



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).

Kristin M. Kaminski
Kristin M. Kaminski
ANDERSON, DORN & RADER, LTD.

APN: A Portion of APN 1319-15-000-015

RECORDING REQUESTED BY:

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

WHEN RECORDED MAIL TO:

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

MAIL TAX STATEMENTS TO:

Geré Clark, Trustee
317 Bayhill Circle
Dayton, NV 89403

AFFIDAVIT OF DEATH OF TRUSTEE

I, Geré Clark, 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 December 27, 1995, Roland E. Leshar executed the Leshar Family 1995 Trust ("Trust"). The initial Trustee of the Trust was Roland E. Leshar.
- (2) Roland E. Leshar died on March 15, 2013 at Carson City, Nevada, a resident of Lyon County, Nevada. Attached hereto is a certified copy of the death certificate of said Roland E. Leshar.
- (3) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of Roland E. Leshar.



- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.
- (5) The following described real property is part of the trust estate: See Exhibit "A" attached.
- (6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee 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 us me Successor Trustee.

Executed on this 23rd day of April, 2013, at Reno, Nevada.

Geré Clark
 Geré Clark, Trustee

STATE OF NEVADA)
) ss:
 COUNTY OF WASHOE)

SUBSCRIBED AND SWORN TO before me
by Geré Clark, Trustee, this 23rd day of April, 2013.

Kristin M. Kaminski
 Notary Public

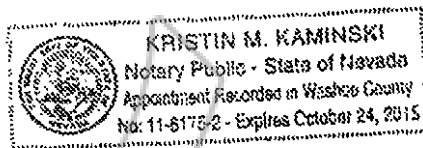




EXHIBIT "A"

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 1/3978th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL 3-1 of the Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder of October 19, 2000, in Book 1000, at page 3464, as Document No. 501638, and by Certificate of Amendment recorded November 3, 2000 in Book 1100, Page 467, as Document No. 502689, Official Records of Douglas County, Nevada.

Together with a permanent non-exclusive easement for utilities and access, for the benefit of Parcel #-1, as set forth in Quitclaim Deed recorded September 17, 1998 in Book 998, Page 3250 as Document No. 449574, Official Records, 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, 0489959, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a STANDARD UNIT every other year in ODD-numbered years in accordance with said Declaration.

A Portion of APN 1319-15-000-015

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013004842
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Roland Eugene LESHER		2. DATE OF DEATH (Mo/Day/Year) March 15, 2013		3a. COUNTY OF DEATH Carson City		
	3d. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient		
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 89		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		6. DATE OF BIRTH (Mo/Day/Yr) January 03, 1924		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18		
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)				
PARENTS	13. SOCIAL SECURITY NUMBER ██████-3825		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Budget Analyst		14b. KIND OF BUSINESS OR INDUSTRY U S Government		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Dayton		
DISPOSITION	15d. STREET AND NUMBER 246 La Costa		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
	18. FATHER/PARENT - NAME (First Middle Last Suffix) Mike LESHER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn HARRIS			
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Gere CLARK			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 317 Bayhill Circle Dayton, Nevada 89403			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Dr. Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701		
	SIGNATURE AUTHENTICATED						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA			21b. DATE SIGNED (Mo/Day/Yr) March 24, 2013			
	21c. HOUR OF DEATH 01:58			21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
REGISTRAR	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)			22b. DATE SIGNED (Mo/Day/Yr)			
	22c. HOUR OF DEATH			22d. PRONOUNCED DEAD (Mo/Day/Yr)			
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703			23b. LICENSE NUMBER 11909			
	24a. REGISTRAR (Signature) BIANCA GALEANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 27, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death			
	(a) Cardiopulmonary Arrest			Interval between onset and death			
(b) Subdural Hematoma			Interval between onset and death				
(c) Acute Stroke			Interval between onset and death				
(d) Atherosclerotic Disease			Interval between onset and death				
PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.				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. PART 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

Information Corrected, State Affidavit# 58390, 04/18/2013 - 8


BK 513
PG-7538
824408 Page: 4 of 4 05/30/2013

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: **APR 19 2013**

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

B. Galeano
STATE REGISTRAR

