



KAREN ELLISON, RECORDER

A-
A Portion Of:
APN No. 1319-30-724-006

Recording Requested By:
Jennifer Mahe, Esq.
MAHE LAW, LTD.
707 N. Minnesota Street, Suite D
Carson City, NV 89706

When Recorded Return To:
Jennifer Mahe, Esq.
MAHE LAW, LTD.
707 N. Minnesota Street, Suite D
Carson City, NV 89706

Mail Tax Statements To:
Albert L. Elder
3838 Los Santos Drive
Cameron Park, CA 95682

AFFIDAVIT OF DEATH OF TRUSTEE

- 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).
- 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 440.380 (state law specific)

MAHE LAW, LTD.
707 N. Minnesota Street, Suite D
Carson City, NV 89703

By:



JENNIFER M. MAHE, ESQ.
State Bar No. 9620

4. That MARY ANN TURPIN ELDER, is the same person who is named as Trustee in that certain Declaration of Trust dated November 13, 1997, created by ALBERT L. ELDER and MARY ANN TURPIN ELDER, as Grantors/Trustors.

5. That, after the death of MARY ANN TURPIN-ELDER, I, ALBERT L. ELDER, am the named sole Successor Trustee under the above-referenced trust, which was in effect at the time of the death of the decedent and which has not been revoked.

6. That said Trust is the record owner of real property commonly known as a portion of Assessor's Parcel Number 1319-30-724-006, more particularly described in Exhibit "A" attached hereto and incorporated herein by this reference, which property is described in a deed that was signed by RIDGE TAHOE PROPERTY OWNER'S ASSOCIATION, a Nevada non-profit corporation, as Grantor, and ALBERT L. ELDER and MARY ANN TURPIN ELDER, as Trustees for the Elder Living Trust, dated November 13, 1997, as Grantees, and recorded as Document No. 0548357 of the Official Records of DOUGLAS COUNTY, Nevada.

7. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct

FURTHER AFFIANT SAYETH NAUGHT.

DATED this 18th day of August, 2017.


ALBERT L. ELDER

On 08-14, 2017, personally appeared before me, a notary public, ALBERT L. ELDER, personally known (or proved) to me to be the person who's name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing document.


NOTARY PUBLIC

See Attached

EXHIBIT "A"

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) an undivided 1/38th interest in and to Lot 34 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 to 038 as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 006 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe recorded February 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in the same unit type conveyed, in Lot 34 only, for one week every other year in Odd-numbered years in the Prime "Season" as defined in and in accordance with said Declarations.

A portion of APN: 1319-30-724-006

All-purpose Acknowledgment

STATE OF California, COUNTY OF El Dorado

On 08-14-2017 before me, the undersigned, a Notary Public in and for said State, personally appeared

Albert C Elder

personally known to me -OR- proved to me on the basis of satisfactory evidence/ to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature 

Name (type or printed) Evan Pagner

My commission expires: 02-13-2021

(Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
 PLACERVILLE, CALIFORNIA

3052016220925

CERTIFICATE OF DEATH

3201609001067

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WRITEDITS OR ALTERATIONS VS-1 (REV 5/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARY ANN		2. MIDDLE -		3. LAST (Family) ELDER	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/03/1947		5. AGE Yrs. 68 If UNDER ONE YEAR: Months _____ Days _____ If UNDER 24 HOURS: Hours _____ Minutes _____	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER ██████████-9655		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COSMETOLOGY		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 3838 LOS SANTOS DRIVE					
21. CITY CAMERON PARK		22. COUNTY/PROVINCE EL DORADO		23. ZIP CODE 95682	
24. AGE IN COUNTY 30		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP ALBERT ELDER, HUSBAND				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3838 LOS SANTOS DRIVE, CAMERON PARK, CA 95682	
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST ALBERT		29. MIDDLE LELAND		30. LAST (BIRTH NAME) ELDER	
31. NAME OF FATHER/PARENT - FIRST ANGELO		32. MIDDLE -		33. LAST GIOMI	
34. BIRTH STATE ITALY		35. NAME OF MOTHER/PARENT - FIRST IRENE		36. BIRTH STATE ITALY	
37. LAST (BIRTH NAME) ERCOLI					
39. DISPOSITION DATE mm/dd/yyyy 11/14/2016		40. PLACE OF FINAL DISPOSITION RES: ALBERT ELDER 3838 LOS SANTOS DRIVE, CAMERON PARK, CA 95682			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY		45. LICENSE NUMBER FD1909		46. SIGNATURE OF LOCAL REGISTRAR ▶ NANCY J WILLIAMS, MD, MPH	
47. DATE mm/dd/yyyy 11/14/2016					
101. PLACE OF DEATH RESIDENCE-HOSPICE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3838 LOS SANTOS DRIVE		106. CITY CAMERON PARK	
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. (A) RESPIRATORY FAILURE (B) PANCREATIC CANCER (C) CACHEXIA		Time Interval Between Onset and Death (A) 2 MINS (B) 11 MOS (C) 6 MOS		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 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. Decedent Attended Since (A) mm/dd/yyyy 07/14/2004 (B) Decedent Last Seen Alive mm/dd/yyyy 10/13/2016		115. SIGNATURE AND TITLE OF CERTIFIER HAYNE Y M KHALIL-KELADA M.D.		116. LICENSE NUMBER A38374 117. DATE mm/dd/yyyy 11/14/2016	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HAYNE Y M KHALIL-KELADA M.D.		1000 CAMERADO DRIVE, CAMERON PARK, CA 95682			
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"/> Pending Investigation <input type="checkbox"/> Could not be determined					
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



CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED **NOV 16 2016**



Nancy Williams
 NANCY J WILLIAMS MD, MPH
 COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE