

DOUGLAS COUNTY, NV      **2020-952500**  
Rec:\$40.00  
\$40.00      Pgs=5      09/14/2020 03:01 PM  
VACATION OWNERSHIP TITLE AGENCY  
KAREN ELLISON, RECORDER

APN: 1319-30-644-028  
Escrow No. 20201406

Recording Requested By:  
**Stewart Vacation Ownership**


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

When Recorded Mail to:  
Laura Lee Burns  
P.O. Box 752  
Petaluma, CA 94953

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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)

 \_\_\_\_\_ Signature  
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: 1319-30-644-028

**RECORDING REQUESTED BY**  
VACATION OWNERSHIP TITLE AGENCY

**WHEN RECORDED MAIL TO:**

Laura Lee Burns  
P.O. Box 752  
Petaluma, CA 94953

Escrow No: 20201406

\_\_\_\_\_  
RECORDERS USE ONLY

**AFFIDAVIT – DEATH OF TRUSTEE**

STATE OF

ss.

COUNTY OF

**LAURA LEE BURNS**, of legal age, being duly sworn, deposes and says

That **FRANKLIN J. BURNS**, the decedent mentioned in the attached Certificate of Death, is the same person as **FRANKLIN J. BURNS**, named as one of the Trustees of that certain **BURNS FAMILY TRUST**, dated May 30, 1997 and designated one of the Trustees in the Deed recorded in Douglas County, State of Nevada on June 5, 1997 as Document No. 1997-414307 in book 697 at page 1064.

In accordance with the above referenced trust, **LAURA LEE BURNS** shall act as trustee of said trust on the death of **FRANKLIN J. BURNS**.

**LAURA LEE BURNS** is filing this Affidavit with the Douglas County Recorder to establish the succession of **FRANKLIN J. BURNS**, as 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:

*August 29, 2020*

*Laura Lee Burns*  
\_\_\_\_\_  
Laura Lee Burns

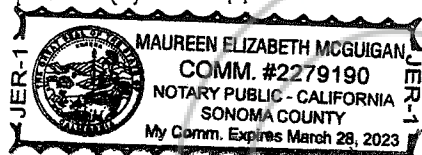
This document is recorded as an  
**ACCOMMODATION ONLY** and without liability  
for the consideration therefore, or as to the  
validity or sufficiency of said instrument, or  
for the effect of such recording on the title of  
the property involved.

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 \_\_\_\_\_  
County of Sonoma

Subscribed and sworn to (or affirmed) before me on this 29  
day of August, 2020, by \_\_\_\_\_  
LAURA LEE BURNS

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature Maureen McGuigan

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200833008823

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 1/04)		LOCAL REGISTRATION NUMBER				
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) FRANKLIN		2. MIDDLE JAMES		3. LAST (Family) BURNS			
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 05/08/1934		5. AGE Yrs. 74		
	9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]-8535		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		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) WHITE		7. DATE OF DEATH mm/dd/yyyy 08/20/2008	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) DAIRY FARM			19. YEARS IN OCCUPATION 33			
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number or location) 295 WEST CAMINO CARMELITA							
	21. CITY PALM SPRINGS		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92264			
	24. YEARS IN COUNTY 13		25. STATE/FOREIGN COUNTRY CA					
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP LAURA LEE R BURNS, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 295 WEST CAMINO CARMELITA, PALM SPRINGS, CA 92264				
	SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE - FIRST LAURA		29. MIDDLE LEE R		30. LAST (Maiden Name) RAYMOND		
31. NAME OF FATHER - FIRST WILLIAM		32. MIDDLE ALBERT		33. LAST BURNS				
34. BIRTH STATE CA		35. NAME OF MOTHER - FIRST MARY		36. MIDDLE ANNA				
37. LAST (Maiden) ZIMMERMAN		38. BIRTH STATE TX						
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 08/28/2008		40. PLACE OF FINAL DISPOSITION TOMALES PRESBYTERIAN CHURCH CEMETERY 11 CHURCH STREET, TOMALES, CA 94971					
	41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED			43. LICENSE NUMBER		
	44. NAME OF FUNERAL ESTABLISHMENT WIEFELS, PALM SPRINGS		45. LICENSE NUMBER FD836	46. SIGNATURE OF LOCAL REGISTRAR ERIC K. FRYKMAN, M.D.		47. DATE mm/dd/yyyy 08/28/2008		
PLACE OF DEATH	101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
	104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 295 WEST CAMINO CARMELITA		106. CITY PALM SPRINGS			
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. IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE (Final disease or condition resulting in death) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> REFERRAL NUMBER 2008-06046 (B) 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) 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 NONE							
	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 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 mm/dd/yyyy 08/11/2008		115. SIGNATURE AND TITLE OF CERTIFIER JOHN PREKEZES M.D.		116. LICENSE NUMBER A77463			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Last Seen Alive mm/dd/yyyy 08/20/2008		117. DATE mm/dd/yyyy 08/28/2008						
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOHN PREKEZES M.D. 69846 HIGHWAY 111, #C, RANCHO MIRAGE, CA 92270								
CORONERS 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		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

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

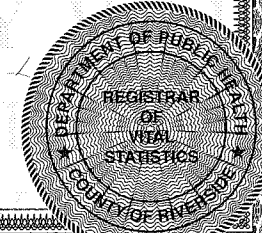
Jun 16, 2009

Eric Frykman, M.D., Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA



DATE ISSUED

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



**EXHIBIT "A"**

**(37)**

**An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 063 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 Phase Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-644-028**