

APN: 1318-26-101-006

RECORDING REQUESTED BY:  
CAROL M. SCHEFTER

MAIL TAX STATEMENT AND  
WHEN RECORDED MAIL TO:  
CAROL M. SCHEFTER  
3505 NORTHAMPTON LN.  
MODESTO, CA 95356

Reference No.: 470919111  
3209-11

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF TRUSTEE**

State of: California

County of: Stanislaus

SS:

The undersigned, CAROL M. SCHEFTER, TRUSTEE, of legal age, being first duly sworn, deposes and says:

That JOSEPH A. SCHEFTER AKA JOSEPH ANTHONY SCHEFTER is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person who is named as one of the initial Trustees in that certain Declaration of Trust dated **March 11, 1992**, as amended, executed by **JOSEPH A. SCHEFTER AND CAROL M. SCHEFTER** as Settlers and Trustees.

**JOSEPH A. SCHEFTER AKA JOSEPH ANTHONY SCHEFTER** is the same person as named as one of the Grantees in that certain **GRANT DEED**, executed to **JOSEPH A. SCHEFTER AND CAROL M. SCHEFTER, IN TRUST, AS TRUSTEES UNDER THE DECLARATION OF TRUST EXECUTED MARCH 11, 1992**, recorded on **March 16, 1992**, as Instrument No. **1992-273235**, Book **392**, Page **2158**, Official Records of Douglas County, Nevada, describing the following real property:

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

I am the Surviving 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 serve as Trustee thereof.

Dated: 6-13-19

THE JOSEPH A. SCHEFTER AND CAROL M. SCHEFTER LIVING TRUST

Carol M Schefter  
CAROL M. SCHEFTER, IN TRUST, AS TRUSTEE  
UNDER THE DECLARATION OF TRUST EXECUTED MARCH 11, 1992

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 )  
 ) SS:  
COUNTY OF Stanislaus )

Subscribed and sworn to (or affirmed) before me on this 13<sup>th</sup> day of June, 2019,  
by CAROL M. SCHEFTER, proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.

Signature Catherine Hudson

 CATHERINE HUDSON  
COMM. #2125475  
NOTARY PUBLIC - CALIFORNIA  
STANISLAUS COUNTY  
My Commission Expires 08/30/2019



**EXHIBIT "A"**  
Legal Description

The land situated in the State of Nevada, County of Douglas, and described as follows:

AN UNDIVIDED ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTH (1/3213) INTEREST as tenant in common in the following described real property:

A portion of the North one-half (1/2) of the Northwest one-quarter (1/4) of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows:

Parcel 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records, at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278 of Official Records, at page 591, Douglas County, Nevada, as Document No. 17578.

Except from the real property the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of the Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at Page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at Page 1021, Official Records of Douglas County, Nevada as Document No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at Page 1688, Douglas County, Nevada as Document No. 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the HIGH season within the "Owner's Use Year", as defined in the Declaration together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record.

**CC&R/Interval #: 3209-11**

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### HEALTH SERVICES AGENCY

# STANISLAUS COUNTY

### PUBLIC HEALTH DIVISION

3052019039019

CERTIFICATE OF DEATH

3201950000777

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) <b>JOSEPH</b>		2. MIDDLE <b>ANTHONY</b>		3. LAST (Family) <b>SCHEFTER</b>			
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>03/20/1929</b>		5. AGE Yrs <b>89</b>		IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes
9. BIRTH STATE/FOREIGN COUNTRY <b>ND</b>		10. SOCIAL SECURITY NUMBER <b>■■■■■-5922</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>MARRIED</b>	
13. EDUCATION — Highest Level/Degree (See worksheet on back) <b>MASTER'S</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <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>EDUCATOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>EDUCATION</b>		19. YEARS IN OCCUPATION <b>55</b>			
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>3505 NORTHAMPTON LN</b>							
21. CITY <b>MODESTO</b>		22. COUNTY/PROVINCE <b>STANISLAUS</b>		23. ZIP CODE <b>95356</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>CAROL SCHEFTER, SPOUSE</b>				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>3505 NORTHAMPTON LN, MODESTO, CA 95356</b>			
28. NAME OF SURVIVING SPOUSE/SROP—FIRST <b>CAROL</b>		29. MIDDLE <b>MAE</b>		30. LAST (BIRTH NAME) <b>RSTOM</b>			
31. NAME OF FATHER/PARENT—FIRST <b>UNKNOWN</b>		32. MIDDLE <b>UNKNOWN</b>		33. LAST <b>UNKNOWN</b>		34. BIRTH STATE <b>UNKNOWN</b>	
35. NAME OF MOTHER/PARENT—FIRST <b>FLORENCE</b>		36. MIDDLE <b>-</b>		37. LAST (BIRTH NAME) <b>LARSON</b>		38. BIRTH STATE <b>ND</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>03/08/2019</b>		40. PLACE OF FINAL DISPOSITION <b>ST JOHN'S CATHOLIC CEMETERY</b> <b>17871 CARROLTON RD, ESCALON, CA 95320</b>					
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>NAVAZ JASAVALA</b>				43. LICENSE NUMBER <b>EMB9386</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>FRANKLIN &amp; DOWNS FUNERAL HOME</b> <b>MOCHENRY CHAPEL</b>		45. LICENSE NUMBER <b>FD1259</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>JULIE VAISHAMPAYAN, MD</b>		47. DATE mm/dd/yyyy <b>02/26/2019</b>	
PLACE OF DEATH							
101. PLACE OF DEATH <b>A PLACE FOR YOUR PARENTS</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home/UTC <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other			
104. COUNTY <b>STANISLAUS</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>4225 PASSAGES LN</b>				106. CITY <b>MODESTO</b>	
CAUSE OF DEATH							
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? (DT) <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 <b>DEMENCIA, HEART DISEASE, DIABETES TYPE 2, HYPERTENSION</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 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: <b>02/15/2019</b> Decedent Last Seen Alive: <b>02/18/2019</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>KRUPA SAURABH SHARMA M.D.</b>		116. LICENSE NUMBER <b>A94928</b>		117. DATE mm/dd/yyyy <b>02/26/2019</b>	
118. TYPE AT TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>1101 SYLVAN AVE., SUITE B-10, MODESTO, CA 95350</b>		118. TYPE AT TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>KRUPA SAURABH SHARMA M.D.</b>					
CORONER'S USE ONLY							
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		FAX AUTH.#		CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED

*Julie Vaishampayan*  
**JULIE VAISHAMPAYAN, MD, MPH**  
LOCAL REGISTRAR OF VITAL STATISTICS

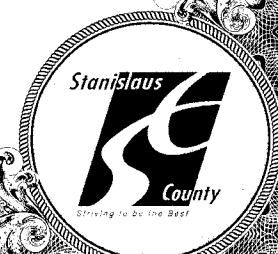
**02/28/2019**



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

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



CASTANISOL