

**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL DOCUMENT
AND TAX STATEMENT TO:**



SHAWNYNE GARREN, RECORDER

Rosalie D. Weigle, Trustee
Weigle Bypass Trust
59 McNear Drive
San Rafael, CA 94901

APN: 1318-15-110-048
Commonly known as: 600 Highway 50, Unit 48, Zephyr Cove

**AFFIDAVIT OF DEATH OF TRUSTEE
OF THE
ROSALIE D. WEIGLE AND RAYMOND L. WEIGLE REVOCABLE TRUST**

ROSALIE D. WEIGLE, of legal age, being first duly sworn deposes and says:

1. RAYMOND L. WEIGLE and ROSALIE D. WEIGLE created the ROSALIE D. WEIGLE AND RAYMOND L. WEIGLE REVOCABLE TRUST on September 26, 2001.
2. The ROSALIE D. WEIGLE AND RAYMOND L. WEIGLE REVOCABLE TRUST established on September 26, 2001, was a revocable living trust. The ROSALIE D. WEIGLE AND RAYMOND L. WEIGLE REVOCABLE TRUST dated September 26, 2001, was amended on May 26, 2006, and amended on July 14, 2006. The ROSALIE D. WEIGLE AND RAYMOND L. WEIGLE REVOCABLE TRUST was not revoked by RAYMOND L. WEIGLE and ROSALIE D. WEIGLE.
3. On November 20, 2019, RAYMOND L. WEIGLE died. A certified copy of the certificate of death of RAYMOND L. WEIGLE, who is also known as RAYMOND LIND WEIGLE, is attached hereto.
4. The previous co-trustees of the ROSALIE D. WEIGLE AND RAYMOND L. WEIGLE REVOCABLE TRUST were RAYMOND L. WEIGLE and ROSALIE D. WEIGLE.
5. The ROSALIE D. WEIGLE AND RAYMOND L. WEIGLE REVOCABLE TRUST provides that on the death of RAYMOND L. WEIGLE, ROSALIE D. WEIGLE became the sole trustee of the Trust.
6. On the death of RAYMOND L. WEIGLE, the ROSALIE D. WEIGLE AND RAYMOND L. WEIGLE REVOCABLE TRUST held title to real property in the County of Douglas, State of Nevada, transferred to said trust by that certain Grant Deed recorded on October 18, 2006, as Instrument No. 0686671, of Official Records of Douglas County, Nevada, more particularly described as follows:

SEE "EXHIBIT A" ATTACHED HERETO AND MADE A PART HEREOF

7. The ROSALIE D. WEIGLE AND RAYMOND L. WEIGLE REVOCABLE TRUST provides that the trustee shall have the power to bind the trust in any and all transactions, including, but not limited to

(1) collecting receipts; (2) paying disbursements; (3) securing assets; (4) writing checks and making withdrawals from bank accounts; (5) purchasing, selling and pledging securities and other property; and (6) exercising any power conferred on the trustee pursuant to the terms of the trust, and the action of ROSALIE D. WEIGLE may be relied upon by third parties dealing with the trustee.

8. The ROSALIE D. WEIGLE AND RAYMOND L. WEIGLE REVOCABLE TRUST further gives the trustee the power to partition, allot and distribute the trust estate on any division or partial or final distribution of the trust estate, in undivided interest or in kind, or partly in money and partly in kind, at valuations determined by the trustee, and to sell such property as the trustee, in the trustee's discretion, considers necessary to make division or distribution. In making any division or partial or final distribution of the trust estate, the trustee shall be under no obligation to make a pro rata division, or to distribute the same assets to beneficiaries similarly situated. Rather, the trustee may, in the trustee's discretion, make non pro rata division between trusts or shares and non pro rata distributions to such beneficiaries, as long as the respective assets allocated to separate trusts or shares, or distributed to such beneficiaries, have equivalent or proportionate fair market value.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: October 2, 2023

Rosalie D. Weigle

ROSALIE D. WEIGLE, Trustee,
ROSALIE D. WEIGLE AND RAYMOND L.
WEIGLE REVOCABLE TRUST dated
September 26, 2001

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.

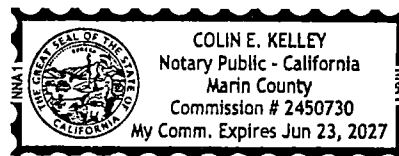
State of California
County of Marin

Subscribed and sworn to (or affirmed) before me on this 2nd day of October, 2023, by ROSALIE D. WEIGLE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

