Rec:\$40.00

KAREN ELLISON, RECORDER

04/30/2021 02:48 PM

2021-966696

Pas=4

Total:\$40.00 **MORTENSEN LAW**

APN: A portion of 1319-30-644-022 Recording requested by and when recorded mail to:

Mortensen Law, Tax, Trust & Probate Attorneys, P.C. 22807 Lyons Avenue Newhall, CA 91321

Mail Tax Statements to:

George W. Ekins VI, Trustee 4052 Ondine Circle Huntington Beach, CA 92649

AFFIDAVIT – DEATH OF TRUSTEE

(California Probate Code Section 18105)

George W. Ekins VI, Trustee of legal age, being first duly sworn, deposes, and says:

Name of Trust: Romero Trust Date of Trust: January 24, 2013

Name of former trustees: Joseph P. Romero Name of successor trustee: George W. Ekins VI

The following described real property in the County of Douglas, State of Nevada:

Attached hereto as Exhibit "A" and made a part hereof.

Subject to easements, restrictions, reservations, liens, and encumbrances of record.

That Joseph P. Romero, also known as Joseph Patrick Romero, passed away on February 28, 2021. A certified copy of his Death Certificate is attached hereto and made a part hereof by this reference.

That I, George W. Ekins VI, am named within the aforementioned trust as a successor Trustee.

That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust.

That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the property identified in this document.

That I am the person signing this document; that I have read the same, and know the contents thereof, and that I declare under penalty of perjury that the facts stated herein are true and correct.

Executed in Huntington Beach, California.

GEORGE W. EKINS VI, Trustee of the Romero Trust dated January 24, 2013

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)(
)(ss.
COUNTY OF ORANGE)(

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 7th day of April, 2021 by George W. Ekins VI, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature

Notary Public

MARK E. GALYEAN
COMM. #2349144
Notary Public · California
Orange County
My Comm. Expires Mar. 26, 2025

(Seal)

I:\CL\11193\Trustad\Affidavit Death of Trustee_Nev.doc

EXHIBIT "A" APN: A PORTION OF 1319-30-644-022

An undivided 1/51st 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. 057 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 Covenans, 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 MANDED BOWN NO SCORING W

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH SERVICES

3052021067453		CERTIFICATE OF DEATH STATE OF CALIFORNIA		3202134002417				
STATE FILE NUMBER				LOC-1 REGISTRATION NUMBER				
	1 NAME OF DECEDENT-FIRST (Given) JOSEPH	2 MIDDLE PATRICK	(3)	LAST (Famuly) COMERO	1			
ATA	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE LAST)		4 DATE OF BIRTH mm/d		NDEF DIE YEAR IF U	NDFR 24 HOURS 1 6 SEX		
AL.	, , , , , , , , , , , , , , , , , , , ,		10/18/1947	73		M establish		
SOS	9 BIRTH STATE/FOREIGN COUNTRY 10 SOCIAL SECURITY N	UMBER 11 EVER IN U.S. ARI	MED FORÇES? 12 MARITAL ST.	ATUS: SRDP* (at Time of Desir) 7 C	DATEOF DEATH mm.dd:	ccyy B HOUR (24 Hours)		
DECEDENT'S PERSONAL DATA	CALIFORNIA 9709	X YES	MIDON	'ED 0:	2/23/2021	1344		
ENT	13 EDUCATION - Highest Leve Degree 14/15 WAS DECEDENT HISPANICILATING/A/SPANISH? Flyes see worsheet on back) 16 DECEDENT S RACE - Up to 3 races may be 15 18 Be excluded to back)					back)		
CED	BACHELOR X52							
20	17 USUAL OCCUPATION - Type of work for most of life DO NOT USE FIRE CAPTAIN		BUSINESS OR INDUSTRY (e.g. (rocery store road-construction	emp syment agency etc)	18 YEARS IN OCCUPATION		
	FIRE CAPTAIN GOVERNMENT							
. 👑	1744 AVIAN HILL PLACE							
USUAL	21 CITY 22 CO	JNTY/PROVINCE	23 ZIP CODE	24 YEARS IN COUNTY	25 -TATE/FOREIGN CO	DUNTRY		
		CER	95648	0	C ALIFORNIA			
INFOR-	27 INFORMANT'S NAME, RELATIONSHIP 27 INFORMANT'S MALUNG ADDRESS (Street and number or ruyal route number or ru				ite and (Lip)			
_ Z Z	LEANNE RAMIREZ, DAUGHTER 28. NAME OF SURVIVING SPOUSE/SRDP'-FIRST	29 MIDDLE		RTH NAME)				
ON TOTAL	28 NAME OF SURVIVING SPOUSE/SRUP -FINST	- "	30 CASI (E	INTH NAME)				
SPOUSE/SRDP AND ARENT INFORMATION	31 NAME OF FATHER/PARENT-FIRST	32 MIDDLE	33 LAST	_		34 BIRTH STATE		
	JOSEPH	LAMBERT	ROME	ERO	1	CA		
SPOUS	35. NAME OF MOTHER/PARENT-FIRST	36 MIDDLE	7%	RTH NAMÉ)		38 B.RTH STATE		
N M	LAURENE	Α	SMITE			CA		
8 8		ETION RESIDENCE C EEK ROAD, AUBU		REZ	/			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S)	42 SIGNATURE OF			/	43 LICENSE NUMBER		
REG	CR/RES	▶ NOT EM	76.			_		
NER/ OCAL	44. NAME OF FUNERAL ESTABLISHMENT HERITAGE OAKS MEMORIAL CHAP	45 LICENSE NUMS	SER 46 SIGNATURE OF LOCAL	REGISTRAR	5	47 DATE mm/dd/ccyy		
5 2		FD1990	▶ OLIVIA KASI	AF .		03/08/2021		
ᇦᆠ	101 PLACE OF DEATH UC DAVIS HEALTH	The state of the s	102 IF HOSPITAL, SF	PECIFY ONE 103 IF OTH	ER MAN HOSPITAL, 6P	Dicatata Com		
PLACE OF DEATH		OR LOCATION WHERE FOUND (SIE			D8 CITY	Hom Unit		
SACRAMENTO 2315 STOCKTON BLVD				SACRAME	ENTO			
	107 CAUSE OF DEATH Enter the character of the control of the character of	eases, injures, or complications—the est, or viminousinfor after without sh	or 100 OO 100 are parent or a 100 NOT con	er Jamenal eventa siarn MA E	The project Bayers of 1 Drapt and Comb	OB DEATH-PEPORTED TO COPONER?		
	IMMEDIATE CAUSE (A) HEPATORENAL SYND	ROME		1	an	YEZ X NO		
	condition resulting		\ \		; DAYS	109 BIOPSY PERFORMED?		
	DECOMPENSATED LIV	ER FAILURE	/ /	/	VEEKS	YES X NO		
蓋	conditions, if any leading to cause on June A. Enter CIRRHOTIC LIVER DIS	FASE-LINKNOWN	ETIOLOGY			110 AUTOPSY PERFORMED?		
4	UNDERLYING CAUSE (disease or injury that				JOS	YES X NO		
USE	injury inai Initialed the events (D) resulting in death) LAST		1 1		ין חכ	11 USED IN DETERVINING CAUSE? YES NO		
Ö		LIT NOT RESULTING IN THE UNDER	RLYING CAUSE GIVEN IN 107		<u>; </u>			
	112 OTHER SIGNED CONDITIONS CONTRIBUTING TO DESTRIBUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 METASTATIC CARCINOID-UNKNOWN PRIMARY SITE							
-	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10	17 OR 1127 (U.yes, Lst type of operat	ion and date)			FEMALE PRECIVANTIN LAST YEAR?		
e e e e e e e e e e e e e e e e e e e						YES NO UNK		
S'N NOT	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	15, SIGNATURE AND TITLE OF CEP BRIAN MICHAEL I	P 2	¥ ⊕		R 117 DATE mm/sd/ccyy		
SICIAN	(a) mm/dd/rcvv (B) mm/dd/rcvv (1)	18. TYPE AFTENDING PHYSICIANS	NAME MAILING ADDRESS, ZIP	CODE D DIANI MICI	379546	03/03/2021		
CERT	02/26/2021 02/28/2021 2	315 STOCKTON B	BLVD. SACRAMEN	ITO, CA 95817	ALL WORKS	39ET M.D.		
_	119 I CERTIFY THAT IN MY OPINION DEATH COCURRED AT THE HOUR, DATE, I	AND PLACE STATED FROM THE CAUSES	STATED 120 IN.	JURED AT WORK?	12 INJURY DATE mm	Vad. ccyy 122 HOUR (24 Hours		
	MANNER OF DEATH Natural Acodemi Hommide	Suronia Investigation	the armined Y	ES NO UNK				
		123 PLACE OF INJURY [e.g. home construction s16, wooded cres, clc]						
ONLY		NC.)						
USE ONLY	123 PLACE OF INJURY [e.g. home construction of p, wooded area. c							
ER'S USE ONLY				.		.,		
RONER'S USE ONLY	123 PLACE OF INJURY [e.g. home construction of p, wooded area. c	n _i ury)		····				
CORONER'S USE ONLY	123 PLACE OF INJURY [a.g. home construction sty, wooded created and place of the construction sty, wooded created and place of the construction sty, which result at in 125 LOCATION OF INJURY (Street and number or tocation and city,	n.u.y) and zis)						
CORONER'S USE ONLY	123 PLACE OF INJURY [a.g. home construction ste, wooded cres. o	n.u.y) and zis)	E mm/dd/ccyy 128 TYPE	NAME TITLE OF CORONER/	DEP TY CORONER			
Name of Street, or other Designation of the Street, or other Desig	123 PLACE OF INJURY [a.g. home construction sty, wooded Leas, of 124 DESCRIBE HOW INJURY OCCURRED (Events which result at in 125 LOCATION OF INJURY (Sinset and number or foreition and city, 126 SIGNATURE OF CORONER / DEPUTY CORONER	ncury) and z/p)			DEP TY CORONER	CENSUS TRACT		
STA	123 PLACE OF INJURY [a.g. home construction sty, wooded created and construction sty, wooded created the DESCRIBE HOW INJURY OCCURRED [Event's which result ad in 1 123 EOCATION OF INJURY (Sinset and number or focation and city, 1 128 SIGNATURE OF CORONER / DEPUTY CORONER	ncury) and z/p)	E mm/dd/ccyy 128. TYPE	ELITOURIST TONI COMPTENDITOR		CENSUS TRACT		

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramerto County Department of Health Services.

DATE ISSUED March 1C, 2021

ULIVIA MEMBRITE. LOCAL JEGISTRA This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the F∋gistrar.





Y ALTERATION OR ERASURE VOIDS THIS CERTIFICATE