



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, Paralegal
ANDERSON, DORN & RADER, LTD.

APN: 1420-28-401-008
and a portion of 1319-22-000-003

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Gordon C. Allen
1231 Melborn Way
Minden, NV 89423

MAIL TAX STATEMENT TO:

Gordon C. Allen
1231 Melborn Way
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

We, Gordon C. Allen and Gail L. Allen, 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 March 16, 2010, Dorothy A. Allen and I executed the Allen Living Trust ("Trust").

(2) Said trust appointed Gordon C. Allen and Gail L. Allen to serve as Successor Trustees upon the death or incapacity of Dorothy A. Allen.

(3) Dorothy A. Allen died on March 27, 2011, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Dorothy A. Allen.



Executed on April 26, 2011, at Reno, Nevada.

Gail L. Allen
Gail L. Allen, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

SUBSCRIBED AND SWORN TO before me this 26th day of April, 2011, by
Gail L. Allen.

Sara Lee Oliver
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

**VITAL STATISTICS
CERTIFICATE OF DEATH**

2011004648

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dorothy Anné Louise ALLEN			2. DATE OF DEATH (Mo/Day/Year) March 27, 2011			3a. COUNTY OF DEATH Douglas								
3b CITY, TOWN, OR LOCATION OF DEATH Minden			3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 1231 Melborn Way			3e.If Hosp or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home			4 SEX Female					
5. RACE White (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic			7a AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS.		8. DATE OF BIRTH (Mo/Day/Yr) April 19, 1928		
9a STATE OF BIRTH (If not U.S.A. name country) California			9b CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14			11. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (If wife, give maiden name) Gordon C ALLEN		
13 SOCIAL SECURITY NUMBER [REDACTED] 2691			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker			14b KIND OF BUSINESS OR INDUSTRY Own Home			Ever in US Armed Forces? No					
15a. RESIDENCE - STATE Nevada			15b COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1231 Melborn Way			15e. INSIDE CITY LIMITS (Specify Yes or No) No		
16 FATHER/PARENT - NAME (First Middle Last Suffix) Abraham Abraham HAMM						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel BORING								
18a INFORMANT - NAME (Type or Print) Gordon C ALLEN						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1231 Melborn Way Minden, Nevada 89423								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory			19c LOCATION City or Town State Carson City Nevada 89706					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703					
TRADE CALL - NAME AND ADDRESS														
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) RALPH HERBIG DO SIGNATURE AUTHENTICATED						22a. 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) stated (Signature & Title)								
21b. DATE SIGNED (Mo/Day/Yr) March 29, 2011						21c. HOUR OF DEATH 03:10			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)						22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV 89410									23b. LICENSE NUMBER 984					
24a REGISTRAR (Signature) CHRISTINE POOL SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 30, 2011			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))														
PART I (a) Ischemic Encephalopathy										Interval between onset and death Minutes				
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death Minutes				
(b) Cardiopulmonary Arrest										Interval between onset and death Hours				
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death Days				
(c) Electrolyte Disturbance														
DUE TO, OR AS A CONSEQUENCE OF:														
(d) Bowel Blockage														
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.									26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)			28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE								

STATE REGISTRAR



BK-411
PG-6086

782365 Page: 4 of 6 04/29/2011

VRS-Rev 20110104

380386

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: 04/07/2011

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

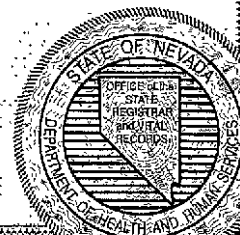
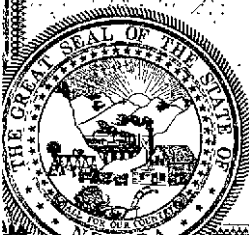




EXHIBIT "B"

Legal Description:

A parcel of land in the SW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of Section 28, Township 14 N., Range 20E, M.D.B.&M., more particularly described as follows:

Commencing at the SW corner of Section 28, Township 14 N., Range 20 E., M.D.B.&M., thence East 873.86 feet on the South line of said Section 28 to the True Point of Beginning; thence North $0^{\circ}14'48''$ East 360.50 feet; thence East 120.84 feet; thence South $0^{\circ}04'48''$ West 360.50 feet; thence West 120.84 feet to True Point of Beginning.

APN: 1420-28-401-008

Property Address: 1231 Melborn Way, Minden, NV 89423

Legal Description:

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

An undivided $\frac{1}{1071}^{\text{st}}$ 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 ($W \frac{1}{2} NE \frac{1}{4}$) 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 $57^{\circ}32'32''$ East, 640.57 feet to the POINT OF BEGINNING; thence North $80^{\circ}00'00''$ East, 93.93 feet; thence North $35^{\circ}00'00''$ East, 22.55 feet; thence North $10^{\circ}00'00''$ West, 92.59 feet; thence North $80^{\circ}00'00''$ East, 72.46 feet; thence South $10^{\circ}00'00''$ East, 181.00 feet; thence South $80^{\circ}00'00''$ West, 182.33 feet; thence North $10^{\circ}00'00''$ 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. 044993, and subject to said Declaration; with the exclusive right to use said interest for one Use Period each year in accordance with said Declaration.

APN: A portion of 1319-22-000-003

