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KAREN ELLISON, RECORDER

APN: 1318-26-101-006  
MAIL TAX STATEMENT  
WHEN RECORDED RETURN TO:  
RAMON DE LOS SANTOS  
1120 BIG SPRINGS ROAD  
RENO, NV 89523

**CERTIFICATE OF INCUMBENCY**

Whereas, HECTOR C. DE LOS SANTOS was the Trustee under that certain trust  
entitled THE MANALO/ DE LOS SANTOS TRUST, DTD NOVEMBER 8, 1995

and listed as Grantee under that Certain QUITCLAIM DEED recorded

NOVEMBER 1, 2005 in Book 1105 and Page 0006 as Document No. 0659396

AND Whereas, HECTOR C. DE LOS SANTOS is one and same as named on that certain  
Death Certificate attached hereto and made a part hereof.

PACITA B. MANALO is named as the Successor Trustee under said Trust

and is fully authorized to act in accordance with the terms of said Trust Agreement.

**SUCCESSOR TRUSTEE:**

Pacita B. Manalo

**PACITA B. MANALO**

On this 28<sup>th</sup> day of OCTOBER, 2015, before me, a Notary Public in and for said state, personally  
appeared **PACITA B. MANALO**, personally known to me (or proved to me) to be the person who executed the  
above instrument, and acknowledged to me that (they/he/she) executed the same for purposes stated therein.

STATE OF: NEVADA

COUNTY OF: WASHOE

Subscribed and sworn to before me

this 28<sup>th</sup> day of OCTOBER 2015

Cherie Lynn Canada  
Notary Public



CHERIE LYNN CANADA  
NOTARY PUBLIC  
STATE OF NEVADA  
My Commission Expires: 04-17-19  
Certificate No: 15-1612-2

PLACE NOTARY SEAL INSIDE OF BOX

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

## CERTIFICATE OF DEATH

**2009008179**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Hector C DE LOS SANTOS MD</b>			2. DATE OF DEATH (Mo/Day/Year) <b>June 03, 2009</b>		3a. COUNTY OF DEATH <b>Washoe</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>3455 San Mateo Avenue</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		4. SEX <b>Male</b>	
DECEDENT	5. RACE Filipino (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>84</b>	7b. UNDER 1 YEAR MOS   DAYS	7c. UNDER 1 DAY HOURS   MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>September 20, 1924</b>		
	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Philippines</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>22</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Pacita MANALO MD</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>██████████-6567</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Physician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>		Ever in US Armed Forces? <b>No</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Washoe</b>	15c. CITY, TOWN OR LOCATION <b>Reno</b>		15d. STREET AND NUMBER <b>3455 San Mateo Avenue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
PARENTS	16. FATHER - NAME (First Middle Last Suffix) <b>Benigno DE LOS SANTOS</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Sofia CRESCINI</b>				
	18a. INFORMANT- NAME (Type or Print) <b>Pacita MANALO MD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3455 San Mateo Avenue Reno, Nevada 89509</b>					
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89501</b>			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>622</b>	20c. NAME AND ADDRESS OF FACILITY <b>O'Brien Rogers and Crosby Funeral Home</b> <b>600 W Second Reno NV 89503</b>				
TRADE CALL	TRADE CALL - NAME AND ADDRESS							
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED</b> <b>FREDERICK ROY MACKINTOSH M.D.</b>			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)				
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) <b>June 05, 2009</b>		21c. HOUR OF DEATH <b>17:48</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Frederick Roy Mackintosh M.D. 1500 E Second Street #302 Reno, NV 89502</b>					23b. LICENSE NUMBER <b>4302</b>		
	24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 09, 2009</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death		
	PART I (a) <b>Cerebral hemorrhage non traumatic</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Multiple myeloma</b> DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____					1 Hour 4 Years		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	PART II					26. AUTOPSY (Specify Yes or No) <b>No</b>		
						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

### CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DEPUTY REGISTRAR

*Mary A. Anderson*  
**SIGNATURE AUTHENTICATED**

DATE ISSUED: **06/18/2009**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20090602

574576



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**  
**KINGSBURY CROSSING**

**INTERVAL NUMBER: 4303-25**  
**HOA UNIT NUMBER: A/1324**  
**HOA ACCOUNT NUMBER: 470443481**  
**SEASON: HIGH**  
**USE: ANNUAL**

**The following described real property in the County of Douglas, State of Nevada, and is more particularly described as follows:**

**PARCEL A:**

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

A PORTION OF THE NORTH ONE-HALF OF THE NORTHWEST ONE-QUARTER OF SECTION 26 TOWNSHIP 13 NORTH, RANGE 18 EASE, MDB&M, DESCRIBED AS FOLLOWS:

PARCEL 3, AS SHOWN ON THAT AMENDED PARCEL MAPS FOR JOHN E. MICHAELSON 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 OF JOHN E. MICHELSEN AND WALTER COX, RECORDED FEBRUARY 10, 1978, IN BOOK 278, OF OFFICIAL RECORDS, AT PAGE 591, DOUGLAS COUNTY, NEVADA, AS DOCUMENTS 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 THERRETO 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 THE DECLARATION OF TIMESHARE USE AND AMENDMENTS THERETO TOGETHER WITH THE RIGT 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.

SUBJECT TO ALL COVENANTS, CONDITIONS, RESTRICTIONS, LIMITATIONS, EASEMENTS, RIGHTS-OF-WAY OF RECORD.

APN: 1318-26-101-006  
ACCOMMODATION  
WHEN RECORDED RETURN TO:  
RAMON DE LOS SANTOS  
1120 BIG SPRINGS ROAD  
RENO, NV 89523

**ACCOMMODATION RECORDING INSTRUCTIONS**

TO: **KAECY'S DATA SERVICE**

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The undersigned hereby hand you the following document(s) for recordation in Douglas County, Nevada in no particular order.

CERTIFICATE OF INCUMBENCY


The undersigned hand you a check in the amount of \$ N/A payable to the Douglas County Recorder. The undersigned understand that the documents will not be recorded if the check is insufficient.

The undersigned declare and represent to you that they have all necessary authority and power to record, and to instruct you to record the documents.

The undersigned hereby understand and agree that you:

- ✓ will not review the document for any purpose and will not issue any policies of title insurance based on the recording of the documents;
- ✓ will perform this service as an accommodation only;
- ✓ shall have absolutely no liability or responsibility as to whether the documents may be recorded or as to the effect of recordation of the documents;
- ✓ do not perform this service in the ordinary course of business and are unwilling to record the documents as an accommodation without being fully indemnified and held harmless as set forth in the following paragraph.

**IN CONSIDERATION FOR THIS SERVICE, THE UNDERSIGNED HEREBY PROMISE, COVENANT AND AGREE THAT WE HOLD YOU HARMLESS AND PROTECT AND INDEMNIFY YOU AGAINST ANY AND ALL LIABILITIES, LOSSES, DAMAGES, EXPENSES, AND CHARGES INCLUDING, BUT NOT LIMITED TO, ATTORNEYS' FEES AND COSTS OF SUIT WHICH YOU MAY SUSTAIN FROM RECORDING THE DOCUMENTS LISTED ABOVE. THE UNDERSIGNED HEREBY RELEASE YOU FROM ANY LIABILITY WHICH MAY OCCUR BY REASON OF YOUR FAILURE TO RECORD THE DOCUMENTS IN A TIMELY FASHION. THE UNDERSIGNED FURTHER ACKNOWLEDGE THAT THIS INSTRUCTION WILL BE ATTACHED TO EACH DOCUMENT LISTED ABOVE AND MADE A PART THEREOF.**

Signature 

Name Printed RAMON DE LOS SANTOS