

17-

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:



KAREN ELLISON, RECORDER

JAMES D. WATSON  
GAW VAN MALE  
a Limited Liability Partnership  
✓ 1000 Main Street, Suite 300  
Napa, California 94559-2653

MAIL TAX STATEMENTS TO:

Ray Wayne Martinelli  
474 West 10th Street  
San Pedro, CA 90731

\_\_\_\_\_  
ABOVE THIS LINE FOR RECORDER'S USE ONLY

**AFFIDAVIT OF DEATH OF TRUSTEE**

Ray Wayne Martinelli, of legal age, being duly sworn, says:

On February 21, 1995, Donald R. Martinelli and Alice M. Martinelli, as Trustors and Co-Trustees, by a Trust Declaration created The Martinelli Family Trust (hereinafter "said Trust");

On September 15, 1999 the said trustors executed a Grant, Bargain, Sale Deed, recorded on October 12, 1999 as Document No. 0478532, Book Number 1099, Page 1894 in Official Records of the Douglas County Recorder, conveying to Donald R. Martinelli and Alice M. Martinelli, as Trustee of the said trust as Beneficiary, that real property as specifically listed in Exhibit A, attached hereto and incorporated herein;

On February 2, 2003, Alice Martinelli died, as is set forth in the certified death certificate, attached hereto;

Said Trust provides that Donald R. Martinelli thereupon became the sole Trustee of said Trust;

Donald R. Martinelli, as Trustee of the Martinelli Family Trust, executed a Grant Deed, on August 25, 2003, recorded on November 4, 2003, in the Official Records of the Douglas County Recorder, conveying to Donald Martinelli, as Trustee of The Donald R. Martinelli Credit Trust established under The Martinelli Family Trust, all of its right, title and interest in that real property as specifically listed in Exhibit A, attached hereto and incorporated herein;

On September 6, 2016, Donald R. Martinelli died, as is set forth in the certified death certificate, attached hereto;

Said Trust provides that Ray Wayne Martinelli thereupon became the Trustee of said Trust, and having accepted the office of Trustee, is now the qualified and acting Trustee; and

The property hereinabove mentioned, commonly known as David Walley's Resort Timeshare, 2001 Foothill Road, Genoa, Nevada more fully described in Exhibit A.



## EXHIBIT A

A timeshare estate comprised of an individual interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/1071<sup>st</sup> interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL F: A parcel of land located within a portion of the West one-half of the Northeast one-quarter (W ½ NE 1/4) of Section 22, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at the one - quarter corner common to Sections 15 and 22, T13N, R19E, M.D.M., a found 1985 BLM brass cap as shown on the Record of Survey prepared by David D. Winchell and recorded September 28, 1989 in the office of the Recorder, Douglas County, Nevada as Document No. 211937; thence South 57° 32' 32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80° 00' 00" East, 93.93 feet; thence North 35° 00' 00" East, 22.55 feet; thence North 10° 00' 00" West, 92.59 feet; thence North 80° 00' 00" East, 72.46 feet; thence South 10° 00' 00" East, 181.00 feet; thence South 80° 00' 00" West, 182.33 feet; thence North 10° 00' 00" West, 72.46 feet to the POINT OF BEGINNING.

(Reference is made to Record of Survey for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded on September 17, 1998 in Book 998, at Page 3261, as Document No. 449576.)

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998, as Document No. 0449993, and as amended by Document No. 0466255, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a DELUXE UNIT each year in accordance with said Declaration.

A Portion of APN 17-212-05

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS

# COUNTY OF NAPA

NAPA, CALIFORNIA 94559-3721

32052016177708

### CERTIFICATE OF DEATH

3201628000868

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>DONALD</b>		2. MIDDLE <b>RAY</b>		3. LAST (Family) <b>MARTINELLI</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>01/04/1931</b>		5. AGE Yrs. <b>85</b> If UNDER ONE YEAR: Months Days Hours Minutes If UNDER 24 HOURS: Hours Minutes M	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>-1669</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP* (at time of death) <b>WIDOWED</b>		7. DATE OF DEATH mm/dd/yyyy <b>09/03/2016</b>		8. HOUR (24 Hours) <b>0405</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>FIREFIGHTER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>CALIFORNIA DIVISION OF FORESTRY</b>		19. YEARS IN OCCUPATION <b>35</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1709 SPRING MOUNTAIN RD</b>					
21. CITY <b>ST. HELENA</b>		22. COUNTY/PROVINCE <b>NAPA</b>		23. ZIP CODE <b>95492</b>	
24. YEARS IN COUNTY <b>85</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>RAY MARTINELLI, SON</b>					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>474 WEST 10TH ST, SAN PEDRO, CA 90731</b>					
28. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT - FIRST <b>WALTER</b>		32. MIDDLE <b>ALEXANDER</b>		33. LAST <b>MARTINELLI</b>	
34. BIRTH STATE <b>CA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>KATY</b>		36. MIDDLE <b>JANE</b>	
37. LAST (BIRTH NAME) <b>DEITZ</b>		38. BIRTH STATE <b>MO</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>09/15/2016</b>		40. PLACE OF FINAL DISPOSITION <b>ST. HELENA CEMETERY 2461 SPRING ST., ST. HELENA, CA 94574</b>			
41. TYPE OF DISPOSITIONS <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>MORRISON FUNERAL CHAPEL</b>		45. LICENSE NUMBER <b>FD687</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>KAREN RELUCIO, MD</b>	
47. DATE mm/dd/yyyy <b>09/12/2016</b>					
101. PLACE OF DEATH <b>ST HELENA HOSPITAL</b>					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTRY <b>NAPA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>10 WOODLAND RD</b>		106. CITY <b>SAINT HELENA</b>	
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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) <b>PNEUMONIA</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1 WEEK Secondary, but conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (B) <b>LUNG CANCER STAGE IV</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 2 YRS Cause (C) <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 checked="" type="checkbox"/> NO 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b> 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b> 113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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. (A) mm/dd/yyyy <b>08/28/2016</b> (B) mm/dd/yyyy <b>09/03/2016</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>CHRISTOPHER VOSCOPOULOS M.D.</b>		116. LICENSE NUMBER <b>A103576</b>	
117. DATE mm/dd/yyyy <b>09/12/2016</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>CHRISTOPHER VOSCOPOULOS M.D. 10 WOODLAND ROAD, ST HELENA, CA 94574</b>			
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"/> Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK 120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" 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.#		CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF NAPA

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL STATISTICS, COUNTY OF NAPA HEALTH AND HUMAN SERVICES AGENCY.

DATE ISSUED **SEP 14 2016**

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



*Karen Relucio*  
KAREN RELUCIO, M.D.  
HEALTH OFFICER-DEPUTY DIRECTOR FOR PUBLIC HEALTH



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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