Total:\$40.00 A+DOCUMENTS



KAREN ELLISON, RECORDER

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)

APN: 1220-04-514-011

After Recording, Return and Mail Tax Statements to:

France C. Carreau 10394 Bitney Springs Road Nevada City, CA 95959

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF TRUSTEE

FRANCE C. CARREAU, of legal age, being first duly sworn, deposes and says:

- 1. By instrument dated November 22, 2004, MARCELLE H. CARREAU executed the MARCELLE H. CARREAU REVOCABLE LIVING TRUST.
- 2. Said Trust appointed me to serve as sole Successor Trustee upon the death or incapacity of MARCELLE H. CARREAU.
- 3. MARCELLE H. CARREAU deceased on November 18, 2018, at El Dorado County, California a resident of Eldorado County, California. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said MARCELLE H. CARREAU.
- 4. Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
- 5. The following described real property is part of the Trust estate and is commonly known as 1375 Antares Avenue:

Lot 73, CARSON VALLEY ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 22, 1972, as Document No. 58312.

- 6. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the described property.
- 7. No other person has a right to the interest of the Trust in the described property.

8. The described property shall be transferred to me as Successor Trustee.

Executed this

2022, at

(county), California.

FRANCE C. CARREAU, Successor Trustee

-LOOSE JURAT CERTIFICATE ATTACHED-

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 NOVADA	\\
Subscribed and sworn to (or affirmed) before me on this 3 day of NOV by FICANCE C. CARECAU, proved to me on the basis of satis	, 2022,
to be the person(s) who appeared before me.	factory evidence
Signature (Seal) Notary P	MCCOLLOCH Public - California vada County ssion # 2275160 Expires Jan 14, 2023

THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH OF TRUSTEE

DATED <u>NOV 3</u>, 2022

EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

	3052018232942	CER	TIFICATE OF DE. STATE OF CALIFORMA DRAY / NO (RASURES, WHITEOUTS O VS-1 NOREY SUCC)	ATH		3201809001	_ \
	STATE FILE NUMBER 1. NAME OF DECEDENT-FIRST (GIVEN) MARCELLE	2 MIDDLE	VS-1 INTER V300)	3. LAST (Farm	ity)	CAL REGISTRATION	NUMBER
DECEDENT'S PERSONAL DATA	AKA ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST) MARCELLE BEAUCHAMP		06/18/	BiRTH mm/dd/ccyy 5.		ER ONE YEAR F	NOTER 24 HOURS 6. SEX
	9. BIRTH STATE-FOREIGN COUNTRY CANADA 10. SOCIAL SECURITY NO. -0231	JMBER 11 EVER		2. MARITAL STATUS/SRCP WIDOWED		TE OF DEATHvan	8. HOUR (24 Hrr::n) 0612
	13. EDUCATION - Highest Levishington 14/15. WAS DECEDENT HISPANICIU HS GRADUATE YES		X 1/0 V	DECEDENT'S RACE -		-	
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE F OWNER		B KIND OF BUSINESS OR IND FOY STORE	USTRY (e.g., grocery ston	e, road construction em	ployment agency. etc.	19. YEARS IN OCCUPATION
AL	20. DECEDENT'S RESIDENCE (Street and number or location) 1221 MONUMENT DR.						
RES	SOUTH LAKE TAHOE EL D	ORADO	23. ZIP C 9615	0	38 0	5 STATE/FOREIGN C	1
INFOR-	28. INFORMANT'S NAME RELATIONSHIP JOHANNE CARREAU, DTR.		5326 HARRI	SON RD., PA	RADISE, CA	number, city or town, s A 95969	icte and ap)
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP"-FRST	29. MIDDLE		30. LAST (BIRTH NAV.	E)		
	31. NAME OF FATHER/PARENT-PIRST PAUL	32. MIDDLE		BEAUCHAN			CANADA
SPOL	35. NAME OF MOTHER PARENT-FIRST HELENA	36. MIDDLE		UNK	E)		38 BIRTH STATE CANADA
VAL DIRECTOR/ IL REGISTRAR	30 DISPOSITION DATEMIGUGUSY 140 PLACE OF FINAL DISPOSITION HAPPY HOMESTEAD CEMETERY 11/21/2018 1261 JOHNSON BLVD., SOUTH LAKE TAHOE, CA 96150						
	41. TYPE OF DISPOSITION(S) CR/BU	▶ NC	OT EMBALMED				43. LICENSE NUMBER
FUNERAL LOCAL F	44. NAME OF FUNERAL ESTABLISHMENT MC FARLANE MORTUARY INC	FD11	76	CY J WILLIAN	IS, MD, MP		47 DATE mm/dd/ccyy 11/20/2018
LACE OF DEATH	BARTON MEMORIAL HOSPITAL 104. COUNTY 105. FACILITY ADDRESS O		X	HOSPITAL SPECIFY ON ERYOP	DOA HOSPICE	THAN HOSPITAL SI Nursing HomerLTC	PECIFY ONE Cacedeni's Other
PLACE	EL DORADO 2170 SOUTH A	VE.	OUND (Street and number or)		<u> </u>	76	AKE TAHOE
	IMMEDIATE CAUSE W LUNG CANCER	ases, injuries, or complice st or ventricular librilletor	tions that directly caused deci- without showing the eticlogic Di- without showing the eticlogic Di-	h, DO NOT enterterment e D NOT ABBREVIATE	ner's such	(AT)	YES X NO
	condition resulting in death) (d) Sequentially, list			-/	/	3MON	109. EIOPSY PERFORMED ¹
DEATH	conditions, if any leading to cause On Line A, Enter UNDERLYING					(СТ)	YFS X NO
CAUSE OF	CAUSS (disease or injury that initiated the events (D) resulting in death) LAST					(דס)	YES X NO
3	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU NONE	T NOT RESULTING IN T	HE UNDERLYING CAUSE GIVE	N IN 107			YES NO
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 NONE	OR 112? (If yes, list typ	e of operation and date.)			513A.IF	FEVALE PREGNANT IN LAST YEAR? YES X NO LANK
N'S TTON	AT THE HOUR DATE AND PLACE STATED FROM THE CAUSES STATED	SIGNATURE AND THE	ACHMONDOE	M.D.	5(30)		R 117 DATE mm/dd/ccyy
PHYSICIAN'S CERTIFICATION	(A) mm/dd/ccyy (B) mm/dd/ccyy 118	TYPE ATTENDING PH	ACH WONROE I IVSICIAN'S NAME MALLING AI REET, SOUTH LA	DDRESS, ZIP CODE AL	LISON LEA	A86075 CH MONRO	11/20/2018 DE M.D.
Ť	119, I CERTIFY THAT IN MY OPENION DEATH OCCURRED AT THE HOUR DATE, AN	D PLACE STATES FROM T	HE CAUSES STATED.	120 MUURED AT V	VORK7	21 INJURY DATE -	"/dd/ccyy 122. HOUR (24 Hours,
ONLY	123. PLACE OF NAURY (s.g. home construction size wooded grea atc.)						
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)						
CORON	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)						
	128. SIGNATURE OF CORONER / DEPUTY CORONER		127, DATE mm/dd/ccyy	128. TYPE NAME, TITI	LE OF CORONER / DE	PUTY CORONER	
REGIS	TE A B C D	Ë		1004043454*	FERRILLIN ERET	FAX AUTH.#	CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF EL DORADO

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

DATE ISSUED

MOV 2 6 2013



