

RECORDING REQUESTED BY
First American Title Insurance Co.
of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Barbara Reynolds Steigman
3625 Kennedy Drive
East Moline, IL 61244



Space Above This Line for
Recorder's Use Only

1318-26-101-006 ptn
A.P.N. 07-130-19

File No.: TRAN-6952 ()

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

Barbara R. Steigman ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Hugo P. Steigman** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **April 25, 2008** at **Moline, IL** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **November 19, 1992** executed by **Hugo P. Steigman and Barbara R. Steigman** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Special Warranty Deed** dated **December 23, 1992** which was recorded as Instrument No. **298547**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: February 20, 2009

DECLARANT:

x/Barbara R Steigman
Barbara R. Steigman, Trustee

State of Illinois)
)ss
County of Rock Island)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County of Rock Island and State Illinois, this 4 day of March, 2009 by Barbara R. Steigman, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

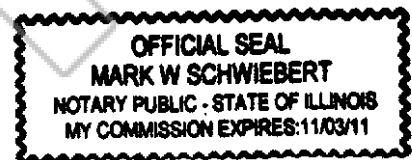
Signature [Handwritten Signature]

My Commission Expires: _____

Notary Name: _____ Notary Phone: 309-762-9369

Notary Registration Number: _____ County of Principal Place of Business Rock Island

This area for official notarial seal



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EXHIBIT A

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property) located in the County of Douglas, State of Nevada:

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown on that amended parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraph 2.5, 2.6, and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283, at page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document No. 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the HIGH Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, right-of-way of record.



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**STATE OF ILLINOIS
CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. 81.0
LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Hugo P. Steigman 2. SEX Male 3. DATE OF DEATH (Month/Day/Year) (Spell Month) April 25, 2008

4. COUNTY OF DEATH Rock Island 5a. AGE AT LAST BIRTHDAY (Years) 81 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) November 7, 1926

7a. CITY OR TOWN Moline 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Heartland Health Care Center

7c. PLACE OF DEATH (Check only one; see instructions)
IF DEATH OCCURRED IN A HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility Nursing Home-Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) Berkley, CA 9. SOCIAL SECURITY NUMBER [REDACTED]-6627 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Barbara Reynolds 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) 3625 Kennedy Drive 13b. APT. NO. 13c. CITY OR TOWN East Moline 13d. INSIDE CITY LIMITS? Yes No

14. FATHER'S NAME (First, Middle, Last) Emanuel Steigman 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Bianca Berna Peyser

16a. INFORMANT'S NAME Barbara Steigman 16b. RELATIONSHIP Wife 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 3625 Kennedy Dr. East Moline, IL 61244

17. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Moline Crematory 19. LOCATION - CITY, TOWN AND STATE Moline, IL 20. DATE OF DISPOSITION (Month/Day/Year) 4/29/08

21a. FUNERAL HOME NAME Esterdahl Mortuary & Crematory, Ltd. STREET AND NUMBER 6601-38th Avenue CITY OR TOWN Moline, IL STATE IL ZIP 61265

21b. FUNERAL DIRECTOR'S SIGNATURE Wendy Carlson 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014234

22. LOCAL REGISTRAR'S SIGNATURE Wendy Carlson 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) April 28, 2008

CAUSE OF DEATH (See instructions and examples)
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson's Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

a. IMMEDIATE CAUSE (Final disease or condition resulting in death) Parkinson's disease
Due to (or as a consequence of):
b. Dementia
Due to (or as a consequence of):
c. Atrial fib
Due to (or as a consequence of):

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
25. WAS AN AUTOPSY PERFORMED? Yes No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months
29. MANNER OF DEATH: Nature Suicide Could not be determined Accident Homicide Pending investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) 33. INJURY AT WORK? Yes No

34. LOCATION OF INJURY: Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY SPECIFY: Driver/Operator Pedestrian Passenger Other (Specify)

37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 4/18/08 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) 4-25-08 40. TIME OF DEATH 8:44 EXAM. P.M.

41. CERTIFIER (Check only one):
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) A. OKBA, MD 43. PHYSICIAN'S LICENSE NUMBER 036-108363

44. TITLE OF CERTIFIER MD 45. DATE CERTIFIED (Month/Day/Year) 4/28/08 46. SIGNATURE OF CERTIFIER [Signature]

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This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

DATE April 28, 2008 SIGNED [Signature]
AT Rock Island, Illinois OFFICIAL TITLE Deputy Registrar

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certifications of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VR200 (Rev. 1/05)