

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME David Hafey
ADDRESS 9645 Alhambra Ave.
CITY STATE & ZIP Stockton, CA 95212
APN NO.



KAREN ELLISON, RECORDER

Save Above This Line for Recorder's Use Only

AFFIDAVIT -- DEATH OF TRUSTEE

STATE OF NEVADA

COUNTY OF Douglas } SS.

("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- 1. ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on February 14, 2013 at Stockton, California (city and state of death).
2. Decedent is the same person named as the Trustee named in that certain Declaration of Trust dated November 26, 2002 executed by Kathleen C. Hines as trustor(s) (the"Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Co-Trustee of the Kingsbury Crossing Trust dated July 1, 1985 which was recorded as instrument No. 120221, in book 785, Page 1318-1319, of Official Records of Douglas County, Nevada, as legally described as follows:
Property described in Exhibits A-1, A-2 and A-3
4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 11-23-2015

Declarant:

[Handwritten signature of David Hafey]
DAVID HAFEY

State of Nevada

County of _____

Signed and sworn to (or affirmed) before me on

by

Notary Public

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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
 County of Santa Clara

Subscribed and sworn to (or affirmed) before me
 on this 23 day of NOV, 2015,
 by DAVID HAFLEY
Date Month Year

(1) _____
 (and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature Ofelia Martinez
Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Trustee Document Date: 11/23/15
 Number of Pages: One Signer(s) Other Than Named Above: No other signer

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY
 PUBLIC HEALTH SERVICES
 STOCKTON, CALIFORNIA

3052013032951

CERTIFICATE OF DEATH

3201339000594

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-1 (REV 2/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) KATHLEEN		2. MIDDLE CARSON		3. LAST (Family) HINES	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 07/04/1942		5. AGE Yrs. 70 IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____	
6. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER ██████-9596		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) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 02/14/2013		8. HOUR (24 Hour) 0720	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		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) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION 41	
20. DECEDENT'S RESIDENCE (Street and number, or location) 2237 PORTOLA AVENUE		21. CITY STOCKTON		22. COUNTY/PROVINCE SAN JOAQUIN	
23. ZIP CODE 95209		24. YEARS IN COUNTY 53		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP DAVID HAFEY, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2616 CALLE ONICE, SAN CLEMENTE, CA 92673			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST ROBERT		32. MIDDLE PATRICK		33. LAST CARSON	
34. BIRTH STATE MN		35. NAME OF MOTHER/PARENT - FIRST VIRGINIA		36. MIDDLE LEE	
37. LAST (BIRTH NAME) BIRKOFER		38. BIRTH STATE NE		39. DISPOSITION DATE mm/dd/yyyy 02/19/2013	
40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF MARIN COUNTY		41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CALIFORNIA		45. LICENSE NUMBER FD1502	
46. SIGNATURE OF LOCAL REGISTRAR ▶ KAREN FURST, MD		47. DATE mm/dd/yyyy 02/19/2013		48. SIGNATURE OF LOCAL REGISTRAR	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2237 PORTOLA AVENUE		106. CITY STOCKTON	
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 venous air embolism without showing the etiology. DO NOT ABBREVIATE. CHRONIC LYMPHOCYTIC LEUKEMIA		108. DEATH REPORTED TO CORONER? (Street and Death) (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO YRS 2013-0424		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <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 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 Since _____ Decedent Last Seen Alive _____		115. SIGNATURE AND TITLE OF CERTIFIER ▶ ALBINA G BENABAYE M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALBINA G BENABAYE M.D. 2800 N CALIFORNIA ST STE 16, STOCKTON, CA 95204		117. LICENSE NUMBER A33749		118. DATE mm/dd/yyyy 02/15/2013	
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		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH.#

CERTIFIED COPY OF VITAL RECORDS

000640909

STATE OF CALIFORNIA } SS
 COUNTY OF SAN JOAQUIN }
 This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.
 DATE ISSUED: **FEB 19 2013**

Karen Furst, MD
 KAREN FURST, MD, MPH
 LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Exhibit "A-3"

LEGAL DESCRIPTION
FOR
KINGSBURY CROSSING

CONFORMED COPY
Has not been compared
to the original.

THE FOLLOWING REAL PROPERTY IN THE COUNTY OF DOUGLAS, STATE OF NEVADA:

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 03, 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 AND 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 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, OF 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. 084425 (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.

REQUESTED BY
1102-7015
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2002 NOV 18 PM 12:13

LINDA SLATF
RECORDER

0558057

\$. PAID DEPUTY

Exhibit "A-2"

LEGAL DESCRIPTION FOR KINGSBURY CROSSING

THE FOLLOWING REAL PROPERTY IN THE COUNTY OF DOUGLAS, STATE OF NEVADA:

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):

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Exhibit "A-1"

LEGAL DESCRIPTION FOR KINGSBURY CROSSING

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