Colin E. Kelley

(Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3201921001760

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) RAYMOND		2. MIDDLE LIND		3. LAST (Family) WEIGLE	
4. DATE OF BIRTH mm/dd/ccyy 06/11/1920				5. AGE Yrs. 99	
6. SEX M				IF UNDER ONE YEAR: Months 0 Days 0	
7. DATE OF DEATH mm/dd/ccyy 11/20/2019				8. HOUR (24 Hours) 0540	
9. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER 7502		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/ SRDP* (at Time of Death) MARRIED		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN			
13. EDUCATION—Highest Level/Degree (See worksheet on back) PROFESSIONAL		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED COMMERCIAL AIRLINE PILOT	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AMERICAN AIRLINES		19. YEARS IN OCCUPATION 30			
20. DECEDENT'S RESIDENCE (Street and number, or location) 59 MCNEAR DRIVE					
21. CITY SAN RAFAEL		22. COUNTY/PROVINCE MARIN		23. ZIP CODE 94901	
24. YEARS IN COUNTY 49		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP ROSALIE WEIGLE, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 59 MCNEAR DRIVE, SAN RAFAEL, CA 94901		
28. NAME OF SURVIVING SPOUSE/SRDP*—FIRST ROSALIE		29. MIDDLE ANN		30. LAST (BIRTH NAME) DUNN	
31. NAME OF FATHER/PARENT—FIRST CARLYSE		32. MIDDLE KNEPPER		33. LAST WEIGLE	
34. BIRTH STATE PA		35. NAME OF MOTHER/PARENT—FIRST FLORENCE		36. MIDDLE JOSEPHINE	
37. LAST (BIRTH NAME) BRILBECK		38. BIRTH STATE NY			
39. DISPOSITION DATE mm/dd/ccyy 11/29/2019		40. PLACE OF FINAL DISPOSITION RESIDENCE OF ROSALIE WEIGLE 59 MCNEAR DRIVE, SAN RAFAEL, CA 94901			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT KEATON'S MORTUARY		45. LICENSE NUMBER FD6		46. SIGNATURE OF LOCAL REGISTRAR MATTHEW WILLIS, MD MPH	
47. DATE mm/dd/ccyy 11/26/2019					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		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 MARIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 59 MCNEAR DRIVE		106. CITY SAN RAFAEL	
107. CAUSE OF DEATH Enter the chain of events—disease, injuries, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) VASCULAR DEMENTIA		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 mm/dd/ccyy 11/14/2019 (A) Decedent Last Seen Alive mm/dd/ccyy 11/19/2019 (B)		115. SIGNATURE AND TITLE OF CERTIFIER BARBARA MURIEL BISHOP M.D.		116. LICENSE NUMBER G29985 117. DATE mm/dd/ccyy 11/26/2019	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BARBARA MURIEL BISHOP M.D. 1580 VALENCIA ST STE 201, SAN FRANCISCO, CA 94110					
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/ccyy 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/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT
010001004371516							

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF MARIN

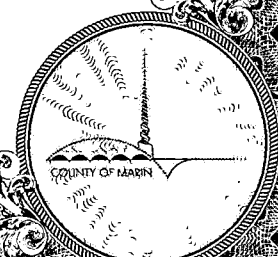
This is a true and exact reproduction of the document officially registered and placed on file in the vital record section, Marin County Public Health Department.

DATE ISSUED 11/27/2019

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



MATTHEW WILLIS, MD, MPH
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAMARIN-03

EXHIBIT A

A CONDOMINIUM COMPOSED OF:

PARCEL NO. 1:

UNIT 48, as shown on that certain subdivision map entitled "Official Plat of PINEWILD, Marla Bay, Douglas County, Nevada, recorded June 26, 1973 in Book 673, Pages 1089 et seq., Official Records in the Office of the County Recorder of Douglas County, Nevada.

PARCEL 2.:

The exclusive right to use and possession of those certain patio areas adjacent to said unit designated as "Restricted Common Area" on the Subdivision Map referred to in Parcel 1. above.

PARCEL 3.:

An undivided twenty-seven and one-half percent (27.5%) interest as tenant in common in and to that portion of the real property described on the subdivision map referred to in the description of Parcel 1 above, defined in the Amended Declaration of Covenants, Conditions and Restrictions of Pinewild, a condominium project, recorded on March 11, 1974, in Book 374, at page 193 et seq., as Limited Common Area and thereby allocated to the unit described in Parcel 1 above, and excepting unto Grantor non-exclusive easements for ingress and egress, utility services, support, encroachments, maintenance and repair over the common areas defined and set forth in said Declarations of Covenants, Conditions and Restrictions.

Parcel 4.:

Non-exclusive easements appurtenant to Parcel 1 above, for ingress and egress, utility services, support encroachments, maintenance and repair, over the common areas defined and set forth in the Declaration of Covenants, Conditions and Restrictions of Pinewild, more particularly described in the description of Parcel 3 above.

This Deed is made and accepted by the parties hereto, subject to that certain instrument entitled Amended Declaration of Covenants, Conditions and Restrictions of Pinewild, a condominium project, recorded on March 11, 1974, in Book 374, at Page 193 et seq., inclusive, Official Records of the County of Douglas, State of Nevada, the provisions of which are incorporated in the Deed as though fully set forth herein, including all reservations of easements appurtenant to the property herein described.

Grantee hereby expressly assumes the obligation to pay its pro-rata share of improvement bond assessments levied upon the subject property by the Round Hill Improvement District No. 1.

By acceptance hereof, grantee shall become a member of the Pinewild Condominium Homeowners Association, a Nevada non-profit corporation, pursuant to the terms of the hereinabove referred to Declaration of Covenants, Conditions and Restrictions and upon the terms, covenants and conditions contained therein, and as contained in the Articles of Incorporation and Bylaws of said corporation.