DOUGLAS COUNTY, NV

2023-996786

05/25/2023 09:31 AM

Pgs=6

Rec:\$40.00 Total:\$40.00 ROBERT B. LOCKE



APN# 1319 - 30 - 224 - 013 PTN Recording Requested by/Mail to: Name: Robert B. Locke Address: 5290 Overpass Rd. Ste 204 City/State/Zip: Santa Barbara, cA 93111 Mail Tax Statements to: Name: Beverly Dela Cruz Address: 53 Valdet Ave City/State/Zip: Golera, CA 93117

Affidavit - Death of Trustee	
Title of Document (required)	
(Only use if applicable)	
-{Only use it applicable)	
The undersigned hereby affirms that the document submitted for recording	
DOES contain personal information as required by law: (check applicable)	
Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)	
Judgment NRS 17.150(4)	
Military Discharge - NRS 419.020(2)	
Signature	
Robert B. Locke	
Printed Name	

This document is being (re-)recorded to correct document #\_\_\_\_\_\_ and is correcting

Recording Requested By: ROBERT B. LOCKE, ESQ.

And When Recorded Mail To: Beverly Dela Cruz 53 Valdez Avenue Goleta, California 93117

Mail Tax Statements To: SAME AS ABOVE

Assessor's Parcel No.: 1319-30-724-013 PTN

# AFFIDAVIT - DEATH OF TRUSTEE

State of Nevada	)	SS.	
County of Douglas	)		

The undersigned BEVERLYN DELA CRUZ of legal age, being first duly sworn, depose and say:

- 1. On September 29, 1992, PAULINA GONZALES BAGGAO and AMBROSE PALMONES BAGGAO as SETTLORS and as TRUSTEES executed a Declaration of Trust entitled the AMBROSE PALMONES BAGGAO AND PAULINA GONZALES BAGGAO FAMILY TRUST hereinafter the "Trust;"
- 2. AMBROSE PALMONES BAGGAO passed away on August 11, 2007, and PAULINA GONZALES BAGGAO thereby became the sole Successor Trustee of the Trust and all sub-Trusts established thereunder. Pursuant to the terms of the Trust, if PAULINA GONZALES BAGGAO failed or ceased to act as a Trustee, then BEVERLYN DELA CRUZ would serve as Successor Trustee of the Trust and all sub-Trusts established thereunder.
- 3. PAULINA GONZALES BAGGAO died on April 19, 2023, and BEVERLYN DELA CRUZ thereby became the Trustee of the AMBROSE PALMONES BAGGAO AND PAULINA GONZALES BAGGAO FAMILY TRUST dated September 29, 1992 and all subtrusts established thereunder. A Certified copy of the Certificate of Death of PAULINA GONZALES BAGGAO is attached hereto.
- 4. PAULINA GONZALES BAGGAO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PAULINA GONZALES BAGGAO, named in that certain Affidavit Death of Trustee dated December 1, 2008, executed by PAULINA GONZALES BAGGAO and recorded on December 18, 2008 as Document No. 0734677 conveying to herself, as Trustee of the Bypass Trust established under the AMBROSE PALMONES BAGGAO AND PAULINA GONZALES BAGGAO FAMILY TRUST dated September 29, 1992, that certain real property located in the County of Douglas, State of Nevada described in Exhibit A attached hereto.

5. This Affidavit is recorded to establish that **BEVERLYN DELA CRUZ** is the Trustee of the Trust and have full power to deal with the above-described property in any way. **BEVERLYN DELA CRUZ** is qualified and has the power to act and properly exercise the powers under the Trust; including, but not necessarily limited to, the power to sell, deed, exchange, lease, encumber, divide, develop, improve, change the character of, or abandon the property.

