

**ASSESSOR'S PARCEL NO. 07-130-19-8****WHEN RECORDED MAIL TO:**

KATHERINE AZEVEDO  
GAW ESTATE PLANNING  
1500 THIRD ST., SUITE F  
NAPA, CA 94559

**MAIL TAX NOTICES TO:**

TERRIE L. HELLQUIST  
945 K STREET  
BENICIA, CA 94510

**Affidavit of Successor Trustee**

The undersigned TERRIE L. HELLQUIST, of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. DOROTHY S. WOODWARD is named as Trustee under that certain The Woodward Family Trust dated October 31, 1991, as amended and restated in its entirety on December 3, 2013 (herein, the "Trust").
2. DOROTHY S. WOODWARD, also known as DOROTHY SYMES CHOY, died on SEPTEMBER 29, 2019, and is the decedent named in that particular Certificate of Death attached hereto and made a part hereof.
3. DOROTHY S. WOODWARD is the same person named as a trustee grantee in that particular deed recorded in Book 1191, Page 534, on November 4, 1991, in the office of the Recorder of Douglas County, Nevada.
4. TERRIE L. HELLQUIST is designated as the successor trustee under the Trust, to serve upon the death of DOROTHY S. WOODWARD. The Trust was in effect at the date of the death of DOROTHY S. WOODWARD and has not been revoked. TERRIE L. HELLQUIST has consented to act as trustee under the Trust.

[SIGNATURES ON THE FOLLOWING PAGE]

Terrie Hellquist  
TERRIE L. HELLQUIST

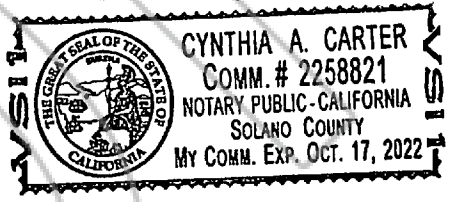
A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

State of California  
County of Solano

Subscribed and sworn to (or affirmed) before me on this 26 day of August, 2020, by Terrie Hellquist, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Witness my hand and official seal.  
Cynthia A. Carter  
Signature of Notary Public

[Affix Notary Seal]



**EXHIBIT A**

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter 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.

EXCEPTING FROM THE REAL PROPERTY the exclusive right to use and occupy all of the Dwelling 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 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 non-exclusive right to use the common areas as defined in the Declaration.

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

Per NRS 111.312, this legal description was previously recorded in Book 1191, Page 534, on November 4, 1991, in the office of the Recorder of Douglas County, Nevada.

*The parties herein confirm and agree by their signatures above and/or acceptance of this document that the preparer of this document has not advised the parties on the propriety or suitability of the conveyance; has been engaged solely for the purpose of preparing this instrument; has prepared the instrument only from information given to preparer by the parties and/or their representatives; has not verified the accuracy of the consideration stated to have been paid or upon which any tax may have been calculated; has not verified the legal existence or authority of any party or person executing the document; has not been requested to provide nor has preparer provided a title search, an examination of title or legal description, an opinion on title, legal review or advice of any sort, or advice on property taxes, reassessments, other taxes or the tax, legal or non-legal consequences that may arise from the conveyance; and that they agree to hold harmless, indemnify and defend the preparer from and against any and all losses, liabilities, claims, demands, actions, suits, proceedings, and costs of every nature arising therefrom. The parties herein further agree at*

*any time, and from time to time, to cooperate, adjust, initial, execute, re-execute and re-deliver such further deeds and documents, correct any defect, error or omission and do any and all such further things as may be necessary to implement and carry out the intent of the parties in making this conveyance. Preparer shall not be liable for any consequences arising from modifications to this document not made or approved by preparer.*

COOPER

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SOLANO**  
 HEALTH AND SOCIAL SERVICES DEPARTMENT

3052019196920

**CERTIFICATE OF DEATH**

3201948002458

USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
 VS-1 (REV 3/08)

STATE FILE NUMBER		CERTIFICATE OF DEATH				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)			
DOROTHY		SYMES		CHOY			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX			
10/12/1934		84		F			
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SROP (at Time of Death)	
CA		-2584		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		WIDOWED	
13. EDUCATION - Highest Level Degree (See worksheet on back)		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
SOME COLLEGE <input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> NO		CAUCASIAN		09/29/2019	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, auto construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
OWNER-OPERATOR		FIRE EXTINGUISHER COMPANY		42			
20. DECEDENT'S RESIDENCE (Street and number, or location)							
4625 MANGELS BLVD. APT E109							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
FAIRFIELD		SOLANO		94534		84	
25. STATE/FOREIGN COUNTRY		27. INFORMANT'S NAME, RELATIONSHIP					
CA		TERRIE HELLQUIST, DAUGHTER					
28. NAME OF SURVIVING SPOUSE/SROP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
THOMAS		D.		SYMES		KS	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
BERTHA		MARIE		WYLLIE		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION					
10/11/2019		ALL SOULS CEMETERY					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER			
BU		KENNETH NAHIGIAN		EMB5357			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE: mm/dd/yyyy	
PASSALACQUA FUNERAL CHAPEL		FD354		BELA MATYAS, MD, MPH		10/01/2019	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE				103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
NORTH BAY MEDICAL CENTER		<input checked="" type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or local or)				106. CITY	
SOLANO		1200 B GALE WILSON BLVD.				FAIRFIELD	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
(A) METABOLIC ACIDOSIS		109. (B) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
(B) GASTRIC OUTLET OBSTRUCTION		110. (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
(C) LARGE ISCHEMIC HIATAL HERNIA		111. (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
(D) LONG STANDING HIATAL HERNIA		112. (E) YES <input type="checkbox"/> NO <input type="checkbox"/>					
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107							
PARKINSON'S DISEASE, HYPERTENSION							
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? If yes, list type of operation and date.							
ESOPHAGOGASTRODUODENOSCOPY 09/25/2019							
115A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK							
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		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
Decedent Attended Since: Decedent Last Seen At:		TERRELL B VAN AKEN M.D.		G57837		10/01/2019	
(A) mm/dd/yyyy (B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		TERRELL B VAN AKEN M.D.			
09/25/2019 09/29/2019		4520 BUSINESS CENTER DR # 160, FAIRFIELD, CA 94534					
118. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		119. MANNER OF DEATH		120. UNINURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
		<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <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"/> LINK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)							
125. 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	

**CERTIFIED COPY OF VITAL RECORDS**  
 STATE OF CALIFORNIA, COUNTY OF SOLANO



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Health and Social Services Department, Public Health Division.

By *[Signature]*, Deputy, DATE ISSUED **10/02/2019**

*[Signature]*  
 BELA MATYAS, MD, MPH  
 HEALTH OFFICER AND LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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