

RECORDING REQUESTED BY AND  
WHEN RECORDED RETURN TO:

RONALD W. HILLBERG  
Attorney at Law  
630 Crane Avenue, Suite C  
Turlock, California 95380



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF TRUSTEE**

STATE OF CALIFORNIA §  
§  
COUNTY OF STANISLAUS §

I, JUDITH K. CHANCE, of legal age, being first duly sworn, depose and say:

That the decedent described in the attached certified copy of Certificate of Death is the same person as JAMES R. CHANCE, named as a Trustee in that certain Declaration of Trust dated April 28, 2004, executed by JAMES R. CHANCE and JUDITH K. CHANCE, as Settlor, and named as the party in that certain Grant, Bargain and Sale Deed dated July 28, 2004, executed by MICHAEL L. CURTIS, a married man as his sole and separate property, to JAMES R. CHANCE and JUDITH K. CHANCE, Trustees of the CHANCE FAMILY TRUST dated April 28, 2004, recorded on August 17, 2004, as Document No. 0621610, Book 0804, Page 06813, Official Records of Douglas County, Nevada, covering the real property situated in the County of Douglas, State of Nevada, more particularly described as follows:

**PARCEL NO. 1**

LOT 87, AS SHOWN ON THE OFFICIAL PLAT OF PINEWILD UNIT NO. 2, A CONDOMINIUM, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER, DOUGLAS COUNTY, NEVADA, ON OCTOBER 23, 1973, AS DOCUMENT NO. 69660.

**PARCEL NO. 2**

THE EXCLUSIVE RIGHT TO THE USE AND POSSESSION OF THOSE CERTAIN PATIO AREAS ADJACENT TO SAID UNITS DESIGNATED AS "RESTRICTED COMMON AREA" ON THE SUBDIVISION MAP REFERRED TO IN PARCEL NO. 1 ABOVE.

**PARCEL NO. 3**

AN UNDIVIDED INTEREST AS TENANTS IN COMMON AS SUCH INTEREST IS SET FORTH IN BOOK 377, AT PAGE 417 THRU 421, OF THE REAL PROPERTY DESCRIBED ON THE

SUBDIVISION MAP REFERRED TO IN PARCEL NO. 1 ABOVE, DEFINED IN THE AMENDED DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS OF PINEWILD, A CONDOMINIUM PROJECT, RECORDED MARCH 9, 1977, IN BOOK 377 OF OFFICIAL RECORDS AT PAGE 411, AS LIMITED COMMON AREA AND THEREBY ALOCATED TO THE UNIT DESCRIBED IN PARCEL NO. 1 ABOVE, AND EXCEPTING NON-EXCLUSIVE EASEMENTS FOR INGRESS AND EGRESS, UTILITY SERVICE, SUPPORT ENCROACHMENTS, MAINTENANCE AND REPAIR OVER THE COMMON AREAS AS DEFINED AND SET FORTH IN SAID DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS;

PARCEL 4

NON-EXCLUSIVE EASEMENTS APPURTENANT TO PARCEL NO. 1, ABOVE, FOR INGRESS AND EGRESS, UTILITY SERVICES, SUPPORT ENCROACHMENTS, MAINTENANCE AND REPAIR OVER THE COMMON AREAS AS DEFINED AND SET FORTH IN THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTION OF PINEWILD, MORE PARTICULARLY DESCRIBED IN THE DESCRIPTION OF PARCEL NO. 3, ABOVE.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belong or appertaining, and any reversions, remainders, rents, issues or profits thereof.

APN: 1318-15-111-036

I, JUDITH K. CHANCE, designated as Trustee in that certain Declaration of Trust dated April 28, 2004, shall succeed to all title of the Trustee of the trust estate as Trustee, and I hereby accept and shall have all powers, rights, discretions, and obligations conferred on such Trustee by said trust instrument.

