

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



Rebecca M. Conti

APN: a portion of 07-130-19

RECORDING REQUESTED BY:

Bradley B Anderson, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

CAROLYN A. STEVENSON, Trustee
STEVENSON FAMILY TRUST
12456 Shorthorn Road
Wilton, CA 95693

AFFIDAVIT OF DEATH OF TRUSTEE

I, CAROLYN A. STEVENSON, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated June 08, 1992, RONALD A. STEVENSON and CAROLYN A. STEVENSON executed the STEVENSON FAMILY TRUST ("Trust").

(2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of RONALD A. STEVENSON.

(3) RONALD A. STEVENSON (AKA RONALD ANDREW STEVENSON) deceased on October 11, 2011, at Sacramento, California, a resident of Sacramento County, California. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said RONALD A. STEVENSON.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

EXHIBIT "B"

Legal Description:

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, Range 18 East, M.D.B.& 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 Timeshare 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 of 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, conditions, restrictions, limitations, easements, rights-of-way of record. A portion of APN 07-130-19.

Per NRS 111.312- The Legal Description above appeared previously in that Grant, Bargain and Sale Deed recorded on October 05, 2012, as Document No. 810400 in Douglas County Records, Douglas County, Nevada.

APN: a portion of 07-130-19

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052011183610


CERTIFICATE OF DEATH

3201134008358

STATE FILE NUMBER

STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO ERASURES, WHITE OUTS OR ALTERATIONS
 VS-1 (REV 3/06)

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) RONALD		2. MIDDLE ANDREW		3. LAST (Family) STEVENSON	
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy 02/26/1935		5. AGE Yrs. 76
	9. BIRTH STATE/FOREIGN, COUNTRY CA		10. SOCIAL SECURITY NUMBER ████████-1959		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/ccyy 10/11/2011		8. HOUR (24 Hour) 1235	
USUAL RESIDENCE	13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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 - Type of work for most of life. DO NOT USE RETIRED ENGINEER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENVIRONMENTAL		19. YEARS IN OCCUPATION 17
	20. DECEDENT'S RESIDENCE (Street and number, or location) 12456 SHORTHORN RD.					
	21. CITY WILTON		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95693	24. YEARS IN COUNTY 25
SPOUSE/SRDP OR PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP CAROLYN A. STEVENSON, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 12456 SHORTHORN RD., WILTON, CA 95693		
	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST CAROLYN		29. MIDDLE ANITA		30. LAST (BIRTH NAME) LOOS	
	31. NAME OF FATHER/PARENT - FIRST FRANK		32. MIDDLE IRA		33. LAST STEVENSON	
	34. BIRTH STATE TX		35. NAME OF MOTHER/PARENT - FIRST HELEN		36. MIDDLE EMMA	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	37. LAST (BIRTH NAME) NELSON		38. BIRTH STATE CO		39. DISPOSITION DATE - mm/dd/ccyy 10/13/2011	
	40. PLACE OF FINAL DISPOSITION RES OF CAROLYN A. STEVENSON 12456 SHORTHORN RD., WILTON, CA 95693			41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED
	43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT ALL FAITH CREMATION		45. LICENSE NUMBER FD1535	46. SIGNATURE OF LOCAL REGISTRAR ▶ LAURIE A WERNER, MD, MPH
	47. DATE mm/dd/ccyy 10/13/2011		48. SIGNATURE OF LOCAL REGISTRAR			
PLACE OF DEATH	101. PLACE OF DEATH ESKATON GREENHAVEN			102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE
	104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 455 FLORIN ROAD		106. CITY SACRAMENTO	
	107. CAUSE OF DEATH Enter the chain of events --- disease, injury, 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) STROKE (B) CEREBROVASCULAR DISEASE			Time Interval Between Onset and Death: (AT) WKS (BT) YRS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER
	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
CAUSE OF DEATH	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 HYPERTENSION, HYPERLIPIDEMIA		
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NONE			113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
	114. 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 Not Last Seen Alive: _____			115. SIGNATURE AND TITLE OF CERTIFIER ▶ JANICE GRANZELLA ROGERS M.D.		116. LICENSE NUMBER G60565
	117. DATE mm/dd/ccyy 10/12/2011		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JANICE GRANZELLA ROGERS M.D. 6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823			
CORONER'S USE ONLY	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/ccyy
	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, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER			127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#
 *010001001893661*						CENSUS TRACT

T12107PB00724.001

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
 COUNTY OF SACRAMENTO


 * 0 0 1 2 4 8 8 6 3 *

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

October 14, 2011

DATE ISSUED:

J. Werner M.D.
 LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

