

WHEN RECORDED MAIL TO:

JANET M. O'NEILL, ESQ.
O'NEILL & WOOLPERT
1014 PALM STREET
SAN LUIS OBISPO, CA 93401



SHAWNYNE GARREN, RECORDER

MAIL TAX NOTICES TO:

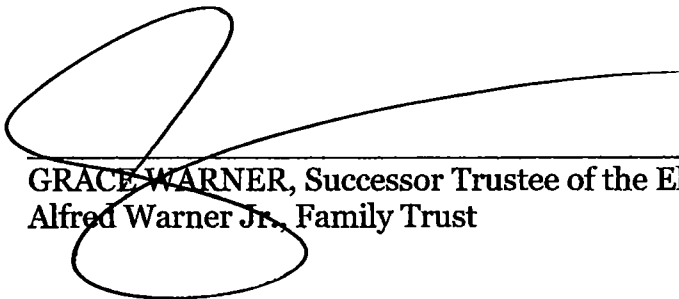
GRACE WARNER, SUCCESSOR TRUSTEE
ELLSWORTH A. WARNER III, SUCCESSOR TRUSTEE
ELLSWORTH ALFRED WARNER JR. FAMILY TRUST
POST OFFICE BOX 3881
PASO ROBLES CA 93447

AFFIDAVIT OF SUCCESSOR TRUSTEE

The undersigned GRACE WARNER AND ELLSWORTH A. WARNER III, of legal age, being first duly sworn, depose and state under penalty of perjury under the laws of the State of Nevada:

1. ELLSWORTH ALFRED WARNER JR. is named as Trustee in that certain Ellsworth Alfred Warner Jr., Family Trust dated September 11, 1991 (herein, the "Trust").
2. ELLSWORTH ALFRED WARNER JR. died on May 12, 2020 and is the Decedent named in that particular Certificate of Death attached hereto and made a part hereof.
3. ELLSWORTH ALFRED WARNER JR. is the same person named in that Holiday Inn Club Vacations (formerly Resorts West Vacation Clubs), Contract Number M6761356 - Owner #6551786.
4. GRACE WARNER AND ELLSWORTH A. WARNER III are designated as the Successor Trustees under the Trust, to serve as Trustees upon the death of ELLSWORTH ALFRED WARNER JR. The Trust was in effect at of the date of the death of ELLSWORTH ALFRED WARNER JR. and has not been revoked. GRACE WARNER AND ELLSWORTH A. WARNER III have consented to act as Trustees under the Trust.

Dated: ^{Sept} ~~August~~ 19, 2023.


GRACE WARNER, Successor Trustee of the Ellsworth
Alfred Warner Jr., Family Trust

AFFIDAVIT OF SUCCESSOR TRUSTEE

PAGE TWO

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.

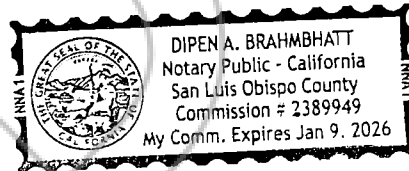
STATE OF CALIFORNIA)
)
COUNTY OF SAN LUIS OBISPO)

SUBSCRIBED AND SWORN TO before me, on 19th September, 2023, by GRACE WARNER, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.



Notary Public





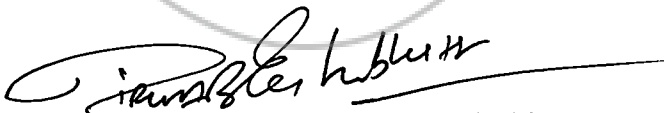
ELLSWORTH A. WARNER III, Successor Trustee of the Ellsworth Alfred Warner Jr., Family Trust

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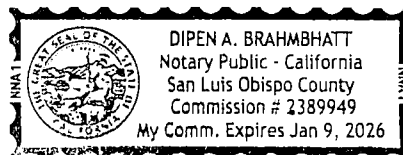
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WITNESS my hand and official seal.



Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO
 SAN LUIS OBISPO, CALIFORNIA

3052020106093 **CERTIFICATE OF DEATH** 320204000848

STATE FILE NUMBER 3052020106093		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES, WRITINGS OR ALTERATIONS VS-1 (REV. 7/2001)		LOCAL REGISTRATION NUMBER 320204000848	
1 NAME OF DECEDENT - FIRST (GIVEN) ELLSWORTH		2 MIDDLE ALFRED		3 LAST (if any) WARNER JR	
AKA ALSO KNOWN AS - include full AKA (FIRST MIDDLE LAST)					
4 DATE OF BIRTH mm/dd/yyyy 05/26/1948		5 AGE Yrs 71		6 SEX M	
7 BIRTH STATE/FOREIGN COUNTRY CA		8 SOCIAL SECURITY NUMBER [REDACTED] 1192		9 EVER IN U.S. ARMED FORCES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
10 MARITAL STATUS/SRDP at time of death DIVORCED		11 DATE OF DEATH mm/dd/yyyy 05/12/2020		12 HOUR 24 hours 1358	
13 EDUCATION - Highest Level Degree (see instructions on back) BACHELOR					
14 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SALESMAN					
15 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, oil field, etc.) HORTICULTURE					
16 YEARS IN OCCUPATION 20					
17 DECEDENT'S RESIDENCE (Street and number or location) 1010 HICKORY LANE					
21 CITY PASO ROBLES		22 COUNTY/PROVINCE SAN LUIS OBISPO		23 ZIP CODE 93446	
24 YEARS IN COUNTY 14		25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP GRACE WARNER, DAUGHTER	
27 INFORMANT'S MAILING ADDRESS (Street and number or P.O. box number, city or town, state and zip) PO BOX 3881, PASO ROBLES, CA 93447					
28 NAME OF SURVIVING SPOUSE - SRDP - FIRST LOIS		29 MIDDLE MARGARIE		30 LAST (BIRTH NAME) LYLE	
31 NAME OF FATHER/PARENT - FIRST ELLSWORTH		32 MIDDLE ALFRED		33 LAST WARNER	
34 BIRTH STATE CANADA		35 NAME OF MOTHER/PARENT - FIRST LOIS		36 MIDDLE MARGARIE	
37 LAST (BIRTH NAME) LYLE		38 BIRTH STATE ND		39 DISPOSITION DATE mm/dd/yyyy 05/18/2020	
40 PLACE OF FINAL DISPOSITION RESIDENCE OF ELLSWORTH ALFRED WARNER III 1010 HICKORY LANE, PASO ROBLES, CA 93446					
41 TYPE OF DISPOSITION(S) CR/RES					
42 SIGNATURE OF FUNDALMETER NOT EMBALMED					
43 LICENSE NUMBER					
44 NAME OF FUNERAL ESTABLISHMENT SMART CREMATION		45 LICENSE NUMBER FD2008		46 SIGNATURE OF LOCAL REGISTRAR PENNY BORENSTEIN, MD	
47 DATE mm/dd/yyyy 05/15/2020					
101 PLACE OF DEATH OWN RESIDENCE - HOSPICE					
102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> UXA <input type="checkbox"/> Freestanding <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other					
103 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) SAN LUIS OBISPO 1010 HICKORY LANE					
104 CITY PASO ROBLES					
107 CAUSE OF DEATH (Enter the cause of death - immediate, remote or contributing - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular territories without showing the etiology. DO NOT abbreviate.)					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) PROSTATE CANCER STAGE IV					
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST					
109 BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
110 AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
111 USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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(s) NO					
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE(S) STATED Decedent Attended Since: Decedent Last Seen At: 05/10/2020 05/12/2020					
115 SIGNATURE AND TITLE OF CERTIFIER JEFFREY RICHARD BOURNE D.O.		116 LICENSE NUMBER 20A7050		117 DATE mm/dd/yyyy 05/14/2020	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JEFFREY RICHARD BOURNE D.O. 253 GRANADA DRIVE STE D, SAN LUIS OBISPO, CA 93401					
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Poisoning <input type="checkbox"/> Other <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120 INJURED AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121 INJURY DATE mm/dd/yyyy, 122 HOUR 124 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 F G H I J K L M N O P Q R S T U V W X Y Z 010001004540750 FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SAN LUIS OBISPO } SS DATE ISSUED:
 This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT.

* 000445886 *

Penny Borenstein MD
 Dr. Penny Borenstein Health Officer

This copy not valid unless prepared on engraved border displaying seal and signature of County Registrar.
 PNYCO R-112 JA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

