

DOUGLAS COUNTY, NV

2015-866113

Rec:\$16.00

\$16.00 Pgs=3

07/13/2015 09:25 AM

U.S. DEEDS

KAREN ELLISON, RECORDER

ASSESSOR'S PARCEL NO. 1318-26-101-006

WHEN RECORDED MAIL TO:

DANIEL ROSENBERG
34846 CHANCEY ROAD
ZEPHYRHILLS, FL 33541

MAIL TAX NOTICES TO:

DANIEL J. ROSENBERG SR.
DANIEL J. ROSENBERG JR.
34846 CHANCEY ROAD
ZEPHYRHILLS, FL 33541

Affidavit of Death of Trustee

The undersigned, being first duly sworn, deposes and says:

1. Affiant is the surviving Successor Trustee of the Ann Marie Meagher Trust dated 1994, as amended and restated on August 3, 2005, who is named in that particular Certificate of Death attached hereto and made a part hereof.

2. Affiant knows the said Ann Marie Meagher, deceased, to be one and the same person as who is named as Trustee in that particular Deed recorded as Document No. 0726845, on July 16, 2008, in the office of the Recorder of Douglas County, Nevada, more particularly described as follows:

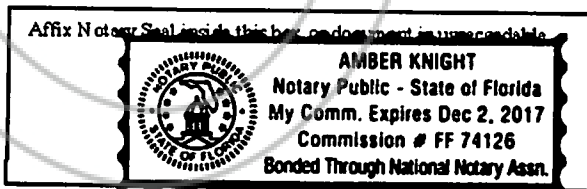
SEE EXHIBIT A ATTACHED HERETO.

Daniel J. Rosenberg Sr.

DANIEL J. ROSENBERG SR., SUCCESSOR TRUSTEE

STATE OF Florida
COUNTY OF Hillsborough

This instrument was acknowledged before me on May 22nd 2015 by DANIEL J. ROSENBERG SR., SUCCESSOR TRUSTEE.



Notary Public *[Signature]*

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, RANGE 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" AND SUBSEQUENT AMENDMENTS THERETO AS HEREINAFTER REFERRED TO.

ALSO EXCEPTING FROM THE REAL PROPERTY AND RESERVING TO THE DEVELOPER, 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, 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.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3201449002338

1. NAME OF DECEDENT - FIRST (Given) ANN		2. MIDDLE MARIE		3. LAST (Family) MEAGHER	
4. DATE OF BIRTH mm/dd/yyyy 09/23/1931					
5. AGE Yrs 82		6. SEX F		7. DATE OF DEATH mm/dd/yyyy 07/30/2014	
8. HOUR (24 Hours) 1606		9. BIRTH STATE/FOREIGN COUNTRY OR		10. SOCIAL SECURITY NUMBER 9599	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP at Time of Death DIVORCED		13. EDUCATION - Highest Level/Degree (See instructions on back) DOCTORATE	
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PSYCHIATRIST	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PSYCHIATRY		18. YEARS IN OCCUPATION 50			
19. DECEDENT'S RESIDENCE (Street and number, or location) 951 OWLSWOOD LANE					
20. CITY TIBURON		21. COUNTY/PROVINCE MARIN		22. ZIP CODE 94920	
23. YEARS IN COUNTY 53		24. STATE/FOREIGN COUNTRY CA			
25. INFORMANT'S NAME, RELATIONSHIP DANIEL ROSENBERG, SON			26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 34846 CHANCEY RD., ZEPHYRHILLS, FL 33541-3705		
27. NAME OF SURVIVING SPOUSE/SROP - FIRST JOHN		28. MIDDLE FRANCIS		29. LAST (BIRTH NAME) MEAGHER	
30. NAME OF FATHER/PARENT - FIRST JOSEPHINE		31. MIDDLE CECILIA		32. LAST (BIRTH NAME) LAMBRECHT	
33. BIRTH STATE NY		34. BIRTH STATE OR		35. DISPOSITION DATE mm/dd/yyyy 08/07/2014	
36. PLACE OF FINAL DISPOSITION CALVARY CATHOLIC CEMETERY 2930 BENNETT VALLEY RD., SANTA ROSA, CA 95404		37. TYPE OF DISPOSITION BU			
38. SIGNATURE OF EXAMINER PATRICK MCNALLY		39. LICENSE NUMBER EMB9285		40. NAME OF FUNERAL ESTABLISHMENT DANIELS CHAPEL OF THE ROSES	
41. LICENSE NUMBER FD209		42. SIGNATURE OF LOCAL REGISTRAR KAREN HOLBROOK		43. DATE mm/dd/yyyy 08/01/2014	
44. PLACE OF DEATH SUTTER MEDICAL CENTER		45. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA		46. IF OTHER THAN HOSPITAL, SPECIFY ONE Mortuary <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/>	
47. COUNTRY SONOMA		48. FACILITY ADDRESS (If location where found (Street and number, or location) 3325 CHANATE RD.		49. CITY SANTA ROSA	
50. CAUSE OF DEATH CAARDIOGENIC SHOCK		51. IMMEDIATE CAUSE (Final disease or condition resulting in death) RECURRENT VENTRICULAR TACHYCARDIA		52. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST CONGESTIVE HEART FAILURE	
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE LISTED IN 50 SEVERE MITRAL REGURGITATION, MULTIVESSEL CORONARY ARTERY DISEASE		54. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 53 OR 117? (If yes, list type of operation and date) NO		55. IF FEMALE, PREPARE IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
56. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 07/20/2014		57. SIGNATURE AND TITLE OF CERTIFIER CHRISTOPHER STAFFORD M.D.		58. LICENSE NUMBER A89274	
59. DATE mm/dd/yyyy 07/30/2014		60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CHRISTOPHER STAFFORD, M.D. 3325 CHANATE ROAD, SANTA ROSA, CA 95404		61. DATE mm/dd/yyyy 08/01/2014	
62. 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		63. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		64. INJURY DATE mm/dd/yyyy	
65. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		66. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)			
67. LOCATION OF INJURY (Street and number, or location, and city and zip)					
68. SIGNATURE OF CORONER / DEPUTY CORONER		69. DATE mm/dd/yyyy		70. TYPE NAME, TITLE OF CORONER / CITY/ COUNTY CORONER	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss **AUG 08 2014**
COUNTY OF SONOMA } DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
REG-000 (Rev. 05/13)



LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE