

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:
Karin Traill, Trustee
900 Merino Court
Lincoln, CA 95648



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
Karin Traill, Trustee
900 Merino Court
Lincoln, CA 95648

AFFIDAVIT - DEATH OF TRUSTEE

State of California)
)ss.
County of Placer)

The undersigned, **Karin V. Traill** being of legal age declares under penalty of perjury under the laws of the State of California as follows:

That **Charles Traill**, the **Charles Bayard Traill** mentioned in the attached certified Death Certificate is the same person as **Charles B. Traill**, named as one of the parties in that certain Quit Claim Deed dated May 15, 1995, executed by **Charles B. Traill and Karin V. Traill**, to **Charles B. Traill and Karin V. Traill**, as Trustees of **The Charles B. and Karin V. Traill Living Trust**, dated **May 15, 1995**, as Document Number **366994**, **Book 0795**, **Page 4255** of official records of Douglas County, Nevada covering the following described real property in area of Gardnerville, County of Douglas, State of Nevada, more particularly described as:

APN: 27-760-05
Street Address: 825 Pollen, Gardnerville, Nevada
Legal description Lot 2, in Block A, as shown on the official map of RABBITBRUSH CORNERS, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 2, 1992 in book 392, Page 001, as Document No. 272299.

Dated: 02-22-2021

Karin V. Traill
Karin V. Traill

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

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 Placer

Subscribed and sworn to (or affirmed) before me
 on this 22nd day of February, 2021,
 by Karin V. Traill
 (1) _____
 (and (2) _____),
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.
 Signature Tracy R. Vineyard
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
 Title or Type of Document: Affidavit - Death of Trustee Document Date: 02/22/2021
 Number of Pages: 1 Signer(s) Other Than Named Above: none

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS

COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, STUPEFICANTS OR ALTERATIONS VS-1 (REV. 5/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
CHARLES		BAYARD		TRAILL	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs.
				09/18/1930	87
6. 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
MARYLAND		-5421	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	MARRIED	01/28/2018
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
MARYLAND		-5421	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	MARRIED	01/28/2018
13. EDUCATION - Highest Level/Degree		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)	
ASSOCIATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
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
PILOT			MILITARY		20
20. DECEDENT'S RESIDENCE (Street and number, or location)					
900 MERINO COURT					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	24. YEARS IN COUNTY
LINCOLN		PLACER		95648	13
25. STATE/FOREIGN COUNTRY			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
CALIFORNIA			900 MERINO COURT, LINCOLN, CA 95648		
28. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
KARIN TRAILL, WIFE		900 MERINO COURT, LINCOLN, CA 95648			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE	30. LAST (BIRTH NAME)		
KARIN		-	VONNEGUT		
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	33. LAST		
CHARLES		BAYARD	TRAILL SR		
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST			
MD		CAROLINE			
36. BIRTH STATE		37. LAST (BIRTH NAME)			
MD		WELLER			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
01/30/2018		SACRAMENTO VALLEY NATIONAL CEMETERY			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/BU		NOT EMBALMED		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy
HERITAGE OAKS MEMORIAL CHAPEL		FD1990	ROBERT LEE OLDHAM, MD		01/30/2018
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> EY/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		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
PLACER		900 MERINO COURT		LINCOLN	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
IMMEDIATE CAUSE (Final disease or condition in 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.		Time Interval Between Onset and Death (AT)	
(A) DIFFUSE LARGE B CELL LYMPHOMA				2 YRS	
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				110. AUTOPSY PERFORMED?	
				<input checked="" type="checkbox"/> YES <input 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					
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.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		Decedent Last Seen Alive		KRISTIN ARREOLA M.D.	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		A132090	
06/15/2015		11/16/2017		01/29/2018	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. LICENSE NUMBER			
8 MEDICAL PLAZA DR SUITE 300, ROSEVILLE, CA 95661		A132090			
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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 PLACER

000521186

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 **02/01/2018**

Robert L. Oldham MD
ROBERT L. OLDHAM, MD
HEALTH OFFICER AND LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURES VOIDS THIS CERTIFICATE

CAPLACEROJ