Mail Tax Statements To:

Bonita E. Vinson, Trustee Vinson Family Trust dated June 24, 2002 858 Via Palermo

San Ramon, CA 94583

Recording Requested by and when Recorded Mail To:

John C. Harrison, Attorney Harrison TSI 1141 Bont Lane Walnut Creek, CA 94596

DOUGLAS COUNTY, NV Rec:\$40.00 Total:\$40.00

HARRISON TSI

2021-964101 03/24/2021 10:12 AM

Pgs=3

KAREN ELLISON, RECORDER

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APN 48-287-15 [APN Portion 1319-30-644-099]

AFFIDAVIT - DEATH OF TRUSTEE

The undersigned declares that

Bonita E. Vinson, the undersigned, being of legal age, being first duly sworn, depose and declare under penalty of perjury that:

- 1. Carl E. Vinson, the affiant's deceased husband, mentioned in the attached certified copy of Certificate of Death, died on December 13, 2019, and is the same person who held title with the affiant as "Carl E. Vinson and Bonita E. Vinson, Co-Trustees of the Vinson Family Trust dated June 24, 2002", recorded as Document 552715 [Book 0902, Page 06993] of Official Records of Douglas County, State of Nevada, for the following described real property situated in Douglas County, State of Nevada, more particularly described as:
 - See Exhibit "A" attached hereto for legal description
- 2. Bonita E. Vinson is now the sole trustee of the Vinson Family Trust dated June 24, 2002. The above referenced property shall now be titled as "Bonita E. Vinson, Trustee of the Vinson Family Trust dated June 24, 2002".

Dated: March 19, 2021

JURAT

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 CONTRA COSTA

Subscribed and sworn to (or affirmed) before me on March 19, 2021, by Bonita E. Vinson, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Notarial seal)

John Carter Harrison, Commission # 2333073, Expires September 30, 2024 County of Contra Costa County, Stamp NRO1, (925) 939-3557

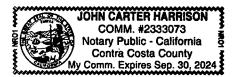


Exhibit A

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN DOUGLAS COUNTY, STATE OF NEVADA AND IS DESCRIBED AS FOLLOWS:

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3-13th 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. 189 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 the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 2 619, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week every other year in even-numbered years in the Prime "Season" as defined in and accordance with said Declarations.

A portion of APN: 42-287-15

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

	3052019255145		CERTIFICATE OF DEATH STATE OF CALFORNIA ON AUTENATIONS USE BLACK RIX ONLY / NO ENGLISES, WHITEDUTS ON AUTENATIONS						3201907007308					
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (GIVEN)			USE BLACK INK ONLY / MO FRASURES WHETEOUTS ON AUTERATIONS VS-1 M/REV 3/06) 2. MIDDLE 3. LAST (LOCAL REGISTRATION MUMBER					
DECEDENT'S PERSONAL DATA	CARL	EDWA	EDWARD			VINSOÑ								
	AKA, ALSO KNOWN AS - Include full AKA	n				4. DATE OF BIRTH mm/dd/ccyy 5. AGE Yn 04/07/1953 66			Months .	Daya	Hours	DER 24 HOURS Minut		
PERSO	9. BIRTH STATE/FOREIGN COUNTRY	RITY NUMBER 11	IUMBER 11. EVER IN U.S. ARWED FO			7 12. MARITAL STATUS/SROP (4 Time of DA				E OF DEATH 13/201			OUR (24 Hours) 23	
DENTS	13. EDUCATION - Highest Level/Dogree 14/15. See worksheet on back)	PANIC/LATINO/AVSPAN S							s may be listed (see worksheet on back)					
DECE	17. USUAL OCCUPATION - Type of work to LIEUTENANT	TUSE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (a.g., groomy store, road construction, LAW ENFORCEMENT							employment agency, etc.) 19. YEARS IN OCCUPATION / 30				
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Sinet and number, or location) 2280 RESERVE DRIVE													4
	21.017Y BRENTWOOD	2. COUNTY/PROVINCE	NTRA COSTA			23. ZIP COOE 24, YEARS IN CO			- 1	Y 25. STATE/FOREIGN COUN			INTRY	
HEOR-	26. INFORMANT'S NAME, RELATIONSHIP BONITA VINSON, WIF	- Marie - Mari	27. INFORMAN 2280 RE				ERVE DRIVE, BRENTWO				number, city or town, state and zip) DD, CA 94513			
SPOUSE/SRDP AND PARENT INFORMATION	29, NAME OF SURVIVING SPOUSE/SROP BONITA	29. MEDIDLE ELAINE	29. NEDIDLE			30. LAST (BIRTH NAME) CASIMERE								
	31. NAME OF FATHER/PARENT-FIRST	32. MODE					33. LA9T				34. BIRTH STATE			
	ALFRED 35. NAME OF MOTHER/PARENT-FIRST	36. MIDDLE					VINSON 7. LAST (BIATH NAME)				AL 38, BRITH STATE			
	ROSIE 39. DISPOSITION DATE mm/dd/ccyy 4	-	- SHUMPERD SHUMSET VIEW CEMETERY ASSOCIATION							MS				
FUNERAL DIRECTORY LOCAL REGISTRAR	12/20/2019 1	101 COLUS	A AVENUE,	EL CE	RRITO,	CA 9	4530	SOCIA	TION	1	/			
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF ENDRALMER TARYN CYR						7	500 EM			NAT	
	44. NAME OF FUNDRAL ESTABLISHMENT SUNSET VIEW CEMETERY ASSOCIATION FD1079 45. LICENSENUABER 48. SIGNATURE OF LOCAL REGISTRAL FD1079 CHRISTOPHER FA						R ARNITAI	NO	мг		7. DATE mrt	/dd/ccyy		
PLACE OF DEATH	101. PLACE OF DEATH 102. IF HOSPITAL SPECIFY ONE 103. IF OTHER THAN HOSPITAL, SPECIFY ONE													
	104. COUNTY 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)								fostorica	106. CITY				
AUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events diseases, injuries or complications that directly caused death, DO NOT exter terminal events such Time internal between 100, DEATH									DEATH REPOR	TED TO CORONER?			
	C concluse rems., respiratory arrest, or werkindare flurificion without aboveing the etiology. DO NOT ABEREVATE. IMMEDIATE CAUSE (Phat disease or concodition resealing)									Orsel and Death X YES MIN. 2019-5760			No	
	G ATHEROSCLEROTIC CARDIOVASCULAR DISEASE GOOGNICALLY, 181							V.	(BT)		L BIOPSY PE	GFOHMED?		
	conditions, if any, leading to cause on Line A. Enter UNDERLYING		1 1						7	YRS.	110	YES LAUTOPSY F	ERFORMED?	
	CAUSE (disease or Injury that initiated the events (D)								_	рт	111,	YES USED IN DETER	X NO	
CAU	resulting in death) LAST									YES NO				
	112 OTHER SIGNATION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESILTING IN THE UNDERLYING CALLSE GIVEN IN 107 DIABETES MELLITUS TYPE 2, HYPERTENSION													
-	113, WAS OPERATION PERFORMED FOR ANY CONDITION BY ITEM 107 OR 1127 (1 yes, fell type of operation and date)										113A IF FEMALE, PREGNAVI IN LAST YEAR?			
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KROWN AT THE HOUR, DATE, AND PLACE STATED FROM I Decembel Attended Since Dece	LEDGE DEATH OCCURREI THE CAUSES STATED. Octoril Last Soon Alivo	INSERH	DIO		1 D.	/		5(2)		6. LICENSE	ı	117. DATE	mm/dd/czyy
	(A) mm/dd/ceyy (B) n	mm/dd/ocyy 9/2019	118. TYPE ATTEND	ING PHYSICI	AN'S NAME, I	MALLING	ODRESS, Z	P CODE E	/ERETT	HSI	J M.D.	<u> </u>	12, 10,	2013
	119, I CERTIFY THAT IN MY OPINION DEATH OCC	CURRED AT THE HOUR, D	ATE, AND PLACE STATED	FROM THE CAL Pending	USES STATED.	could not b	9 120.1	NJURED AT V	VORX?	12	1. INJURY D	ATE minida	Госуу 122. Г	OUR (24 Hours)
CORONER'S USE ONLY	MANNER OF DEATH Natural Accident Homicide Suicide Unvertigation Countritor YES NO LINK 123. PLACE OF BAURY (e.g., home, construction site, wooded area, etc.)													
	124. DESCRIBE HOW INJURY OCCURRED	(Events which results	id In Injury)											
ONER	125. LOCATION OF INJURY (Street and nur	mber or location, and	city and rio)			_								
COR		. /	1	T		-	T-:							
	126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/ds/copy 128. TYPE NAME, TITLE OF CORONER.								R/DEP	DEPUTY CORONER				
STA REGIS	TE A B	° /	D E			0100	01004392	133*		F	AX AUTH.#		CE	VSUS TRACT



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

12/23/2019

DATE ISSUED



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



