**\$** 

RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO: Family Legacy Group 701 Palomar Airport Road, Third Floor Carlsbad, CA 92011

DOUGLAS COUNTY, NV Rec:\$35.00

2017-907648 12/04/2017 04:26 PM

FAMILY LEGACY GROUP

Total:\$35.00

Pas=4



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO: Mildred F. Branch 2201 Amber Ln Escondido, CA 92026

APN: 1318-15-819-001

# AFFIDAVIT - DEATH OF TRUSTOR/TRUSTEE

Mildred F. Branch, Trustee, of legal age, being first duly sworn, deposes and says:

That, Robert H. Branch, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert H. Branch, a creator and Trustor of that certain trust agreement known as the Robert H. Branch and Mildred F. Branch Declaration Trust dated August 4, 1987, this trust is a Revocable Living Trust.

That, under said trust, Robert H. Branch was an initial Trustee. That by reason of the death of Robert H. Branch, Midlred F. Branch is the sole Trustee of the Robert H. Branch and Mildred F. Branch Declaration Trust.

That, Robert H. Branch and Mildred F. Branch, the original creators of the aforementioned Revocable Living Trust, on October 31, 2007 by Grant, Bargain, Sale Deed, deeded the following described real property to Robert H. Branch and Mildred F. Branch Declaration Trust dated August 4, 1987, the said Deed being recorded as Instrument No.: 0717542 on February 7, 2008, of Official Records of Douglas County, Galifornia, covering the following described real property:

See attached Legal Description marked as Exhibit "A" and incorporated herein by this reference.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 7-2 4-17

Mildred F. Branch, Trustee

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 SAN DIEGO )

Subscribed and sworn to (or affirmed) before me on this All day of a satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal,

Signature



## **EXHIBIT A**

A 84,000/90,245,000 undivided fee simple interest as tenants in common in Units 9101, 9102, 9103, 9104, 9201, 9203 and 9204 in South Shore Condominium ("Property"), located at 180 Elks Point Road in Zephyr Cove, Nevada 89449, according to the Final Map #01-026 and Condominium Plat of South Shore filed of record in Book 1202, Page 2181 as Document Number 559872 in Douglas County, Nevada, and subject to all provisions thereof and those contained in that certain Declaration of Condominium – South Shore ("Timeshare Declaration") dated October 21, 2002 and recorded December 5, 2002 in Book 1202, Page 2182 as Instrument Number 559873 and also subject to all the provisions contained in that certain Declaration of Restrictions for Fairfield Taho at South Shoure and recorded October 28, 2004 in Book 1004, Page 13107 as Instrument Number 628022, Official Records of Douglas County, Nevada, which subjected the Property to a timeshare plan called Fairfield Tahoe at South Shore ("Timeshare Plan").

Less and except all minerals and mineral rights which minerals and mineral rights are hereby reserved until the Grantor, its successors and assigns.

The property is a/an Biennial Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated 168,000 Points as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore, which points may be used by the Grantee in Even Resort Year(s).

## SUBJECT TO:

- 1. Any and all rights of way, reservations, restrictions, easements, mineral exceptions and reservations, and conditions of record:
- 2. The covenants, conditions, restrictions and liens set forth in the Timeshare Declaration and the Declaration of Restrictions for Fairfield Tahoe at South Shore and any supplements and amendments thereto;
- 3. Real estate taxes that are currently due and payable and are a lien against the Property.
- 4. All matters set forth on the plat of record depicting South Shore Condominium, and any supplements and amendments thereto.

**COUNTY OF SAN DIEGO** 

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	STATE FILE NUMBER  1 NAME OF DECEDENT-FIRST (Green)	LISE BLACK THA CHRY / NO ERAS VS-114		LOCAL REGISTRATION NUM	BÉR	
DECEDENT'S PERSONAL DATA	ROBERT	HILL	BRANCH	/\		
	AKA ALSO KNOVYN AS - Include full AKA (FIRST, MIDDLE, L	AST)	4 DATE OF BUTTH mm/dd/cetyy 5. AGE Y/m 04/02/1923 92	HUNDER ONE YEAR FUNDER Aloriths Days Hours	M 6 SEX	
	AR		∞	7. DATE OF DEATH mm/ox/ocyy 01/30/2016	1005	
	13 EDUCATION - Highest Leval Dogree 11/15 IVAS DECEDENT H	ISPANIC/LATINO A/SPANISH? If yes, each workship	WHITE	es may be listed (see worksheet on back	9	
	17 USUAL OCCUPATION - Type of work for most of life. DO DISTRICT MANAGER	INSURA	BUSINESS OR INDUSTRY (e.g., grocery alone, road con: ANCE COMPANY	struction, employment agency, etc.)	9. YEARS IN OCCUPATION 33	
NSUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Sureet and number or location 2201 AMBER LANE	)				
	21 CITY ESCONDIDO 26 INFORMANT 3 NAME SELATIONSHIP	SAN DIEGO	23 ZIP CODE 24 YEARS IN OC 92026 36	CA	\	
NFOR.	MILDRED BRANCH, WIFE 2201 AMBER LANE, ESCONDIDO, CA 92026					
SPOUSE/SRDP AND PARENT INFORMATION	28 NAME OF SURVIVING SPOUSE/SPOP -FIRST MILDRED	FAYE	30. LAST (BIATH NAME) GOLDEN		- I	
	31. NAME OF FATHER/PARENT-FIRST JOHN	32 MIDDLE HERBERT	33 LAST BRANCH		34. BIPTH STATE MS	
	36 NAME OF MOTHER PARENT-FIRST OLLIE	38 MIDDLE MYRTLE	37 LAST (BIRTH NAME) HILL	\	36 BERTH STATE	
FUNERAL DIRECTORY LOCAL REGISTRAR	39 DISPOSITION DATE mm/dd/cc/y 40. PLACE OF FINA 02/02/2016 2640 GL FI	NRIDGE RD, ESCONDID	ORIAL PARK			
	41 TYPE OF DISPOSITIONIS) BU	42 SIGNATURE OF E	MBALMER	BGA	ICENSE NUMBER	
	H NAME OF PUMERAL ESTABLISHMENT BONHAM BROS & STEWART M	45. LICENSE NUMBE	HENDERSON  R 46. SIGNATURE OF LOCAL REGISTRAR	ECA 47	MB8829 DATE mrtydd/ccyy	
	101 PLACE OF DEATH	FD568	► WILMA J WOOTEN, MD	IF OTHER THAN HOSPITAL, SPECIF		
PLACE OF DEATH	PALOMAR MEDICAL CENTER  104. COUNTY   106. FACILITY A	DORESS OR LOCATION VHERE FOUND IStreet	I and number, or location)	Hostice Home LTC	Decedents Other	
				ESCONDIDO		
CAUSE OF DEATH	INNEDIATE CAUSE A LARGE LEFT BAS	AL GANGLIA HEMORRI	ang the eticlogy CONOT ABBREVATE	Snort and Steach	ATH REPORTED TO CORONEE?	
	ondition resulting 77 In death)  31 HYPERTENSION		<del>                                     </del>	DAYS 1091	HOPSY PERFORMED?	
	Sequentially list conditions if any, leading to cause on Line A. Enter (C) UNDERLYING		<del></del>	YRS L	VES X NO UTOPSY PERFORMED?	
	UNDERLYING CAUSE (deeple or injury that indiced the events (C)			D70 111 12 13	YES X NO	
	resisting in death LAST				res vo	
	THE OTHER SCHERANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPOTHYROIDISM, TRANSIENT ISCHEMIC ATTACK					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION II NO	VITEM 107 OR 1127 (If yes, list type of operation	and date)	1174 FFENA YES	E PREQUENTIN LAST YEARS	
Physican's Erhification	114 LEERTRY THAT TO THE BEST OF MY KNOW EDGE DEATH DOCU AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Capadient Attended Since Decedent Last Seyn Au	MUHAMMAD TARK	ADASTACIDAD SEX	116 LICENSE NUMBER 1	0/00/0040	
		THE VEHICLE AND PHYSICIAL STR	ALE MALES ALERESS ZIP COLE MUHAM	IMAD TARIO DASTA	2/02/2016 GIR M.D.	
CORONER SUSE DRLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOL	R. DATE. AND PLACE STATED FROM THE CAUSES ST	ATED 120 INJURED AT WORK?	2029 121. INJURY DATE mm/as/o		
	MANNER OF DEATH Natural Account Hi  123 PLACE OF INJURY (e.g., home construction site woods	investigation	ge'arm red res No	UNK	1	
	124. DESCRIBE HOW INJURY OCCURRED (Events which resultind in unjury)					
	125 LOCATION OF INJURY (Street and number or eceation, and cay and zp)					
	127. DATE mm/dd.cc/y 128. TYPE NAME. TITLE OF CORONER / DEPUTY CORONER  127. DATE mm/dd.cc/y 128. TYPE NAME. TITLE OF CORONER / DEPUTY CORONER					
STA REGIS	TE A B C	D E MEM	010001003155539*	FAX AUTH.₽	CENSUS TRACT	
County of San Diego -Health & Human Services Agency - 3851 Rosecrans Street, This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF						

HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED

DATE ISSUED: February 8, 2016

WILMA J. WOOTEN, M D, M P.H.
REGISTAN OF VITAL RECORDS

County of San Diego

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

