

DOUGLAS COUNTY, NV

2016-877942

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03/09/2016 03:42 PM

FIRST CENTENNIAL - RENO

KAREN ELLISON, RECORDER

APN # 1318-03-210-031

Escrow # 00216630 --DR

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
Pauline E. Zimmerman
1377 Piemonte Drive
Pleasanton, CA 94566

SPACE ABOVE FOR RECORDERS USE

Affidavit – Death of Trustee

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 239B.030 (state specific law).



SIGNATURE

Title Assistant

TITLE

Roseanne Cusumano

Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1318-03-210-031
Escrow No. 00216630 - 016 -DR

When Recorded Return to:
Pauline E. Zimmerman
11377 Piemonte Drive
Pleasanton, CA 94566

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

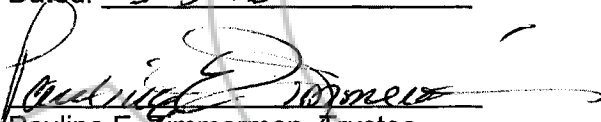
STATE OF NEVADA
COUNTY OF DOUGLAS

} ss:

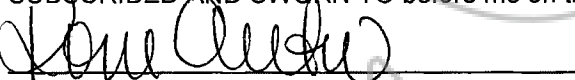
Pauline E. Zimmerman, of legal age, being duly sworn, deposes and says
That James Craig Zimmerman the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as James C. Zimmerman named as one of the parties in that certain Grant Deed dated October 10, 2003 executed by James C. Zimmerman and Pauline E. Zimmerman trustees of the Zimmerman Family Trust dated September 1, 1991 to James C. Zimmerman and Pauline E. Zimmerman, trustees of the Zimmerman Family Trust dated October 10, 2003, recorded as Instrument No. 595745, on 11-4-03 in Book 1103 Page 1071 of Official Records of Douglas County, Nevada, covering the following described property.

See Exhibit A attached hereto and made a part hereof.

Dated: 3-3-16


Pauline E. Zimmerman, Trustee

SUBSCRIBED AND SWORN TO before me on this 3rd day of March 2016


NOTARY PUBLIC



SPACE BELOW FOR RECORDER

EXHIBIT "A"
Legal Description

Parcel No. 1:

Beginning at the Southwesterly corner of Lot 44 of Skyland Subdivision No. 1, as shown on the map thereof filed for record in the office of the County Recorder of Douglas County, Nevada, on February 27, 1958, as Document No. 12967; thence North $25^{\circ}50'27''$ West, a distance of 107.14 feet; thence North $42^{\circ}15'23''$ West, a distance of 49.36 feet to a point on the Northerly line of Lot 43 as shown on said map of Skyland Subdivision No. 1; thence Westerly along the Northerly line of said Lot 43 to the Northwest corner thereof; thence South 45° East along the line common to Lots 42 and 43 as shown on said map, a distance of 155.00 feet to the Southwest corner of said Lot 43; thence North $56^{\circ}40'00''$ East, a distance of 58.56 feet to the point of beginning.

Parcel No. 2:

Together with the right of access to the waters of Lake Tahoe and for beach and recreational purposes over Lots 32 and 33, as shown on the file map referred to herein as reserved in the Deed from Stockton Garden Homes Inc., a California corporation to Skyland Water Co., a Nevada corporation, recorded February 5, 1960 in Book 1 of Official Records, at page 268, as Document No. 15573, Douglas County, Nevada.

NOTE: Legal description previously contain in Grant Bargain, Sale Deed recorded November 4, 2003, in Book 1103, Page 01071, as Document No. 595745, Official Records, of Douglas County, Nevada

APN: 1318-03-210-031

Order Number: 216630-DR

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH 3201501005149

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE CRAIG	
3. LAST (Family) ZIMMERMAN		4. DATE OF BIRTH mm/dd/yyyy 07/16/1928	
5. AGE Yrs. 87		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER 7851	
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	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. DATE OF DEATH mm/dd/yyyy 07/21/2015	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ELECTRICAL SALES		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COMMERCIAL		18. YEARS IN OCCUPATION 50	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1377 PIEMONTE DRIVE			
21. CITY PLEASANTON		22. COUNTY/PROVINCE ALAMEDA	
23. ZIP CODE 94566		24. YEARS IN COUNTY 20	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP PAULINE ZIMMERMAN, SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1377 PIEMONTE DRIVE, PLEASANTON, CA 94566		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST PAULINE	
29. MIDDLE ELLEN		30. LAST (BIRTH NAME) PAULSEN	
31. NAME OF FATHER/PARENT - FIRST JAMES		32. MIDDLE SIDNEY	
33. LAST ZIMMERMAN		34. BIRTH STATE UNKNOWN	
35. NAME OF MOTHER/PARENT - FIRST ANNA		36. MIDDLE LOUISE	
37. LAST (BIRTH NAME) SPRITZER		38. BIRTH STATE KS	
39. DISPOSITION DATE mm/dd/yyyy 07/28/2015			
40. PLACE OF FINAL DISPOSITION SEA SCATTER OFF THE COAST OF MARIN COUNTY CALIFORNIA			
41. TYPE OF DISPOSITION CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CALIFORNIA	
45. LICENSE NUMBER FD1823		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy 07/28/2015		48. PLACE OF DEATH RESIDENCE	
102. IF HOSPITAL SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DDA		103. IF OTHER THAN HOSPITAL SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1377 PIEMONTE DRIVE	
106. CITY PLEASANTON		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) MELANOMA	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
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 06/18/2015 Decedent Last Seen Alive 07/21/2015	
115. SIGNATURE AND TITLE OF CERTIFIER STEVEN JOSEPH ROSENTHAL M.D.		116. LICENSE NUMBER G34732	
117. DATE mm/dd/yyyy 07/25/2015		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE STEVEN JOSEPH ROSENTHAL M.D. 670 NORTH MCCARTHY, MILPITAS, CA 95035	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		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.#

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: **AUG 03 2015**

[Signature] MD
 HEALTH OFFICER AND LOCAL REGISTRAR
 ALAMEDA COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE