DOUGLAS COUNTY, NV Rec \$35 00 Total \$35 00

MULLIN LAW FIRM

2018-914495 05/18/2018 03 26 PM

Pgs=4

RECORDING REQUESTED BY RONALD K MULLIN, ESQ

WHEN RECORDED RETURN TO

KAREN ELLISON, RECORDER

Ronald K. Mullin, Esq. Mullin Law Firm 1355 Willow Way, Suite 110 Concord, CA 94520

## AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE

State of California	)	Names of Decedent DAVID T ROWNTREE
	) ss	
County of Contra Costa	)	
		Date of Death 03/12/2018

SHEILA L ROWNTREE, Trustee of the DAVID TERRY ROWNTREE AND SHEILA LEE ROWNTREE REVOCABLE TRUST, being of legal age, being first duly sworn, deposes and says That, the decedent, DAVID TERRY ROWNTREE, mentioned in the attached certified copy of Certificate of Death, is the same person as DAVID TERRY ROWNTREE, named as the party to that certain Trust Transfer Deed dated December 19, 2003, executed by DAVID T ROWNTREE and SHEILA L ROWNTREE husband and wife, as joint tenants, granting to DAVID TERRY ROWNTREE AND SHEILA LEE ROWNTREE, Trustees of the DAVID TERRY ROWNTREE AND SHEILA LEE ROWNTREE REVOCABLE TRUST, an interest in the below-described property recorded as Instrument No 0606006 in Book 304, Page 222, on March 1, 2004, in the Official Records of Douglas County, State of Nevada

See Exhibit "A" attached hereto and made a part hereof.

APN: 1319-30-542-006

Dated 5-8-18

SHEILA LEE ROWNTREE, Trustee

# EXHIBIT "A" LEGAL DESCRIPTION

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS

A timeshare estate comprised of

#### PARCEL 1

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

- (a) An undivided 1/8th interest as tenant in common, in ans to the Common Area of Lot 3 of Tahoe Village Unit No. 3, as shown on map recorded December 27, 1983, as Document No 93408,Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of survey of boundary line adjustment map recorded April 21, 1986, as Document No 133713, Official Records of Douglas County, State of Nevada
- (b) Unit No 011, as shown and defined on said condominium map recorded as Document No 93408, Official Records of Douglas County, State of Nevada

#### PARCEL 2

A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Areas as set forth in said condominium map recorded as Document No 93408, Official Records of Douglas County, State of Nevada, and as said Common Area shown on the Record of Survey of boundary line adjustment map recorded as Document No 133713, Official Records of Douglas County, State of Nevada

### PARCEL 3

An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and 2 above, during on "Use Week" within the "PRIME use season" as that term is defined in the First Amended Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Sierra recorded as Document No 134786, Official Records, Douglas County, State of Nevada (the CC&R's") The above-described exclusive and non-exclusive rights may be applied to any available unit the The Ridge Sierra project during said "Use Week" in the above referenced "use season" as more fully set forth in the CC&R'S

APN 1319-30-542-006

# COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

	3052018057879	CERTIFICATE OF DEATH STATE OF CLUSTRIAN USE BLACK NO. CHULT / NO. PRUSURES, NOVERBUTTS ON ALTERATIONS				3201807001792					
	STATE FILE NUMBER		NO ERASURES WHITEOUTS OF VS-114(REV 3/06)		LOCAL REGISTRATION NUMBER						
_	1 NAME OF DECEDENT- FIRST (GIVEN) DAVID	Z. MIDDLE TERRY		RC	WNTREE						
DATA	AKA, ALSO KNOWN AS - Include fu'l AKA (FIRST MIDDLE, LAST)				SHTH mm/dd/coyy 5 AGE Yrs. FL		FUNDER 24 HOURS 6 SEX				
JAAL			11/19/		76		M				
S PERSC	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY 3444	☐ YES	X NO UNK I	MARRIE		03/12/2018	0908				
DECEDENT'S PERSONAL	13. EDUCATION - Highest Level/Cognet   14/15. WAS DECEDENT HISPANIC		<u>  X mo C</u>	AUCASI	AN	may be listed (see worksheet					
H	17 LISUAL OCCUPATION - Type of work for most of tife. DO NOT US!  MANAGER	l l	NO OF BUSINESS OR IND TA PROCESS		ery store, road constru	ction, employment agency at	(19) YEARS IN OCCUPATION 38				
¥CE	20 DECEDENT'S RESIDENCE (Street and number or location) 4038 POPLAR AVENUE					,					
	1	ONTRA COSTA	23. ZIP 0 9452	1	35	CA STATE/FOREIGN					
INFOR-	28, INFORMANT'S NAME, RELATIONSHIP SHEILA LEE ROWNTREE, WIFE	1 " "	4038 POPLA	R ÁVEN	JE, CONCO	PRD, CA 94521	state enci zip)				
	28 NAME OF SURVIVING SPOUSE/SROP-FIRST	29 MIDDLE ,		30 LAST (BIRT	H NAME) S EAGLE						
SPOUSE/SRDP AND PARENT INFORMATION	31 NAME OF FATHER/PARENT-FIRST	32. MIDOLE	-	33 LAST		***	34 EIRTH STATE				
	JOHN 35 NAME OF MOTHER/PARENT-FIRST	THOMAS 36 MIDDLE	_/_	ROWN	1	- ;	TX 38. BIRTH STATE				
	ANNIE / 39 D.SPOSITION DATE mm/dd/ccyy 40 PLACE OF FINAL DISPO	LUCILE		SMITH		1	TX				
DIRECTOR/ EGISTRAR	03/16/2018 / FARM ROAD 9	OSTION SMITH FAM 163, OAKALLA, T	"X 78608 🛬	RY ,		1.	ı				
AL DIRE	41 TYPE OF DISPOSITION(S)  CR/TR/BU		EMBALMER***	\\ - <sup>=</sup>			43. LICIENSE NUMBER				
FUNERAL LOCAL R	44. NAME OF PUMERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERI CALIFORNIA	N 45 LICENSE	HUMBER 46 SIGNATUI	75.4	CISTRAR KER M D	50	47 DATE ::::mr/dd/ccyy 03/16/2018				
<u> </u>	101 PLACE OF DEATH RESIDENCE		~	HOSPITAL SPEC		OTHER THAN HOSPITAL, Hospical Home/LTC	Tit Decedent's				
PLACE OF DEATH		OR LOCATION WHERE FOUN	D (Street and number or i	ocetion)	-77.F	106. CONCOR	, 221,141				
٠,٠,٠	BE DEVICED ONTES I TEXPÉRATORY E	Iseases, injuries, or complications rrest or ventroular librillation with	out chowing the euclogy. Di	t. DO NOT enter to D NOT ABBREVIAT	erminal events such E	Time Interval Between Oraci and Death	TOOL DISATH REPORTED TO CORONER!				
_	IMMEDIATE CAUSE W DIFFUSE LARGE B CE (Final dispasse or condition resulting in death)	LL LYMPHOMA	- LL, " ,	- 1	<u> </u>	YRS	2018-1492				
	Sequentially list conditions if any, leading to cause	- -	36.51	312	ويتي .	em \	109 BIOPSY PEND-ORMEDT /				
FDEAT	leading to cause on Lino A. Enter (C)		1 1 2 2	· / <sup>1</sup> /		(CII)	110 AUTOPSY PERFORMED? YES X NO				
AUSE OF DEATH	CAUSE (cites or linius) that initiated the events (I) maulting in death) LAST		. 24	, , , ,		ρη	111 USED IN DETERMINING CAUSE?				
8	112 OTHER SIGNACANT CONDITIONS CONTRIBUTING TO DEATH NONE	BUT NOT RESULTING IN THE U	NDERLYING CAUSE GIVE	N IN 107,		<del></del>	, AES NO				
	113 WAS OPERATION PERFORMED FOR ANY CONDITION IN TIEM 1	07 OR 1127 (Kyes, liet type of c	operation and date)	7 1		1184	IF FEMALE, PREGNANT IN LAST YEAR?				
	NO	La .	- C 1 1 +	11 2	<u>./"/</u>		YES NO UNK				
PHYSICIAN'S CERTIFICATION	At the Hour, Date, And Monday States From the Causes States.	SALLY ANN SA	MPLEMD	/	<b>5</b>	G85041	03/14/2018				
	(A) man/dd/ccyy (B) mm/dd/ccyy (3/10/2018 (3/12)(3/12)(3/12)(3/12) (3/12)(3/12) (3/12)(3/12) (3/12)(3/12) (3/12)(3/12) (3/12)(3/12) (3/12) (3/12) (3/12)(3/12) (3/12) (3/12)(3/12) (3/12)(3/12) (3/12)(3/12) (3/12)(3/12) (3/12)(3/12) (3/12)(3/12) (3/12)(3/12) (3/12)(3/12) (3/12) (3/12)(3/12) (3/	118 TYPE ATTENDING PHYSIO 3470 BUSKIRK A	VE, PLEASA	DORESS, ZIP 00 NT HILL	<sup>©</sup> SALLY AN CA 94523	NN SAMPLE M	D				
	119, I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, MANNER OF DEATH Natural Accident Homoide	AND PLACE STATED FROM THE CA	NUS., S STATED. Could not be determined	120 INJUR	ED AT WORK?	121 INJURY DATE I	YNVIOLOGYY 122 HOUR (24 Hours)				
ONLY	123 PLACE OF INJURY (e.g., home construction affe, wooded area,	The second secon		J.—							
's USE	124 DESCRIBE HOW INJURY OCCURRED (Events which insulad in Iqury)										
CORONER'S USE ONLY	12'S LOCATION OF RULETY (Street and number, or location, and city and zp)										
8	126 SIGNATURE OF CORONER / DEPUTY CORONER 127 DATE mm/dd/ccyy 128, TYPE NAME TITLE OF CORONER / DEPUTY CORONER										
	)						1 ac				
REGIS		[ E ]	01000	1003829799		FAX AUTH.#	CENSUS TRACT				
700											

**CERTIFIED COPY OF VITAL RECORD** 

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services

03/20/2018

DATE ISSUED





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

# **JURAT**

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 Contra Costa	)	

Subscribed and sworn to (or affirmed) before me on this 8<sup>th</sup> day of May, 2018, by Sheila Lee Rowntree, proved to me on the basis of satisfactory evidence to be the person

who appeared before me

KATIE L BOYD

Notary Public - California

Contra Costa County

Commission # 2218283

My Comm Expires Oct 15, 2021

Signature

Katie L Boyd

(Seal)