2022-985509 05/24/2022 02:45 PM

Rec:\$40.00 Total:\$40.00 PETER ADAMCO, ESQ

D-- 4

Assessor's Parcel No. 1318-23-310-028 RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Peter Adamco, Esq. Peter P. Adamco, Ltd. P.O. Box 1564 Zephyr Cove, NV 89448



KAREN ELLISON, RECORDER

MAIL TAX STATEMENT TO:

Michelle Wilson-MacDowell 3363 Foxmore Lane Rescue, CA 95672

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA)

:SS.

COUNTY OF EL DORADO)

GREGORY E. WILSON and MICHELLE D. MACDOWELL, being first duly sworn, represent as follows:

EDWARD A. WILSON and EVELYN A. WILSON, as Trustors and Trustees, established that certain Declaration of Trust dated March 30, 1999 (the "Trust").

On April 8, 1999, the Trustors recorded a Trust Transfer Deed as Document No. 0465287, in the Official Records in the Office of the Douglas County Recorder, conveying all of the right, title and interest to Edward A. Wilson and Evelyn A. Wilson, Trustees Under Declaration of Trust dated March 30, 1999, in the below-described real property;

On January 13, 2004, EDWARD A. WILSON, Trustee, died;

On December 1, 2021, EVELYN A. WILSON, the other Trustee, the same person as the decedent mentioned in the certified copy of the Certificate of Death, attached hereto, died;

Pursuant to the terms of the Trust, GREGORY A. WILSON and MICHELLE D. MACDOWELL, children of Edward A. Wilson and Evelyn A. Wilson, thereupon became the Co-Trustees of said trust. The Certification of Trust reflecting GREGORY A. WILSON and MICHELLE D. WILSON as Co-Trustees of THE WILSON DECLARATION OF TRUST, dated March 30, 1999 is included herewith.

The following described real property located in Zephyr Cove, County of Douglas, State of Nevada, described as follows:

Lot 53, Block B, as shown on the Map of Lake Village Unit No. 1, Filed in the Office of the County Recorder on October 8, 1969, Document No. 45939, and on Amended Map filed for record June 29, 1970, Document No. 48573, Official Records of Douglas County, State of Nevada.

APN: 1318-23-310-028	\ \
^	1 1
Dated this 22nd day of	April , 2022.
MICHELLE D. MACDOWELL, Successor Co-Trustee	GREGORY E. WILSON, Successor Co-Trustee
STATE OF)	< <))
:ss.	
COUNTY OF)	
On before me.	personally appeared GREGORY E
WILSON, personally known to me (or p	personally appeared GREGORY E proved to me on the basis of satisfactory evidence) to be the person
whose name is subscribed to the within	instrument and acknowledged to me that she executed the same ir
	signature on the instrument the person or the entity upon behalf or
which the person acted, executed the ins	strument.
WITNESS my hand and official seal.	
SEE ATTACHED FOR NOTARY PUBLIC	\ \
NOTARY PUBLIC]]
STATE OF	
STATE OF	
COUNTY OF)	
On before me,	
	ne (or proved to me on the basis of satisfactory evidence) to be the
	within instrument and acknowledged to me that she executed the at by her signature on the instrument the person or the entity upor
behalf of which the person acted, execut	
7,	
WITNESS my hand and official seal.	
SEE ATTACHED FOR NOTARY PUB	BLIC
NOTARY PURIC	

ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer componentificate verifies only the identity of	fthe
individual who signed the document to certificate is attached, and not the tru accuracy, or validity of that document	uthfulness,
State of California	
County of El Dorado	
	oseph M. Henderson, Notary Public
personally appeared	Seph M. Henderson, Notary Public Here Insert Name and Title of the Officer Wilson and Michelle D. Machavell Name(s) of Signer(s)
	Name(s) of Signer(s)
	who proved to me on the basis of satisfactory
	evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged
	to me that he/she/they executed the same in
	his/her/their authorized capacity(ies), and that by
JOSEPH M. HENDERSON Comm. # 2320837	his/her/their signature(s) on the instrument the
Notary Public California El Dorado County	person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
Comm Expires Feb 12, 2024	person(b) doted, excoured the menument
/ /	I certify under PENALTY OF PERJURY under the
	laws of the State of California that the foregoing
	paragraph is true and correct.
\ \	WITNESS my hand and official seal.
_ \ \ \	
	Signature: SureMHENC
Place Notary Seal and/or Stamp Above	Signature of Notary Public
Though the information below is not require	ed by law, it may prove valuable to persons relying on the document noval and reattachment of this form to another document.
Description of Attached Document	4 65 11 (+ 1.
Title or Type of Document:	vit of Death of Trustee
Document Date: April 22, 202	Number of Pages:

