

WHEN RECORDED MAIL TO:

17-
✓ Miel P. Novak
Coombs & Dunlap, LLP
1211 Division Street
Napa, California 94559

Telephone: (707) 252-9100



00014845201508629870040049

KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Phoebe Ellsworth
1800 Atrium Parkway
Apt. 410
Napa, CA 94559

APN A portion of 1319-15-000-020

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA, County of Napa:

I, PHOEBE C. ELLSWORTH, being duly sworn, say:

1. **Age.** I am 18 years of age or older.
2. **Existence of Trust and Date of Execution.** On December 9, 1991, Robert M. Ellsworth and Phoebe C. Ellsworth settlors and trustees, executed a declaration of revocable trust, which is called the ELLSWORTH-CRARY TRUST. The trust was amended and completely restated on June 5, 2013, and again amended on March 18, 2014.
3. **Death of Trustee.** Robert M. Ellsworth died on January 21, 2015, as evidenced by the attached certified copy of Certificate of Death.
4. **Current Trustee.** Under the terms of the trust, as amended, upon the death of Robert M. Ellsworth, Thomas Flint Ellsworth and I are designated to serve as the successor trustees. I declare and certify that Thomas Flint Ellsworth and I are the current trustees of the trust.
5. **Real Property.** Robert Ellsworth, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert M. Ellsworth, named as one of the parties in that certain Grant Deed dated August 2, 2011, wherein the decedent is one of the trustees of the Ellsworth-Crary Trust dated December 9, 1991. The original Grant Deed mentioned above is recorded as instrument number 0795667, on January 12, 2012, in the Official

APN A portion of 1319-15-000-020

Affidavit of Death of Trustee

Mail Tax Statements To:

Phoebe C. Ellsworth, 1800 Atrium Parkway, Apt. 410, Napa, CA 94559

Page 1 of 2

Records of County of Douglas, State of Nevada, covering the property situated in Douglas County, Nevada, and more particularly described as follows:

The real property described in Exhibit A attached hereto and made a part hereof by reference.

Dated: May 14, 2015

Phoebe C. Ellsworth
Phoebe C. Ellsworth, Trustee

A notary public or other officer 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)
) SS
COUNTY OF NAPA)

Subscribed and sworn to (or affirmed) before me on this 14 day of May, 2015, by PHOEBE C. ELLSWORTH, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Milagros Klockenga
Notary Public

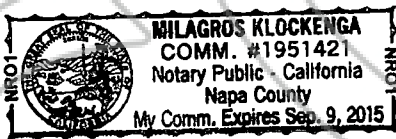


EXHIBIT A

An undivided fee simple ownership interest in and to the following described Time Share Interest that has been created at David Walley's Hot Springs Resort and Spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001 with the Recorder in and for Douglas County, Nevada in Book 0801 Page 6980, as amended:

Unit Type: 2bd Phase: 3 Inventory Control No: 36023083230

Alternate Year Time Share: Annual First Year Use: 2012

If acquiring a Time Share Interest in Phase I, BUYER will receive fee title to a 1/1071th undivided interest (if annually occurring) or a 1/2142th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase II, BUYER will receive fee title to a 1/1989th undivided interest (if annually occurring) or a 1/3978th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase III, BUYER will receive fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share interest in the Dillon Phase, BUYER will receive fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS

COUNTY OF NAPA

NAPA, CALIFORNIA 94559-3721

3052015021032

CERTIFICATE OF DEATH

3201528000116

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) ROBERT		2. MIDDLE -		3. LAST (Family) ELLSWORTH			
AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH: mm/dd/yyyy 01/18/1932		5. AGE Yrs. Months Days 83		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY NJ		10. SOCIAL SECURITY NUMBER 9560		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) PROFESSIONAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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) CAUCASIAN		7. DATE OF DEATH: mm/dd/yyyy 01/21/2015	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SALES		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) WINERY EQUIPMENT SALES		19. YEARS IN OCCUPATION 30			
20. DECEDENT'S RESIDENCE (Street and number, or location) 1800 ATRIUM PARKWAY							
21. CITY NAPA		22. COUNTY/PROVINCE NAPA		23. ZIP CODE 94559		24. YEARS IN COUNTY 46	
25. STATE/FOREIGN COUNTRY CA							
26. INFORMANT'S NAME, RELATIONSHIP PHOEBE C, ELLSWORTH				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1800 ATRIUM PARKWAY, NAPA, CA 94559			
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST PHOEBE		29. MIDDLE -		30. LAST (BIRTH NAME) CRARY			
31. NAME OF FATHER/PARENT—FIRST WILLIAM		32. MIDDLE CLARENCE		33. LAST ELLSWORTH		34. BIRTH STATE ME	
35. NAME OF MOTHER/PARENT—FIRST NELL		36. MIDDLE MITCHELL		37. LAST (BIRTH NAME) FLINT		38. BIRTH STATE ME	
39. DISPOSITION DATE: mm/dd/yyyy 02/05/2015		40. PLACE OF FINAL DISPOSITION: RESIDENCE OF GEOFF ELLSWORTH 1434 SYLVANER AVENUE, ST. HELENA, CA 94574					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT MORRISON FUNERAL CHAPEL		45. LICENSE NUMBER FD687		46. SIGNATURE OF LOCAL REGISTRAR KAREN SMITH, MD		47. DATE: mm/dd/yyyy 02/03/2015	
101. PLACE OF DEATH THE MEADOWS 1800		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"/> Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other			
104. COUNTY NAPA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1800 ATRIUM PARKWAY				106. CITY NAPA	
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. (A) CONGESTIVE HEART FAILURE (B) VALVULAR HEART DISEASE		108. DEATH REPORTED TO CORONER? Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER MONTHS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CIRRHOSIS, ATRIAL FIBRILLATION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) MITRAL VALVE REPLACEMENT, LEFT ATRIAL LIGATION 12/1/2010		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER DAVID JUE, M.D.		116. LICENSE NUMBER A61676		117. DATE: mm/dd/yyyy 01/30/2015	
(A) mm/dd/yyyy 10/28/2014		(B) mm/dd/yyyy 01/09/2015		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DAVID JUE, M.D. 3010 BEARD ROAD, NAPA, CA 94558			
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"/> Could not be determined		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 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 B C D E		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF NAPA

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL STATISTICS, COUNTY OF NAPA HEALTH AND HUMAN SERVICE AGENCY.

DATE ISSUED **FEB 05 2015**

This copy not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Registrar



Karen Smith, MD MPH
KAREN SMITH, MD MPH
NAPA COUNTY REGISTRAR

