAREN ELLISON, RECORDER

APN #: 1318-26-101-006

Escrow #: 11671 D

Title Order No.

R.P.T.T. \$ _____

RECORDING REQUESTED BY:

The Document Center

Glendale, CA

When Recorded Mail Document

and Tax Statement To:

The Grossman Revocable Living Trust

624 N. Myers St.

Burbank, CA 91506

AFFIDAVIT - DEATH OF TRUSTEE

Ruby Rowleen Grossman, Trustee & Succ. Tr., of legal age,
being first duly sworn, and deposes and says:

That Dennis Dean Grossman,
the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Dennis Dean Grossman** named as one of the parties in that certain Trust Instrument entitled, **The Grossman Revocable Living Trust** dated 2-7-08 executed by **Dennis D. Grossman and Ruby R. Grossman** husband and wife who acquired title as **Dennis D. & Ruby R. Grossman**

This Affidavit references that certain **Grant Bargain and Sale Deed**

recorded as Instrument No. **0718987** on 3-3-08, in Book **0308**, Page **0351**, of Official Record of **Douglas County, Nevada** covering the following described property situated in the City of **State Line**, County of **Douglas**, State of **Nevada**

AS PER EXHIBIT "A" ATTACHED HERETO AND MADE A PART THEREOF:

Commonly known as: **Kingsbury Resort, 133 Deer Run Court, State Line, Nevada 89449, Time Share, high season, acct #470856612, Interval #4307-34**

DATED: March 29, 2015

THE GROSSMAN REV. TR.

By: Ruby Rowleen Grossman
Ruby Rowleen Grossman,
Trustee & Successor Trustee

EXHIBIT "A"

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

A PORTION OF THE NORTH ONE-HALF OF THE NORTHWEST ONE-QUARTER OF SECTION 26, TOWNSHIP 13 NORTH, RAGE 18 EAST, MDB&M, DESCRIBED AS FOLLOWS: PARCEL 3, AS SHOWN ON THAT AMENDED PARCEL MAP FOR JOHN E. MICHELSEN 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 FOR JOHN E. MICHELSEN AND WALTER COX, RECORDED FEBRUARY 10, 1978, IN BOOK 278 OF OFFICIAL RECORDS AT PAGE 591, DOUGLAS COUNTY, NEVADA, AS DOCUMENT 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~~" AS AMENDED.

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 SAID DECLARATION OF TIMESHARES 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, 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, THIRD AMENDMENT TO DECLARATION TIMESHARE USE RECORDED OCTOBER 14, 1983 IN BOOK 1083 AT PAGE 2572, DOCUMENT NO. 89535 AND FOURTH AMENDMENT TO DECLARATION OF TIMESHARE USE RECORDED AUGUST 31, 1987 IN BOOK 887 AT PAGE 3987, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA, DOCUMENT NO. 161309, (DECLARATION"), DURING A "USE PERIOD", WITHIN THE HIGH SEASON WITHIN THE "OWNER'S USE YEAR", AS DEFINED IN THE ~~DECLARATION, TOGETHER WITH A NONEXCLUSIVE RIGHT TO USE THE COMMON~~ AREAS AS DEFINED IN THE DECLARATION.

SUBJECT TO ALL COVENANTS, CONDITION, RESTRICTION, LIMITATIONS, EASEMENTS, RIGHT-OF-WAY OF RECORD.

APN 07-130-19

Owner No. 5661A

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052014038653

CERTIFICATE OF DEATH

3201419008360

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS
VS-1 (REV 3/03)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) DENNIS		2. MIDDLE DEAN		3. LAST (Family) GROSSMAN			
4. DATE OF BIRTH mm/dd/yyyy 08/03/1937				5. AGE Yrs 76		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 02/18/2014		8. HOUR (24 Hour) 0534		9. DECEASED'S RACE - Up to 3 races may be listed (see Worksheet on back) WHITE			
10. BIRTH STATE/PROVINCE/COUNTRY CA		11. SOCIAL SECURITY NUMBER 4326		12. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		13. MARITAL STATUS/SNP (in Year of Death) MARRIED	
14. EDUCATION - Highest Level/Degree (see Worksheet on back) SOME COLLEGE		15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see Worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEASED'S RACE - Up to 3 races may be listed (see Worksheet on back) WHITE			
17. USUAL OCCUPATION - Type of work for most of life; DO NOT USE RETIRED ROUTE DRIVER				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BAKERY		19. YEARS IN OCCUPATION 35	
20. DECEDENT'S RESIDENCE (Street and number, or location) 624 N. MYERS ST.							
21. CITY BURBANK		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91506		24. YEARS IN COUNTY 78	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP JENNIE LYNNE STOTT, DPOA					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1030 E. CYPRESS AVE., BURBANK, CA 91501		28. NAME OF SURVIVING SPOUSE/SPOUSE- RUBY					
29. MIDDLE ROWLEEN		30. LAST (BIRTH NAME) NETZLEY		31. NAME OF FATHER/PARENT - FIRST ROY			
32. MIDDLE JOHN DOHSE		33. LAST GROSSMAN		34. BIRTH STATE OH			
35. NAME OF MOTHER/PARENT - FIRST FRANCES		36. MIDDLE MARGARET		37. LAST (BIRTH NAME) ANDERSON		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 02/28/2014		40. PLACE OF FINAL DISPOSITION AT-SEA OFF THE COAST OF LOS ANGELES COUNTY					
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY		45. LICENSE NUMBER FD1359		46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD		47. DATE mm/dd/yyyy 02/28/2014	
101. PLACE OF DEATH BURBANK HEALTHCARE AND REHAB CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/BLTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1041 S MAIN ST				106. CITY BURBANK	
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. IMMEDIATE CAUSE (Final identifiable condition resulting in death) (A) CARDIORESPIRATORY ARREST (B) ATRIAL FIBRILLATION (C) ATHEROSCLEROTIC HEART DISEASE		108. DEATH REPORTED TO LOCAL HEALTH DEPARTMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. UNDERLYING CAUSE (Disease or injury that initiated the chain of events resulting in death) LAST NONE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN (107) NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
114. (CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED) Decedent Attended Clinic <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER ERIC ISRAEL FEIT M.D.		116. LICENSE NUMBER G53886		117. DATE mm/dd/yyyy 02/26/2014	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ERIC ISRAEL FEIT M.D.		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"/> Pending Investigation <input type="checkbox"/> Cause not determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)			
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, city only, 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
 H D 3 5 2 1 0 0 0

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



Jonathan E. Fielding MD
 Director of Public Health / Registrar

DATE ISSUED

MAR - 5 2014

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

PHNCO (REV) 08/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



JURAT

A notary public or other completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this
15th day of April, 2015 by

(1) Ruby Rowleen Grossman
proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

Signature

D. Kessinger

