

DOUGLAS COUNTY, NV **2020-946079**
Rec:\$40.00
\$40.00 Pgs=4 **05/15/2020 09:56 AM**
VACATION OWNERSHIP TITLE AGENCY
KAREN ELLISON, RECORDER

APN: 1319-30-519-007
Escrow No. 20201306 /#50-007-02-01


Recording Requested By:
VACATION OWNERSHIP TITLE AGENCY

Mail Tax Statement to:
Ridge Tahoe P.O.A.
P.O. Box 5790
Stateline, NV 89449

When Recorded Mail to:
Randall W. Hill
912 Terrace Place
Modesto, CA 95350

AFFIDAVIT – DEATH OF TRUSTEE
(Title of Document)

------(Only use if applicable)-----
The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)
 Affidavit of Death of Trustee – NRS 440.380(1)(A) & NRS 40.525(5)
 Judgment – NRS 17.150(4)
 Military Discharge – NRS 419.020(2)



Shanna Haney Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed.

A portion of APN: 1319-30-519-007

RECORDING REQUESTED BY

VACATION OWNERSHIP TITLE AGENCY

WHEN RECORDED MAIL TO:

Randall W. Hill
912 Terrace Place
Modesto, CA 95350
Escrow No: 20201306

RECORDERS USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF California

ss.

COUNTY OF Stanislaus

RANDALL W HILL, of legal age, being duly sworn, deposes and says

That GERALDINE T HILL, the decedent mentioned in the attached Certificate of Death, is the same person as GERALDINE T HILL named as the Trustee of that certain Declaration of Trust dated July 29, 2003 and designated the Trustee in the Deed recorded in Douglas County, State of Nevada on September 18, 2003 in Book 903 at Page 9783 as Document No. 590405.

In accordance with the above referenced trust, RANDALL W HILL shall act as successor trustee of said trust on the death of GERALDINE T HILL.

RANDALL W HILL is filing this Affidavit with the Douglas County Recorder to establish the succession of RANDALL W HILL, as successor trustee pursuant to the aforesaid trust. The trust estate includes an interest in real property located in Douglas County, State of Nevada, which is more fully described in **Exhibit 'A'** attached hereto and incorporated herein by reference.

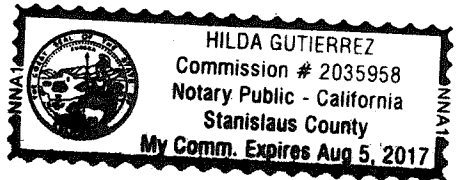
Dated: 9-7-16

Randall W Hill
Signature

STATE OF California
COUNTY OF Stanislaus)ss.

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS 7th DAY OF September, 2016. BY Randall W Hill, PERSONALLY KNOWN TO ME OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE Hilda Gutierrez
NOTARY PUBLIC



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF STANISLAUS

MODESTO, CALIFORNIA

3052012098375

CERTIFICATE OF DEATH

3201250001761

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 36-1003 (05)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GERALDINE		2. MIDDLE THOMAS		3. LAST (Family) HILL			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) GERALDINE MAY HILL		4. DATE OF BIRTH mm/dd/yyyy 07/31/1931		5. AGE Yrs. 80		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER ██████████2034		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DATE OF DEATH mm/dd/yyyy 05/24/2012		16. DECEASED'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 HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME				19. YEARS IN OCCUPATION 60	
20. DECEDENT'S RESIDENCE (Street and number, or location) 912 TERRACE PL.							
21. CITY MODESTO		22. COUNTY/PROVINCE STANISLAUS		23. ZIP CODE 95350		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP RANDALL HILL, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 912 TERRACE PL., MODESTO, CA 95350					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST RANDALL		29. MIDDLE WILLIAM		30. LAST (BIRTH NAME) HILL			
31. NAME OF FATHER/PARENT - FIRST MARVIN		32. MIDDLE -		33. LAST THOMAS		34. BIRTH STATE CA	
35. NAME OF MOTHER/PARENT - FIRST ELSA		36. MIDDLE -		37. LAST (BIRTH NAME) ROPER		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 05/30/2012		40. PLACE OF FINAL DISPOSITION RES: RANDALL HILL 912 TERRACE PL., MODESTO, CA 95350					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT EATON FAMILY FUNERAL SERVICE		45. LICENSE NUMBER FD1635		46. SIGNATURE OF LOCAL REGISTRAR JOHN WALKER, MD		47. DATE mm/dd/yyyy 05/30/2012	
101. PLACE OF DEATH ALEXANDER COHEN HOSPICE HOUSE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> DDA <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> DDA <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2201 EUCLID AVE.				106. CITY HUGHSON	
107. CAUSE OF DEATH Enter the chain of events - disease, injury, 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. (A) CHRONIC LYMPHOCYTIC LEUKEMIA		108. DEATH REPORTED TO CORONER? (Yes and Death Referral Number) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input 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 BACTERIAL PNEUMONIA					
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. 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 05/22/2012 Decedent Last Seen Alive: (B) mm/dd/yyyy 05/24/2012		115. SIGNATURE AND TITLE OF CERTIFIER MANDEESH VEERAPPA M.D.		116. LICENSE NUMBER A86330		117. DATE mm/dd/yyyy 05/30/2012	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GARFIELD PICKELL M.D. 4368 SPYRES WAY, MODESTO, CA 95356		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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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	



L. L. Lundergan
LEE LUNDRIGAN, CLERK-RECORDER
STANISLAUS COUNTY, CALIFORNIA

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF STANISLAUS

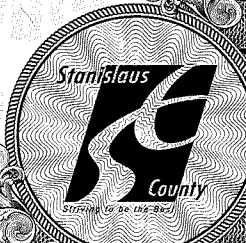


DATE ISSUED **SEP 29 2016**

BY Linda Jackson
Deputy

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Stanislaus County Clerk-Recorder. This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASTANISOR

EXHIBIT "A"

(50)

A timeshare estate comprised of:

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

(A) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(B) Unit No. 007 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "Summer" use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-007