Dated: February 28, 2017

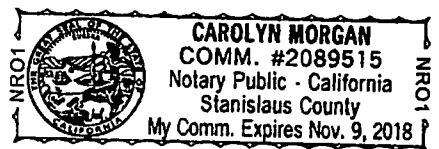
Judith K. Chance  
JUDITH K. CHANCE, Affiant

"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 STANISLAUS §

SUBSCRIBED AND SWORN to (or affirmed) before me on February 28, 2017, by JUDITH K. CHANCE, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Carolyn Morgan  
Signature of Notary Public



# STATE OF COLORADO

## CERTIFICATION OF VITAL RECORD

### CERTIFICATE OF DEATH

STATE FILE NUMBER 1052016027417

DECEDENT'S LEGAL NAME JAMES RONALD CHANCE				DATE OF DEATH SEPTEMBER 25, 2016				
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]-8582	AGE-Last Birthday (Years) 79	UNDER 1 YEAR Months: _____ Days: _____		UNDER 1 DAY Hours: _____ Minutes: _____		DATE OF BIRTH (Mo/Day/Yr) JUNE 08, 1937	BIRTHPLACE (State or Foreign Country) CALIFORNIA
IF DEATH OCCURRED IN HOSPITAL			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL FIELD					
Facility Name (If not institution, give street & number) MM 60 U S. HIGHWAY 40			CITY, TOWN OR LOCATION OF DEATH MAYBELL			COUNTY OF DEATH MOFFAT		
RESIDENCE - STREET AND NUMBER 10757 EAST AVENUE					APT. NO.	ZIP CODE 95303	INSIDE CITY LIMITS NO	
RESIDENCE STATE CALIFORNIA			COUNTY MERCED		CITY OR TOWN BALLICO			
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) RANCHER				KIND OF BUSINESS/INDUSTRY LIVESTOCK		DECEDENT'S EDUCATION BACHELOR'S DEGREE		
DECEDENT OF HISPANIC ORIGIN				DECEDENT'S RACE White				
EVER IN US ARMED FORCES YES	MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) JUDITH KEEBLE					
FATHER'S NAME OLIVER CHANCE			MOTHER'S NAME PRIOR TO FIRST MARRIAGE PEARL SWANSON					
INFORMANT'S NAME JUDITH CHANCE			INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE					
NAME OF FUNERAL HOME GRANT MORTUARY, INC.			CITY AND STATE OF FUNERAL HOME CRAIG COLORADO			WAS CORONER NOTIFIED YES		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION GRANT CREMATORY			LOCATION CITY, COUNTY, STATE CRAIG MOFFAT COLORADO			
INJURY AT WORK NO	IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY SEPTEMBER 25, 2016		TIME OF INJURY 14:00 MIL			
PLACE OF INJURY								
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code) MM 60 W US HIGHWAY 40 HIGHWAY E MAYBELL MOFFAT COLORADO 81640								
DESCRIBE HOW INJURY OCCURRED BLUNT FORCE TRAUMA TO HEAD AND NECK								
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH APPROX 14:00 MIL		DATE PRONOUNCED DEAD (MO/DAY/YR) SEPTEMBER 25, 2016		TIME PRONOUNCED DEAD 15.25 MIL		
MANNER OF DEATH ACCIDENT			WAS AN AUTOPSY PERFORMED YES		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? YES			
<b>CAUSE OF DEATH</b>								
PART I		Enter the chain of events, diseases, injuries, or complications that directly caused the death.					Approximate interval: Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a BLUNT FORCE INJURIES OF HEAD AND NECK					MINUTES	
		b MOTOR VEHICLE CRASH					MINUTES	
		c						
		d						
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I								
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN						DATE SIGNED		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER REBECCA S WARREN 221 W VICTORY WAY STE 110 CRAIG CO 81625 MOFFAT						DATE SIGNED SEPTEMBER 27, 2016		
DATE FILED BY REGISTRAR SEPTEMBER 27, 2016								

AMENDED

DATE ISSUED **APRIL 04, 2017**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

*Alex Quintana*  
A. ALEX QUINTANA  
STATE REGISTRAR



\*008359764\*

REV 04/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

