

RECORDING REQUESTED BY:
Victoria Anne DeFrenza



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
Name: Victoria Anne DeFrenza
Address: 107 1/2 Sapphire
City: Balboa Island
State, Zip: 92662

Above Space for Recorder's Use Only

AFFIDAVIT OF DEATH OF TRUSTEE

Assessor's Parcel Number: APN 1319-30-724-030
State of ~~California~~ Nevada
County of DOUGLAS } ss

Simon Zeller, of legal age, being first duly sworn, deposes and says:

1. Judith Lee Zeller, the decedent mentioned in the attached certificate copy of Certificate of Death, is the same person as Trustee in that certain Declaration of Trust dated 08/22/2003 executed by Simon Zeller and Judith Lee Zeller as trustor(s).

2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on 09/16/2003, as instrument No. 0590049 / BK 0903PG08064 in Official Records of Douglas County, ~~California~~ Nevada, covering the following described property situated in the said County, State of ~~California~~ Nevada:

3. I am the surviving successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to service as trustee thereof.

11-13-18 Date Simon C. Zeller Print Name Simon C. Zeller Signature

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 to the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 13th day of November, 2018, by Simon Zeller proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]
Notary Signature

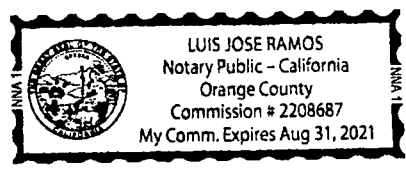


EXHIBIT "A"

(34)

An undivided 1/51st 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, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 029 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 August 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 each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-030

0590049

BK0903PG08065

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
 SANTA ANA, CA 92701

3052018118242

CERTIFICATE OF DEATH

3201830009313

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JUDITH		3. LAST (Family) ZELLER	
2. MIDDLE LEE		4. DATE OF BIRTH mm/dd/yyyy 11/01/1939	
5. AGE Yrs. 78		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER [REDACTED]-8529	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SP* (at time of death) MARRIED	
13. EDUCATION - Highest Level Degree (see worksheet on back) BACHELOR		14. DATE OF DEATH mm/dd/yyyy 05/27/2018	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TEACHER		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
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.) EDUCATION	
19. YEARS IN OCCUPATION 35			
20. DECEDENT'S RESIDENCE (Street and number, or location) 1728 MAIN STREET			
21. CITY HUNTINGTON BEACH		22. COUNTY/PROVINCE ORANGE	
23. ZIP CODE 92648		24. YEARS IN COUNTY 74	
25. STATE/FOREIGN COUNTRY CA			
27. INFORMANT'S NAME, RELATIONSHIP SIMON ZELLER, HUSBAND		28. INFORMANT'S MAILING ADDRESS (Street and number, or care label number, city or town, state and zip) 1728 MAIN STREET, HUNTINGTON BEACH, CA 92648	
29. NAME OF SURVIVING SPOUSE/SP* - FIRST SIMON		30. LAST (BIRTH NAME) ZELLER	
31. NAME OF FATHER/PARENT - FIRST CHAROLD		32. MIDDLE CHARLES	
33. NAME OF MOTHER/PARENT - FIRST LIZABETH		34. LAST (BIRTH NAME) BOODLEY	
35. MIDDLE TEAL		36. LAST (BIRTH NAME) MCARDLE	
37. BIRTH STATE PA		38. BIRTH STATE MA	
39. DISPOSITION DATE mm/dd/yyyy 06/06/2018		40. PLACE OF FINAL DISPOSITION RESIDENCE OF SIMON ZELLER 1728 MAIN STREET, HUNTINGTON BEACH, CA 92648	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EXEMPTOR NOT EMBALMED	
43. LICENSE NUMBER			
44. NAME OF FUNERAL ESTABLISHMENT HERITAGE MEMORIAL SERVICES		45. LICENSE NUMBER FD1734	
46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.		47. DATE mm/dd/yyyy 06/06/2018	
101. PLACE OF DEATH HUNTINGTON BEACH HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> EVD* <input type="checkbox"/> DCA <input type="checkbox"/> hospice <input type="checkbox"/> Home <input type="checkbox"/> Other	
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1772 BEACH BLVD.		104. CITY HUNTINGTON BEACH	
105. CAUSE OF DEATH Enter the chain of events -- disease, trauma, or complication -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. (A) CARDIOPULMONARY ARREST		106. DEATH REPORTED TO CORNER? (Yes or No) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
107. UNDERLYING CAUSE (Final disease or condition resulting in death) (B) PROBABLE MYOCARDIAL INFARCTION		107. INTERNAL NAME UNK	
108. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO CAUSE ON LINE A. Enter UNDERLYING CAUSE (disease of injury that initiated the events resulting in death) LAST. (C)		108. BIOPSY PERFORMED? (Yes or No) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN (A) ATRIAL FIBRILLATION, PULMONARY HYPERTENSION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ANEMIA, CHOLANGITIS, SEPSIS		109. AUTOPSY PERFORMED? (Yes or No) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date) LAPAROSCOPIC COMPLETION CHOLECYSTECTOMY 05/04/2018, ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY 05/09/2018		110. USED IN DETERMINING CAUSE? (Yes or No) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent (Last, First, Middle) IMAN GUIRGIS M.D.		111. LICENSE NUMBER C55832	
112. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE IMAN GUIRGIS M.D., 18811 FLORIDA STREET, HUNTINGTON BEACH, CA 92648		112. DATE mm/dd/yyyy 06/06/2018	
113. 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		113. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		114. INJURY DATE mm/dd/yyyy	
115. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		115. HOUR (24 hours)	
116. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
117. SIGNATURE OF CORONER / DEPUTY CORONER		117. DATE mm/dd/yyyy	
118. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF ORANGE } SS

DATE ISSUED June 7, 2018

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler H.O.
 ERIC G. HANDLER, M.D.
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE