

OFFICIAL RECORD

Requested By:

ALAN E BURCHETT

**RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:**

ALAN E. BURCHETT, ESQ.
1074 East Avenue, Suite K
Chico, CA 95926

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1211 PG- 4685 RPTT: 0.00

MAIL TAX STATEMENTS TO:

Andrea Kelsey-Rhodes
1036 Marchetti Court
Chico, CA 95926



AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA, County of Butte:

ANDREA LEE KELSEY-RHODES of legal age, being duly sworn, says:

1. On June 7, 2006, PAUL RHODES and ANDREA LEE KELSEY-RHODES, as Grantors and as Trustees, by a Trust Agreement created the Rhodes Family Trust - 2006 established June 7, 2006.

2. On August 29, 2006, the Grantors executed a Quitclaim Deed, recorded September 5, 2006 as document number 0683796 in Official Records in the office of the Douglas County Recorder, conveying to Paul Rhodes and Andrea Lee Kelsey-Rhodes as Trustees of the Rhodes Family Trust - 2006, that certain property located in Douglas County, State of Nevada described as follows:

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 1/2448th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL G as shown on that Record of Survey To Support a Boundary Line Adjustment recorded on September 20, 2002 in the Office of the Douglas County Recorder as Document No. 0552536, adjusting that Record of Survey recorded April 29, 2002 as Document No. 0540898, pursuant to that Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at Page 3464, as Document No. 0501638, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, Page 467, as Document No. 0502689, Official Records of Douglas County, Nevada.

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, 0489957, 0509920 and 0521436, and that Declaration of Annexation of David Walley's Resort Phase III recorded on July 1, 2003 in the Office of the Douglas County Recorder as Document No. 0582120 and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a TWO BEDROOM UNIT every other year in ODD -numbered years in accordance with said Declaration.

Together with a perpetual non-exclusive easement of use and enjoyment in, to and throughout the Common Area and a perpetual non-exclusive easement for parking and pedestrian and vehicular access, ingress and egress as set forth in Access Easement and Abandonment Deed recorded September 20, 2002 in Book 0902, at Page 06242, as Document No. 0552534, Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-020

3. On October 12, 2011, Paul Rhodes said Trustee, the same person as the decedent mentioned in the certified copy of Certificate of Death, attached hereto, died; and

4. The said Trust Agreement provides that ANDREA LEE KELSEY-RHODES thereupon became the Sole Trustee of the said Trust, and having accepted the office of Sole Trustee, is now the qualified and acting Sole Trustee of the said Trust.

Dated: December 15, 2011

Andrea Lee Kelsey-Rhodes
ANDREA LEE KELSEY-RHODES,
as Sole Successor Trustee of the Rhodes
Family Trust - 2006

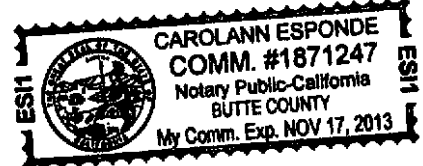
JURAT

STATE OF CALIFORNIA)
COUNTY OF BUTTE)

Subscribed and sworn to (or affirmed) before me on this 15th day of December, 2011, by ANDREA LEE KELSEY-RHODES proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Carolann Esponde
Notary Public of the State of California

[SEAL]



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF BUTTE

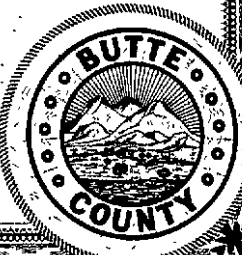
202 MIRA LOMA DRIVE
OROVILLE, CALIFORNIA 95965

CERTIFICATE OF DEATH

3201104001784

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) PAUL		2 MIDDLE RHODES	
3 LAST (Family)		4 DATE OF BIRTH mm/dd/yyyy 05/24/1939	
AKA - ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		5 AGE Yrs 72	
6 SEX M		7 DATE OF DEATH mm/dd/yyyy 10/12/2011	
8 BIRTH STATE/FOREIGN COUNTRY ENGLAND		9 SOCIAL SECURITY NUMBER 2782	
10 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		11 MARRIAGE STATUS (at Time of Death) MARRIED	
12 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		13 EDUCATION - Highest Level Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PASTOR		15 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MINISTRY	
16 YEARS IN OCCUPATION 12		17 USUAL RESIDENCE (Street and number, or location) 1036 MARCHETTI COURT	
18 CITY CHICO		19 COUNTY/PROVINCE BUTTE	
20 ZIP CODE 95926		21 YEARS IN COUNTY 33	
22 STATE/FOREIGN COUNTRY CA		23 INFORMANT'S NAME, RELATIONSHIP ANDREA KELSEY-RHODES, WIFE	
24 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1036 MARCHETTI COURT, CHICO, CA 95926		25 NAME OF SURVIVING SPOUSE(S) (First, Middle, Last) ANDREA LEE MILLS	
26 NAME OF FATHER/PARENT-FIRST WILLIAM		27 NAME OF MOTHER/PARENT-FIRST TILLY	
28 NAME OF FATHER/PARENT-MIDDLE RHODES		29 NAME OF FATHER/PARENT-LAST UNKNOWN	
30 BIRTH STATE ENGLAND		31 BIRTH STATE ENGLAND	
32 DISPOSITION DATE mm/dd/yyyy 10/18/2011		33 PLACE OF FINAL DISPOSITION TEMPERARY HOLD, CHICO MEMORIAL MAUSOLEUM 680 CAMELLIA WAY, CHICO, CA 95926	
34 TYPE OF DISPOSITION (R) CR/TEMP		35 SIGNATURE OF EMBALMER NOT-EMBALMED	
36 LICENSE NUMBER FD961		37 SIGNATURE OF LOCAL REGISTRAR MARK A LUNDBERG, MD	
38 DATE 10/18/2011		39 IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
101. PLACE OF DEATH ENLOE MEDICAL CENTER - ESPLANADE		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DDA	
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1531 ESPLANADE		104. CITY CHICO	
105. CAUSE OF DEATH CHRONIC OBSTRUCTIVE PULMONARY DISEASE		106. DEATH REPORTED TO CORONER? YRS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CERTIFIER DINESH VERMA M.D.		116. LICENSE NUMBER A55159	
117. DATE 10/17/2011		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DINESH VERMA M.D. 130 INDEPENDENCE CIRCLE, CHICO, CA 95973	
119. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homocide <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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. HOUR (24 Hours)	
125. LOCATION OF INJURY (Street and number, or location, and city)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

BK- 1211
PG- 4687
12/21/2011
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This is to certify that the attached is a true and correct copy of the vital record which is on file in this office of which I am legal custodian.
DATE ISSUED **OCT 19 2011**

Mark A. Lundberg, M.D., M.P.H.
MARK A. LUNDBERG, M.D., M.P.H.
HEALTH OFFICER

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

