

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 **366993, Book 0795, Page 4253** of official records of Douglas County, Nevada covering the following described real property in area of Minden, County of Douglas, State of Nevada, more particularly described as:

APN:	25-711-28
Street Address:	1780 Birch Court, Minden, Nevada
Legal description	Unit 206, shown on the Official Plat of WINHAVEN, UNIT NO. 5, filed for record in the office of the County Recorder of Douglas County, Nevada on February 10, 1994, in Book 294 of Official records at page 1845, as Document No. 329790. Together with all and singular the tenements, hereditaments and appurtenances thereunder belonging or in anywise appertaining, and any reversions, remainders rents issues or profits thereof.

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

CERTIFICATE OF DEATH

3201831000300

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ALTERATIONS VS-11a (REV. 3/06)		LOCAL REGISTRATION NUMBER																																							
1. NAME OF DECEDENT - FIRST (Given) CHARLES		2. MIDDLE BAYARD		3. LAST (Family) TRAILL																																							
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 09/18/1930		5. AGE Yrs. Mths. Ds. 87		6. SEX M																																					
9. BIRTH STATE/FOREIGN COUNTRY MARYLAND		10. SOCIAL SECURITY NUMBER 5421		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 01/28/2018		8. HOUR (24 Hours) 0845																																	
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PILOT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MILITARY		19. YEARS IN OCCUPATION 20																																	
20. DECEDENT'S RESIDENCE (Street and number, or location) 900 MERINO COURT		21. CITY LINCOLN		22. COUNTY/PROVINCE PLACER		23. ZIP CODE 95648		24. YEARS IN COUNTY 13		25. STATE/FOREIGN COUNTRY CALIFORNIA																																	
26. INFORMANT'S NAME, RELATIONSHIP KARIN TRAILL, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 900 MERINO COURT, LINCOLN, CA 95648																																									
28. NAME OF SURVIVING SPOUSE/SDP - FIRST KARIN		29. MIDDLE -		30. LAST (BIRTH NAME) VONNEGUT																																							
31. NAME OF FATHER/PARENT - FIRST CHARLES		32. MIDDLE BAYARD		33. LAST TRAILL SR				34. BIRTH STATE MD																																			
35. NAME OF MOTHER/PARENT - FIRST CAROLINE		36. MIDDLE -		37. LAST (BIRTH NAME) WELLER				38. BIRTH STATE MD																																			
39. DISPOSITION DATE mm/dd/yyyy 01/30/2018		40. PLACE OF FINAL DISPOSITION SACRAMENTO VALLEY NATIONAL CEMETERY 5810 MIDWAY ROAD, DIXON, CA 95620																																									
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED																																									
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT HERITAGE OAKS MEMORIAL CHAPEL		45. LICENSE NUMBER FD1990		46. SIGNATURE OF LOCAL REGISTRAR ROBERT LEE OLDHAM, MD				47. DATE mm/dd/yyyy 01/30/2018																																	
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY PLACER						105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 900 MERINO COURT						106. CITY LINCOLN																									
107. CAUSE OF DEATH (Final disease or condition resulting in death) IMMEDIATE CAUSE (A) DIFFUSE LARGE B CELL LYMPHOMA Sequitally, 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 (AT) 2 YRS		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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. Decedent Attended Since: Decedent Last Seen Alive: (A) mm/dd/yyyy (B) mm/dd/yyyy 06/15/2015 11/16/2017		115. SIGNATURE AND TITLE OF CERTIFIER KRISTIN ARREOLA M.D.		116. LICENSE NUMBER A132090		117. DATE mm/dd/yyyy 01/29/2018		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KRISTIN ARREOLA M.D. 8 MEDICAL PLAZA DR SUITE 300, ROSEVILLE, CA 95661																																			
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 PLACER



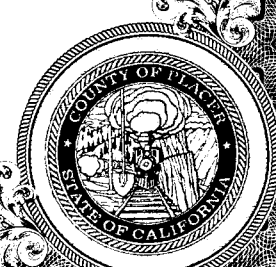
This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED 02/01/2018

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 ERASURE VOIDS THIS CERTIFICATE



CAPLACEROJ