DOC # 0703428 06/20/2007 11:16 AM Deputy: OFFICIAL RECORD Requested By:

WESTERN TITLE COMPANY INC

Douglas County - NV Werner Christen - Recorder

6

PG- 6316 RPTT:

Of

Fee:

19.00

0.00

APN#: 1320-33-711-016

Recording Requested By:

Western Title Company, Inc.
Escrow No.: 012150-SSL

When Recorded Mail To:

Denice C. Watson
9911 SE Hollywood Ave.
Milwaukie, OR
97222

Mail Tax Statements to: (deeds only	Mail	Tax	Statements	to:	(deeds	only
-------------------------------------	------	-----	-------------------	-----	--------	------

Denice C. Watson	
SAME	

(space above for Recorder's use only)

Page: 1

BK-0607

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

Signature

Susan Lapin

Agent

This document is being re-recorded to attach the "Exhibit A"

AFFIDAVIT OF DEATH OF TRUSTEE

This page added to provide additional information required by NRS 111.312 (additional recording fee applies)

This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a)

Brandi Ballingham, Legal Assistant ANDERSON & DORN, LTĎ.

APN: 1320-33-711-016 and a Portion of 17-212-05

RECORDING REQUESTED BY:

Anderson & Dorn, Ltd. 500 Damonte Ranch Parkway, Ste, 860 Reno. NV 89521

WHEN RECORDED MAIL TO:

Denice C. Watson 9911 SE Hollywood Ave. Milwaukie, OR 97222

MAIL TAX STATEMENT TO:

Denice C. Watson, Trustee 9911 SE Hollywood Ave. Milwaukie, OR 97222

0701680 05/23/2007 02:31 PM Deputy: OFFICIAL RECORD Requested By: ANDERSON & DORN LTD

Douglas County - NV Werner Christen - Recorder Page: 1 0f

BK-0507 17.00 PG- 7877 RPTT:

0.00

AFFIDAVIT OF DEATH OF TRUSTEE

- I, Denice C. Watson, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:
- (1) By instrument dated February 20, 1998, Stanley E. Watson and Billie J. Watson executed the Watson Living Trust ("Trust").
- (2) Said trust appointed me and Carolyn A. Harasin to serve as Successor Trustees upon the death or incapacity of Stanley E. Watson and Billie J. Watson.
- (3) Billie J. Watson died on April 27, 2005, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Billie J. Watson. Stanley E. Watson died on March 10, 2007, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "B" is a certified copy of the death certificate of said Stanley E. Watson.
- (4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Successor Trustees.

- (5) The following described real property is part of the trust estate: See Exhibit "C" attached.
- (6) Denice C. Watson and Carolyn A. Harasin are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustees 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 Denice C. Watson and Carolyn A. Harasin) as Successor Trustees.

Executed on Way 3, 2007, at Ren

Denice C. Watson, Trustee

STATE OF NEVADA

COUNTY OF WASHOE

SUBSCRIBED AND SWORN TO before me this 3d day of May, 2007.

Notary Public

OFFICIAL SEAL
PAMELA J LOW
NOTARY PUBLIC-OREGON
COMMISSION NO. 410284
MY COMMISSION EXPIRES OCTOBER 26, 2010

703428 Page: 3 Of 6 06/20/2007

0701680 Page: 2 Of 4 05/23/2007

STATE OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

		1	STATE OF	NEV/	DA — DEP	ADTRA	ENT OF L		EGUIDAI	. /		\	` (
	i				HEALTH -					:a [::	\		
į r			DIVISIO	N OF	CERTIFIC				, i i i i i i i i i i i i i i i i i i i		100	<u>.</u> .	-
	ROLL 118 IMAGE		1317		CENTIFIC	/A L	OF DEA		į į	- :\	2005 ()	006	654
TYPE ~	LOCAL FILE NUMBI DECEASED—NAME First	ER	Middle			Last,		DATE OF DEAT	H (Month, Day	Year	SIAIL	COUNTY OF	SER
OR PRINT							1	(· · · · ,	V V		
ERMANENT	1. Billi CITY, TOWN OR LOCATION OF	_	J.	THER IN	W.A. STITUTIONName	rson			1 27, 1		te DOA, OP/E	a Was	hoe _{EX}
SICK HIX			1			•		t and names,	Rm. Inpatie	nt (Specify	()		
CEDENT	36. Reno	ricen Mes D	ocedent of Hispani		ledical (AGE—Last	UNDER	- 3e	Inpat	ient /	4.	Fema1e
	RACE(e.g., White, Black, Ame indian, etc.) (Specify)		Mexican, Cuban,	Puerto Ric	can, etc.	io a yes,	Birthday (Yea		DAYS H	OURS I	AY DATE	OF BIFTH (A	vio., Day, Yr.)
	5 White	6.	· ·	·			^{7a.} 80	7b.	7c:		8 Se	ptemb	er 28,19
IF DEATH Courred in	STATE OF BIRTH (If not U.S.A., name country)	TR	TIZEN OF WHAT O Y		Decedent's Educa grade completed:	tion. Spe	city highest	MARRIED, NE WIDOWED, DI	VER MARRIED VORCED	And in column 2 is not to see the least of t	SURVIVING S	SPOUSE (II wi	le, give maiden nan
HANDBOOK	🛰 California	9b.	U.S.A.		10.	-, 14	3		arried	٠,	12Stan	ley E.	Watson
ARDING	SOCIAL SECURITY NUMBER		UAL OCCUPATION wking Life, Even if		ind of Work Done i	During Mos	313	- KIND OF BUS	SINESS OR IN	DUSTRY	149	N.,	1
PLETION OF ENCE ITEMS	13.	14a	· Paris		Secretai				Educat:	ion 🐇		744	
	RESIDENCE—STATE	COUNTY	£	7	CITY, TOWN, OR I	OCATION			ET AND NUM		Dr.	INSIDE CIT	TY LIMITS
اٍجِد	∖ ¹5ª Nevada	15h. Doi	uglas		‰ Gardi	iervi	11e.	15d.	1311 CI	iiche	ster		es .
 (FATHER NAME First		Middle	7.	Last	MOTH	IER-MAIDEN	NAME	First		Middle		Last
	∟ ¹6. Ålber	t "		. В	urlev	17.		Till Till	na 🤲		В	R-	urgess
	INFORMANT—NAME (Type or F		1,2	- <u> </u>	MAILING AC		V.		R.F.D. No., Cit	y or Town,			GIREDD
	18a Stanley E.	Wateon	- Hucha	nd.	18b. 13	Ch	dahbat	Prais	V. Car	1 – . –	411.	N	a 89410
_	BURIAL, CREMATION, REMOVA	L OTHER (Spe			R CREMATORY—	NAME /	Trenest	EL DE	LOCATION	Merv	City or Town		a 89410 State
	10n Beendal		19b.	į. 0-	1-52	1 - 4-4 -	N. 0			5	,		•
OSITION	19a. Burial FUNERAL DIBECTOR—SIGNAT (Or Person Acting as Such)	VRE .	FUN	eral dir	LVary Ca	AND ADDI	ひとらら ヘヒ ヒメヘ	HITY	.,	7			
		11	JUSE I	NSE NUM	IBER		- N	48 Fit:	zHenry	s Ca	rson V	alley	Funeral
	20a. 21g. To the best of my kno	and the state of	20b.	ZII	d place and	iome;	<u>-~ 1380</u>	a On the basis	Jo. Ga	irdne	rville	, Nev	<u>ada 8941</u>
ſ	219 To the best of my kind the to the cause(s) s (Signature and Title) DATE SIGNED (Mo.,	teted.		A M	MA	ر. دوي سويف	عاد الح <mark>دا</mark> الأراد	at the time, d	ate and place :	and due to	the cause(s) a	ny opinion de and manner s	tated.
	(Signature and Title) DATE SIGNED (Mo.,		TOM	F BEATH		الأملو بدرات	132 12	ignature and Titl ATE SIGNED (M	e) 12	<i>14</i>	LION'S OF SE		
	DATE SIGNED (MO.,	DB(11.)	HOOHO	F CLAIR	and the second	N	120 U	* ************************************	3.0		HOUR OF DE	ATH .	•
TIFIER	8\frac{2}{2} 21b.	د ا ک	21c.	071	5	وسر		b F % 15 //	700		22c.		
000 0000	21b. 22b. 22b. 22b. 22b. 22b. 22b. 22b.	IG PHYSICIAN II	FOTHER THAN C	ERTIFIER	R (Type or Print) 3	. \		SONOUNCED D	EAD (Mo., Day	(m)	PRONOUNCE	D DEAD (Ho	our)
				*				d. ON '	<u> </u>	Ŧ	22e. AT		
	NAME AND ADDRES	S OF CERTIFIE	II (PHYSICIAN, A1	LLÉNDING	PHYSICIAN, ME	DICAL EX	MINER, OR C	ORONER). (Ty	oe or Print.) 1.		LIC	ense numb	ER
Ļ	23a Constan	rde Hard	d. M.D.	7	7 Pringl	le Wa	y, Reń	o, Neva	ada∵ 89	502	23b	- 1032	9
OTTIONS ANY	REGISTRAR	/ X. Z	51		DATI	E RECEIVI	ED BY REGIS	TRAR (Mo., Day,	Yr.) DEATH	DUE TO C	OMMUNICAB	LE DISEASE	
H GAVE	24a. (Signature)	MONT	> NUL) Dep	246	May	3, 200	05	24c	YES	NO Dat		
SE TO IEDIATE	25. IMMEDIATE CAUSE (E	NTER ONLY ON	IE CAUSE PER LI	NE FOR Y	(a), (b), AND (c).)	1	y	Quant or	2 300 00	7 3 7	Interva	al between or	nset and death
AUSE TING THE ERLYING	PART (a) JEA	det '		917		<i>**</i>	1000	4.5		•	:		
E LAST	DUE TO, OR AS	A CONSEQUEN	CE OF:	*\\-\-		- 1		in t	. 4.		·Interva	al between or	nset and death
E/ I	1 Con Process		The state of the s	No.	" , ***.	A STATE OF THE STA	,-: ·			• ,		_	
\rightarrow	DUE TO, OR AS	A CONSEQUEN	CE OF:					<u> </u>	jar		• Interva	al between or	nset and death
	(100			٠.				.,4%	, :		
98B OF	(c)	T CONDITIONS	Conditions consist	nation to d	leath but not recent	ina in the a	inderteles este	e given in Bod	1. AUTOPSY	120	ectly WAS C	ACE DEEC	DED TO
BATH	PART OTHER SIGNE-ICAN	I OCHDITIONS	-Corpusing contin	Aming to d		ing in the b	indenying caus	an Abagui III 1. Wif	AUTOFST	Yes or		ASE REFER	Yes or No)
1	<u> </u>	T		/	<u> </u>			<i>‡</i> , "	26. No		27.	No	
\ \	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJU	IRY (Mo., Day, Yr.)	HOUR O	FINJURY	DESCRIE	BE HOW INJU	RY OCCURRED		-			
T.	(Specify) 28a.	28b.	_//	28c.	· / M					:			
- [INJURY AT WORK (Specify Yes or No)	PLACE OF IN	JURYAt home, building, etc	farm, stree . (Specify)	et, factory, office	LOCATIO	ON.	STREET OR	R.F.D. No.	Ci	TY OR TOWN	STA	TE
Ļ	280.	281.		`		28g.	· ·						
			16.5					5.47		d ft.1	1 - 1	300	202
	The state of the s	-	STATE	REGI	STRAR		7	i .,		-10		2 865	せひろ
	annum.					· • · ·		Anne 4	1				annuminity in
	T056	15	CER	TIFIE	D COPY C	F VIT	AL REC	ORDS	S . \$				COP MAN
				ha daa	nant afficially ra	nictored o	· / / 1	\ .	^ -	11.			

placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAR 2 1 2007

This copy is not vali







STATE OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

			CENTRILOTA	TISTICS EA ! I	7 * 1	STATE FILE NUMBE	
TYPE OR PRINT IN	1a DECEASED-NAME FIRS	1b. MIDDLI	1c. LAS	т	2. DATE OF DEATH (Mo		TY OF DEATH
PERMANENT	Stanley	E	WATSON	ł [*]	March 10, 2	007	Douglas
BLACK INK	3b. CITY, TOWN, OR LOCATIO	N OF DEATH 3c. HOSPIT	AL OR OTHER INSTITUTION	-Name(if not either, g	give street 3e.If Hosp. or	16.4	ner. Rm. 4. SEX
DECEDENT	Gardnerville	Evei	green Gardnerville He	alth & Rehab Cen	ter Inpatient(Spec	· inpatient .	Male
Ē '	5. RACE-(e.g., White, Black, American Indian) (Specify) White		uban, Puerto Rican, etc. on-hispanic	7a. AGE-Last birthday (Years) 80	MOS DAYS: HO	Dec	cember 20, 1926
IF DEATH OCCURRED IN INSTITUTION	9a. STATE OF BIRTH (If not U. name country) Oregon	United	WHAT COUNTRY 10. EDUCA I States 14	DIVORCED (Spe	widowed	maiden name)	SPOUSE (if wife, give
SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE	13. SOCIAL SECURITY NUMBER	R 14a USUAL OCC Life, Even if Retir	Technica	I Manager		F BUSINESS OR INDUST	
ITEMS	15a. RESIDENCE - STATE Nevada	156. COUNTY.↓ Douglas	15c. Cπy, Town OR L Gardner	ville 131	STREET AND NUMBER 11 Chichester Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
PARENTS	16. FATHER - NAME (First Mic	idle Last Suffix). Harold S WATSC	N .	2008		L BATIS	
	_	HARASIN	185 MAILING AD	1311 Chich	.F.D. No, City or Town, Sta ester Drive Gardner	ville, Nevada 89410	76
-	19a. BURIAL, CREMATION, RE Removal/	Burial	Ct Ct	ilvary Cémetery		9c. LOCATION City or 1 Sacramento	176. 27
		GNATURE (Or Person Acti SMOLEMSKI TURE AUTHENTICATE	DIRECTORL	CENSE		ACILITY arson Valley Funera 195 N. Gardnerville N	
RADE CALL	TRADE CALL - NAME AND AD	DRESS				**************************************	
	to the cause(s) stated.	(Signature & Title) SIGNA IREMCE GEORGI O/Day/Yr) 21c.	at the time, date and place an ATURE AUTHENTICATED E GAY [3.10. HOUR OF DEATH 20:00	a the time, o	ne basis of examination are fate and place and due to t E SIGNED (Mo/Day/Yr)	d/or investigation, in my op the cause(s) stated. (Signal 22c. HOUR OF	ature & Title)
CERTIFIER	윤 출 21d. NAME OF ATTEN 으 등 (Type or Print)	DING PHYSICIAN IF OTHE	R THAN CERTIFIER	& 22d PRO	NOUNCED DEAD (Mo/Da		NCED DEAD AT (Hour)
	23a. NAME AND ADDRESS OF		ATTENDING PHYSICIAN, ME rge Gay M.D. Po Box			nt) 23b. LICEN	SE NUMBER 5152
REGISTRAR	24a. REGISTRAR (Signature)	MIKE NI SIGNATURE AUT	EUMANN	24b DATE RECEIVE (Mo/Day/Yr) M	ED BY REGISTRAR Jarch 15, 2007	24c. DEATH DUE TO C	OMMUNICABLE DISEASE NO X
CAUSE OF DEATH	25. IMMEDIATE CAUSE PART (a) Cardiac	Arrest	IE CAUSE PER LINE FOR (a)	(b), AND (c).)		Interval between onse Seconds	et and death
CONDITIONS IF ANY WHICH GAVE RISE TO	(b) Myocar	las a consequence of dial Infarction		ar ar		Interval between onse Minutes	
IMMEDIATE — CAUSE STATING THE UNDERLYING	(_(c) Corona	r as a consequence or ry Artery Disease	a / i >			Interval between onse	
CAUSE LAST	I Ischemic (Cardiomyopathy	ons contributing to death but n			Yes or No) No	TO CORONER (Specify Yes or No) Yes
	28a, ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		Mo/Day/Yr) 28c. HOUR OF		*		
	28e. INJURY AT WORK (Specif Yes or No)	28f. PLACE OF INJURY building, etc. (Specify)	- At home, farm, street, factory	· · · · ·	ON. STREET OR R.F	F.D. No. CITY OR TON	MN STATE
51113			STATI	E REGISTRAR			

0703428 Page: 5 Of 6 06/20/2007

T04821

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: MAR 1 6 2007



BK- 0507 PG- 7879 05/23/2007



0701680

EXHIBIT "C"

LEGAL DESCRIPTION:

Lot 48, Block N, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215.

APN: 1320-33-711-016

PROPERTY ADDRESS: 1311 Chichester Drive, Gardnerville, Nevada

LEGAL DESCRIPTION:

A timeshare estate compromised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/1071st interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL F: A parcel of land located within a portion of the West one-half of the Northeast one-quarter (W ½ NE ¼) of Section 22, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at the one-quarter corner common to Sections 15 and 22, T13N, R19E, M.D.M., a found 1985 BLM brass cap as shown on the Record of Survey prepared by David D. Winchell and recorded September 28, 1989 in the office of the Recorder, Douglas County, Nevada as Document No. 211937; thence South 57°32'32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80°00'00" East, 93.93 feet; thence North 35°00'00" East, 22.55 feet; thence North 10°00'00" West, 92.59 feet; thence North 80°00'00" East, 72.46 feet; thence South 10°00'00" East, 181.00 feet; thence South 80°00'00" West, 182.33 feet; thence North 10°00'00" West, 72.46 feet to the POINT OF BEGINNING.

(Reference is made to Record of Survey for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded on September 17, 1998 in Book 998, at Page 3261, as Document No. 449576.)

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998, as Document No. 0449993, and as amended by Document Nos. 0466255, 0485265 and 0489959, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a DELUXE UNIT each year in accordance with said Declaration.

A Portion of APN: 17-212-05

PROPERTY ADDRESS: David Walley's Resort, Every Year Use, Week #17-018-27-01,

Genoa, Nevada