Dated: May 8, 2023

Bereityn dela Ciux

BEYERLYN DELA CRUZ Trustee of the Bypass Trust established under the

AMBROSE PALMONES BAGGAO AND PAULINA GONZALES BAGGAO FAMILY

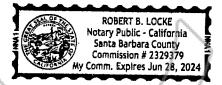
TRUST dated September 29, 1992

## **JURAT**

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 Santa Barbara	)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) before me on this 8<sup>th</sup> day of May, 2023 by **BEVERLYN DELA CRUZ** who proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Notary Public in and For said County and State

### **EXHIBIT A**

AN ALTERNATE YEAR TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE: An undivided 1/102<sup>nd</sup> interest in and to that certain condominium as follows:

- A. An undivided 1/38<sup>th</sup> interest as tenants-in-common, in and to Lot 34 of Tahoe Village Unit No. 3 as shown on the Eighth Amended Map, recorded as Document No. 156903 of Official Records of Douglas County, State of Nevada. Except therefrom Units 001 to 038 as shown and defined on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903 of Official Records of Douglas County, State of Nevada.
- B. Unit No. 012 as shown and defined on said Condominium Plan.

<u>PARCEL TWO:</u> A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document NO. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Recordsand in the modifications thereof recorded September 28, 1973, as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776, Page 87 of Official Records.

<u>PARCEL THREE:</u> A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 – Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

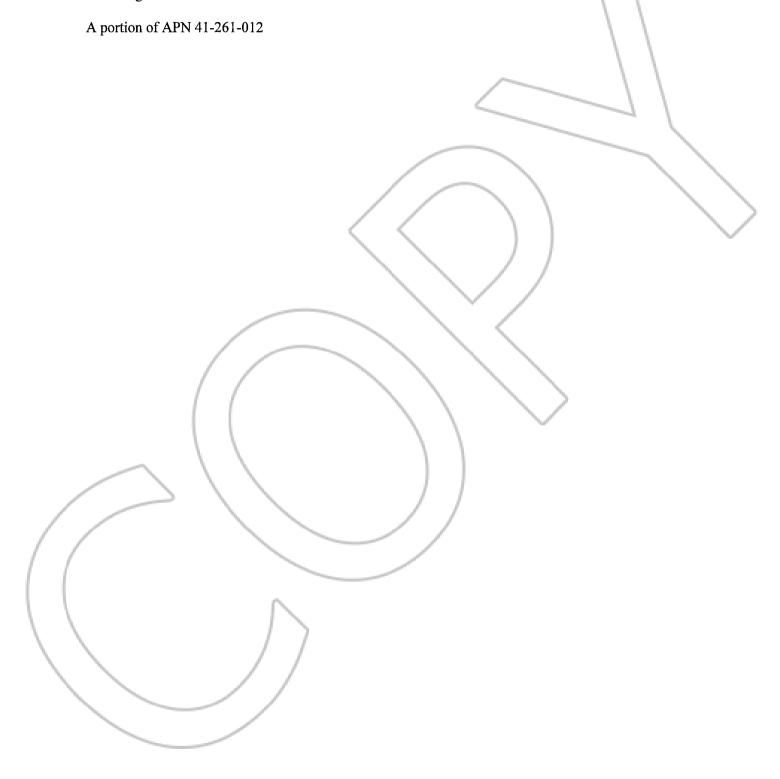
### PARCEL FOUR:

- A. A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments indeed recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, and -
- B. An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL FIVE: The exclusive right to use a unit of the same Unit Type as described in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, recorded on June 22, 1987, as Document No. 156904 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE alternate use week during even numbered years within the "Prime Season", as said quoted term is defined in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, and is defined in the Fourth Amended and Restated Declaration of Timeshare Covenants,

Conditions and Restrictions for the Ridge Tahoe recorded February 14, 1984 as Document No. 96758 of Official Records, as Amended.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 34 during said alternate use week within said "use season".



**SANTA BARBARA COUNTY** 

# PUBLIC HEALTH DEPARTMENT

	3052023090855	CERTIFICATE STATE OF CAL USE BLACK BY DRLY AND EASURE 11 GEO	OF DEATH	3202342001	1136
STATE FILE NUMBER  1 NAME OF DECEDENT- FIRST (Given)		USE BLACK INK DIRLY / MO ERASURE VS-11 (GE)	S, YMPTEOUTS OR ALTERATIONS  3. LAST (Farmly)	LOCAL REGISTRATION	NUMBER
4	PAULINA	GONZALES	BAGGAO		\ \
DECEDENT'S PERSONAL DATA	AXA ALSO KMOWN AS - Include full AXA (FAST, MIDDLE, LAS	m	4 DATE OF BERTH mm/dd/ccyy   5 AGE Y/s   08/31/1936   86	IF UNDER ONC YEAR IF	UNDER 74 HOURS 6 SEX
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8	17 USUAL OCCUPATION - Type of work for most of life. DO NO	ı	INESS OR INDUSTRY (e.g., gracery store, road cor	tstruction, employment agency, etc.	
$\dashv$	ASSEMBLY LEAD:  20. DECEDENT'S RESIDENCE (Street and rumber, or location)	MILITARY	<u> </u>		10
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	28 NAME OF SURVIVING SPOUSE/SROP-FIRST	29 MIDDLE	30 LAST (BIRTH NAME)	<del>/ / / </del>	
SPOUSE/SRDP AND ARENT INFORMATION	31 NAME OF FATHER/PARENT-FIRST	32. MIDDLE	33 LAST	<del></del>	34. BIRTH STATE
TINFO	DIONISIO	NARCISIO	GONZALES		PHLIPPNES
PARENT	35 NAME OF MOTHER/PARENT-FIRST	MARTINA	37 LAST (BURTH NAME) GURAY		38. BIRTH STATE PHLIPPNES
$\neg$	39. DISPOSITION DATE min/dis/copy 40. PLACE OF FINAL (	DISPOSITION CALVARY CEME	TERY		I TIEN THES
DIRECTOR/ EGISTRAR	04/26/2023 199 NORTH	HOPE AVENUE, SANTA			43 LICENSE NUMBER
LAL DIRE	BURIAL	▶ MESALINA	T CANAS-CALDERON	<i>5</i> 60	EMB9312
FUNERAL LOCAL P	44 NAME OF FUNERAL ESTABLISHMENT WELCH-RYCE-HAIDER FUNERA	L CHPLS FD303	48. SIGNATURE OF LOCAL REGISTRAN  HENNING ANSORG, M	D <b>5</b>	47 DATE mrvdo/ecyy 04/25/2023
ř.	101 PLACE OF DEATH SANTA BARBARA COTTAGE HO	SPITAL	102 F HOSPITAL SPECIFY ONE 11	HOSPICE NUMBER THAN HOSPITAL, S	Decedent's Consu
PLACE OF DEATH		PRESS OR LOCATION WHERE FOUND (Surest ex		108 CITY	
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OF DEATH	CAUSE Managen or			DAYS	YES X NO
CAUS	resulting in death) LAST		) )	DAYS	YES NO
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paren	113 WAS OPERATION PERFORMED FOR ANY CONDITION IN I	TEM 107 OR 1127 (if yes, list type of operation ar	od date)	1134.0	YES X NO UNK
S N	114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUPRE AT THE HOUR DATE, AND PLACE STATED FROM THE CAUSES STATED.	ED 115. SIGNATURE AND TITLE OF CERTIFIE	R V/	116. LICENSE NUMB	ER 117 DATE mm/dd/ccyy
PHYSICIAN'S CERTIFICATION	Decedent Attended Sincs Decedent Last Seen Airre	▶SUMMER KATHLEE	N BAIRD, MD	A173497	04/25/2023
CERTIL	W miniadocy (B) miniadocy 04/18/2023	317 W PUEBLO ST. SA	TE, MAILING ADDRESS, 20 CODE SUMMI ANTA BARBARA, CA 9310	ER KATHLEEN BA )5	AIRD, MD
	119.1 CERTIFY THAT IN MY OPWION DEATH OCCURRED AT THE HOUR, MANNER OF DEATH Natural Account Hors				122 HOUR (24 Hours
ΝĽ	123. PLACE OF INJURY (e.g., home, construction site, wooded				
USE OI	124 DESCRIBE HOW INJURY OCCURRED (Events which result	Trad to decide			
EH'S					
CORONER'S USE ONLY	125 LOCATION OF INJURY (Street and number, or location, an	id City, and zlp)			
Ī	126. SIGNATURE OF CORONER / DEPUTY CORONER	127 DATE m	m/dd/ccyy 128. TYPE NAME, TITLE OF CO	HONER / DEPUTY CORONER	
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S	TATE OF CALIFORNIA	les ADD 2	7 2022 .	*0006	29887

STATE OF CALIFORNIA COUNTY OF SANTA BARBARA

APR 27 2023

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara. California.

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Health Officer. PRINTERNAMENTALISE CONTRACTOR OF THE PROPERTY 