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

	3052021301339	11339 CERTIFICATE USE BLACK BKX ONLY / MC FESSIONS WHITE BLACK BKX ONLY / MC FESSIONS WEST IN REV.			OF DEATH			32021070	3202107007998	
	1. NAME OF DECEDENT- FIRST (Given) 2 MIDDLE			3. LAST (Family)			LOCAL REGISTRATI	LOCAL REGISTRATION MUMBER		
MTA	EVELYN AGNE			WILSON			IF UNDER ONE YEAR	IF UNDER 24 HOURS 6. SEX		
NAL [AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				04/14/	1924	97	Months Days	Hours Minutes F	
PERS	9. BIRTH STATE/FOREIGN COUNTRY 10.	SOCIAL SECURITY NUMBER 1	1. EVER IN U.S	X NO		2. MARITAL STATU NIDOWE		7. DATE OF DEATH mit 12/01/2021	1445	
DECEDENT'S PERSONAL DATA	13. EDUCATION - Highest Leves/Degree 14/15. WAS DECEDENT HISPANICALATINO/AVSPANISH? HS GRADUATE X YES SPANISH							lay be listed (see workshe	et on back)	
_	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER			16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction OWN HOME				tion, employment agency,	alc.) 19. YEARS IN OCCUPATION	
_ W	20. DECEDENT'S RESIDENCE (Street and number, or location) 12 LYNWOOD PLACE									
RESI				OSTA 94556 88			CA			
INFOR-	28. INFORMANT'S NAME, RELATIONSHIP MICHELLE WILSON, DAU	JGHTER		27. INFORM 1911 /	ASCOT	DRIVE,	MORAGA, C	Troute number, city or tow CA 94556	n, state and zip)	
	28. NAME OF SURVIVING SPOUSE/SRDP-FIRS	29. MIDDLE				30 LAST (BIRT	H NAME)	1		
SPOUSE/SRDP AND ARENT INFORMATION	31, NAME OF FATHERVIPAGENT-FIRST 32, MIDD ERNEST ANT				33 LAST RAGGIO			-	34. BIRTH STATE	
PARENT	35. NAME OF MOTHER/PARENT-FIRST BERTHA	36. MIDOLE	$\overline{}$	\leftarrow			H NAME)		39. BIRTH STATE	
A OR	39. DISPOSITION DATE mm/dd/coyy 40. PLA 12/23/2021 OLD	CE OF FINAL DISPOSITION ALT.	AVILLE	CATHO	OLIC C	EMETER	Y	7		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S)		42. SIGNATUR	E OF EMBAL	MER	\			43. LICENSE NUMBER	
SAL R	44. NAME OF FUNERAL ESTABLISHMENT 4			NOT EMBALMED 15 LICENSE NUMEER 48 SKINATURE OF LOCAL REGISTRAR					47. DATE mm/dd/ccyy	
5 3	HULL'S WALNUT CREEK CHAPEL FD250				► CHRISTOPHER FARNITANO MD 12/08/20 102 FHOSPITAL SPECIFY ONE				12/08/2021	
PLACE OF DEATH	DAUGHTER'S RESIDENCE P GOAL Hotepice Natisfig Consideral X Consideral Conside									
PLAC	106 FACULTY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) CONTRA COSTA 1911 ASCOT DRIVE					1	MORAGA			
	107. CAUSE OF DEATH Enter the est card. IMMEDIATE CAUSE (N NANITION	a chain of exerts diseases, nijuries o ac errest, respiratory errest, or ventriouis	complications Corillation with	··· that directly out showing th	r caused deat is etiology. DO	h. DO NOT enter to NOT ABBREVAT	ermical events such E.	Time Interval Bather Onset and Death (AT)	HOB. DEATH REPORTED TO CORONER	
	(Frail disease or constition resulting						WKS	2021-6618		
<u>.</u>	(9) ALZHEIMER'S DEMENTIA conditions, if any,						YRS	YES X NO		
FDEAT	leading to cause on Line A Enter UNDERLYNG						(CT)	110. AUTOPSY PERFORMED? YES X NO		
AUSE OF DEATH	CAUSE (closese or Inlay that Inla						(cm)	111. USED IN DETERMINING CAUSE? YES NO		
Ö	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 1127 (I yes, fail type of operation and date.)									
z	NO 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE	DEATH OCCURRED 115. SIGNATURE	AND TITLE O	CERTIFIER	/	$-\!\!\!\!/-$		116. LICENSE NU	YES NO UNK MBER 117 DATE mm/dd/ccyy	
PHYSICIAN'S CERTIFICATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CA Decedent Attended Since Decedent	USES STATED.	LO JOS	E DE L	FON 8	MD	- 5G)	A75985	12/08/2021	
CERTIF	Decoder Astroced Sizes Decoder Last Seen Africa Part Pa									
	119, I CERTIFY THAT IN MY OPINION DEATH OCCURRE MANNER OF DEATH NEILURI Accid		Pending Investigat	ALC: NO.	Could not be determined	YES YES	ED AT WORK?	KK 121. INJORY DATE	mm/dd/ccyy 122, HOUR (24 Hours	
CHILY	123. PLACE OF INJURY (a.g., home, construction site, wooded area, etc.)									
r's USE	124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury)									
CORONER'S USE CALY	125. LOCATION OF INJURY (Street and number, or location, and city, and zp)									
J	126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/coyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER									
STA	TE A B	C D E	-		•	<u> </u>		FAX AUTH.#	CENSUS TRACT	
REGIS							B WITH DEBY MINING HALL			

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

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.

DATE ISSUED

12/13/2021



als Asmo

CHRISTOPHER FARNITANO, MD COUNTY HEALTH OFFICER



