

A portion of APN: 1319-30-519-019

RECORDING REQUESTED BY  
STEWART VACATION OWNERSHIP



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Ridge View P.O.A.  
P.O. Box 5790  
Stateline, NV 89449

WHEN RECORDED MAIL TO:

Sandra P. Chan Brown  
486 Freitas Rd.  
Danville, CA 94526

Escrow No: 20161157-TS/AH

RECORDERS USE ONLY

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA

ss.

COUNTY OF DOUGLAS

**SANDRA P. CHAN BROWN**, of legal age, being duly sworn, deposes and says

That **GEORGE J. BROWN**, the decedent mentioned in the attached Certificate of Death, is the same person as **GEORGE J. BROWN** named as the Trustee of that certain George J. Brown Revocable Trust dated December 16, 2003 and designated the Trustee in the Deed recorded in Douglas County, State of Nevada on March 18, 2004 in Book 0304 at Page 8149 as Document No. 607470 and re-recorded on September 23, 2016 as Document No. 2016-887971

In accordance with the above referenced trust, **SANDRA P. BROWN**, also known as **SANDRA P. CHAN BROWN**, shall act as successor trustee of said trust on the death of **GEORGE J. BROWN**.

**SANDRA P. CHAN BROWN** is filing this Affidavit with the Douglas County Recorder to establish the succession of **SANDRA P. CHAN BROWN**, as successor trustee pursuant to the aforesaid trust. The trust estate includes an interest in real property located in Douglas County, State of Nevada, which is more fully described in **Exhibit 'A'** attached hereto and incorporated herein by reference.

Dated: September 8, 2016

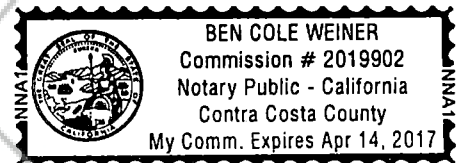
  
Sandra P. Chan Brown

A notary public or other officer completing this certificate verified 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 Contra Costa )ss.

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME,  
Ben Cole Weiner, A  
NOTARY PUBLIC ON THIS 8 DAY OF September, 2016. BY  
SANDRA P. CHAN BROWN, PERSONALLY KNOWN TO ME OR PROVED  
TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO  
APPEARED BEFORE ME.

SIGNATURE [Signature] (SEAL)  
NOTARY PUBLIC



NOTARY EXPIRATION DATE: April 14, 2017

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

32052015164211

CERTIFICATE OF DEATH

3201507005007

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS VS 1/16/REV 3/06		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given) GEORGE		2. MIDDLE JAMES		3. LAST (Family) BROWN	
AKA, ALSO KNOWN AS- Include full AKA (FIRST MIDDLE LAST)				4. DATE OF BIRTH mm/dd/yyyy 05/26/1930	5. AGE Yrs 85
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER [REDACTED] 4083	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JNK	12. MARITAL STATUS SRDP- in Time of Death MARRIED	6. SEX M
13. EDUCATION - (Report Level/Degree (See worksheet on back)) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO/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		7. DATE OF DEATH mm/dd/yyyy 08/19/2015
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUSINESS AGENT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) UNION		8. HOUR (24 Hours) 2121	
20. DECEDENT'S RESIDENCE (Street and number or location) 486 FREITAS ROAD					
21. CITY DANVILLE		22. COUNTY/PROVINCE CONTRA COSTA		23. ZIP CODE 94526	24. YEARS IN COUNTY 2
25. STATE/FOREIGN COUNTRY CALIFORNIA		26. INFORMANT'S NAME, RELATIONSHIP SANDRA BROWN, WIFE			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 486 FREITAS ROAD, DANVILLE, CA 94526		28. NAME OF SURVIVING SPOUSE/SRDP-FIRST SANDRA			
29. MIDDLE P.		30. LAST (BIRTH NAME) VOZZO			
31. NAME OF FATHER/PARENT-FIRST WILBUR		32. MIDDLE -		33. LAST BROWN	
34. BIRTH STATE UNKNOWN		35. NAME OF MOTHER/PARENT-FIRST IRENE		36. MIDDLE -	
37. LAST (BIRTH NAME) PENDERGAST		38. BIRTH STATE CA		39. DISPOSITION DATE mm/dd/yyyy 08/26/2015	
40. PLACE OF FINAL DISPOSITION CALVARY CATHOLIC CEMETERY 2930 BENNETT VALLEY ROAD, SANTA ROSA, CA 95404		41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER FD1634		44. NAME OF FUNERAL ESTABLISHMENT WILSON & KRATZER-CHAPEL OF SAN RAMON VALLEY		45. SIGNATURE OF LOCAL REGISTRAR WILLIAM WALKER M.D.	
46. DATE mm/dd/yyyy 08/25/2015		47. DATE mm/dd/yyyy 08/25/2015			
101. PLACE OF DEATH OWN RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> ELP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home LTC <input checked="" type="checkbox"/> Skilled Nursing Home <input type="checkbox"/> Other		43. LICENSE NUMBER -	
104. COUNTY CONTRA COSTA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 486 FREITAS ROAD		106. CITY DANVILLE	
107. CAUSE OF DEATH Label the "Final cause of death" (Immediate cause of death) and "Underlying cause of death" (Underlying cause of death). Do NOT include contributing events such as cardiac arrest, respiratory arrest, or ventricular fibrillation on the "showing the stack". Do NOT abbreviate.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) MYOCARDIAL INFARCTION		108. DEATH REPORTED TO CORONER? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		109. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(B) CONGESTIVE HEART FAILURE		110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USER'S DETERMINING CAUSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(C) HYPERTENSION		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERLIPIDEMIA, TYPE 2 DIABETES			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		114. IF FEMALE, PREGNANT AT LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> JNK <input type="checkbox"/>			
14. 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 Decedent Not Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER MANISHA N OJHA M.D.		116. LICENSE NUMBER : 117. DATE mm/dd/yyyy A78089 08/24/2015	
(A) mm/dd/yyyy 09/03/2013		(B) mm/dd/yyyy 01/05/2015		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MANISHA N OJHA M.D. 2300 CAMINO RAMON, SAN RAMON, CA 94583	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANISHA N OJHA M.D. <input type="checkbox"/> Not Attended <input type="checkbox"/> Autopsy <input type="checkbox"/> Home <input type="checkbox"/> State <input type="checkbox"/> Hospital <input type="checkbox"/> Investigation <input type="checkbox"/> Cause of death determined		120. INJURED AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> JNK <input type="checkbox"/>		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.# CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*Sony Agurto*  
TONY AGURTO, MPA  
STATE REGISTRAR OF VITAL RECORDS

SEP - 8 2015



\* 0 0 4 0 7 1 8 1 3 \*

This copy not valid unless prepared on engraved border displaying seal and signature of State Registrar.  
(Rev. 12/15)



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**EXHIBIT "A"**

**(50)**

**A timeshare estate comprised of:**

**Parcel 1: An undivided 1/51st interest in and to that certain condominium described as follows:**

**(A) An undivided 1/24<sup>th</sup> interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.**

**(B) Unit No. 019 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.**

**Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.**

**Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "Swing" use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".**

**A Portion of APN: 1319-30-519-019**

**This document is recorded as an  
ACCOMMODATION ONLY and without liability  
for the consideration therefore, or as to the  
validity or sufficiency of said instrument, or  
for the effect of such recording on the title of  
the property involved.**