

RECORDING REQUESTED BY

DAL P. EUBANKS, TRUSTEE

AND WHEN RECORDED MAIL TO

DAL P. EUBANKS, TRUSTEE
6994 Radiance Circle
Citrus Heights, CA 95621



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDERS USE

AFFIDAVIT - DEATH OF SETTLOR, TRUSTEE, & BENEFICIARY

I, DAL P. EUBANKS, the undersigned, hereby certify and declare:

1. The name of the Trust to which this certification applies is the EUBANKS FAMILY REVOCABLE TRUST dated November 15, 1995 by DAL P. EUBANKS and BARBARA J. EUBANKS as Settlor and Trustees.

2. BARBARA JEAN EUBANKS, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as BARBARA J. EUBANKS named as the parties in that certain Grant Deed executed by EDWARD M. BABB and MARGIT H. BABB to BARBARA J. EUBANKS AND DAL P. EUBANKS, TRUSTEES, OF THE EUBANKS FAMILY REVOCABLE TRUST DATED NOVEMBER 15, 1995, recorded in Document 0654787, Book 0905 Page 3596 on September 12, 2005, Official Records of Douglas County, covering the following described property situated in the County of Douglas, State of Nevada:

A Timeshare estate comprised of:

Parcel 1:

An undivided 1/51st interest in and to that certain condominiums estate described as follows: as tenants in common, in and to the Common Area of Lot 20 of Tahoe Village Unit No. 1, as shown on map recorded December 27, 1983, as Document No. 93406, 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.

- (a) An undivided 1/6th interest as tenants in common, in and to the Common Area of Lot 20 of Tahoe Village Unit No. 1, as shown on map recorded December 27, 1983, as Document No. 93406, 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. A3 as shown and defined on said condominium map recorded as Document No. 93406, 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. 93406, 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 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 Parcel 2 above, during one "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 Ridge Sierra project during said "Use Week" in the above referenced "Use Season" as more fully set forth in the CC&R's.

A Portion of APN 40-360-05

3. I am DAL P. EUBANKS named in the aforementioned trust as Settlor and Trustee and the designated Successor Trustee after the death of BARBARA J. EUBANKS. I hereby consent to act as Trustee of the aforementioned trust and do hereby retain the powers and duties as Trustee of such trust, with full power and authority to act alone on behalf of the Trust Estate. This certification is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with The Property. This certification is being signed below by all of the currently acting Trustees of the Trust.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Date: 6/18/2020

Dal P. Eubanks TRUSTEE
DAL P. EUBANKS, Settlor and Trustee

State of California

County of Sacramento

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.

On June 18, 2020, before me, Sherla C. Garces, a notary public, personally appeared **DAL P. EUBANKS**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Sherla C. Garces (seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

CERTIFICATE OF DEATH

3202031000208

STATE FILE NUMBER		MIDDLE		3. LAST (Family)	
1. NAME OF DECEDENT—FIRST (Given)		2. MIDDLE		3. LAST (Family)	
BARBARA		JEAN		EUBANKS	
AKA. ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yr. Mths. Days
				11/03/1946	73
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/GRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/yyyy
CA		0820	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	MARRIED	01/21/2020
13. EDUCATION—Highest Level/Degree (See worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION
ELECTRONICS ASSEMBLY WORKER			ELECTRICAL		7
20. DECEDENT'S RESIDENCE (Street and number, or location)					
6994 RADIANCE CIRCLE					
21. CITY		22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
CITRUS HEIGHTS		SACRAMENTO	95621	35	CA
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
DAL EUBANKS, HUSBAND			6994 RADIANCE CIRCLE, SACRAMENTO, CA 95621		
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST		29. MIDDLE	30. LAST (BIRTH NAME)		
DAL		PHILIP	EUBANKS		
31. NAME OF FATHER/PARENT—FIRST		32. MIDDLE	33. LAST		34. BIRTH STATE
ARGIE		CLEMON	PHILLIPS		AK
35. NAME OF MOTHER/PARENT—FIRST		36. MIDDLE	37. LAST (BIRTH NAME)		38. BIRTH STATE
MAXINE		-	MARROW		AK
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION (Street and number, or location)			
01/28/2020		SIERRA VIEW MEMORIAL PARK 4900 OLIVE AVENUE, OLIVEHURST, CA 95961			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
BU		▶ NOT EMBALMED		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy
SIERRA VIEW MORTUARY		FD1365	▶ AIMEE SISSON, M.D.		01/27/2020
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SUTTER ROSEVILLE MEDICAL CENTER		<input checked="" type="checkbox"/> IP <input type="checkbox"/> EV/OP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
PLACER		1 MEDICAL PLAZA		ROSEVILLE	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(A) CARDIOPULMONARY ARREST		Time Interval Between Onset and Death		110. AUTOPSY PERFORMED?	
(B) HYPOVOLEMIC SHOCK SECONDARY TO POOR INTAKE		(A) MINS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) METASTATIC ENDOMETRIAL CANCER TO LIVER, BONES, LUNGS, BRAIN		(B) DAYS		111. USED IN DETERMINING CAUSE?	
(D) METASTATIC ENDOMETRIAL CANCER TO LIVER, BONES, LUNGS, BRAIN		(C) MONS		<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		(D) MONS		111. USED IN DETERMINING CAUSE?	
LACTIC ACIDOSIS, SEVERE DEHYDRATION, POSSIBLE PHARYNGITIS, ACUTE KIDNEY INJURY				<input type="checkbox"/> YES <input type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
NONE		Decedent Attended Since: 01/20/2020		Decedent Last Seen Alive: 01/21/2020	
		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
		1 MEDICAL PLAZA, ROSEVILLE, CA 95661		A133072 01/22/2020	
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
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			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DATE mm/dd/yyyy		124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. DATE mm/dd/yyyy		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	
A B C D E					

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

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

DATE ISSUED

01/30/2020

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



000568361

AIMEE SISSON, MD
HEALTH SERVICES DIRECTOR

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