

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).



ANDERSON, DORN & RADER, LTD.

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

RECORDING REQUESTED BY:

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

AFTER RECORDING MAIL TO:

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

MAIL TAX STATEMENT TO:

Helen L. Wilde, Trustee
2321 Meadowbrook Lane
Carson City, NV 89701

AFFIDAVIT OF DEATH OF TRUSTEE

I, HELEN L. WILDE, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated September 15, 2000, RUSSELL M. WILDE and I executed the WILDE LIVING TRUST ("Trust").

(2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of RUSSELL M. WILDE.

(3) RUSSELL M. WILDE deceased on December 17, 2014, at Carson City, Nevada, a resident of Carson City, Nevada. Attached hereto is a certified copy of the death certificate of said RUSSELL M. WILDE.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole 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.

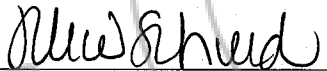
(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Washoe, State of Nevada, on January 26, 2015.


HELEN L. WILDE, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on January 26, 2015, by HELEN L. WILDE, Trustee.


Notary Public

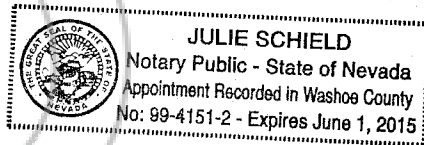


EXHIBIT "A"

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 E-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 on 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 E-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, 0489957, 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 EVEN-numbered years in accordance with said Declaration.

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2014021431
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) Russell Martin WILDE		2. DATE OF DEATH (Mo/Day/Year) December 18, 2014		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 2321 Meadowbrook Ln		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Residence	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 73	
9a. STATE OF BIRTH (if not U.S.A.) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER -9389		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Highway Engineer		14b. KIND OF BUSINESS OR INDUSTRY Nevada Department Of Transportation	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 2321 Meadowbrook Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (Maiden name) Helen LOUISE		13. STATE OF BIRTH (if not U.S.A.) Nevada		14. DATE OF BIRTH (Mo/Day/Yr) March 29, 1941	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward Martin WILDE		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Vivian RUSSELL			
18a. INFORMANT - NAME (Type or Print) Helen L WILDE		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2321 Meadowbrook Ln Carson City, Nevada 89701			
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) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED NITA SCHWARTZ M.D.					
21b. DATE SIGNED (Mo/Day/Yr) December 24, 2014		21c. HOUR OF DEATH 17:21		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703		23b. LICENSE NUMBER 9114		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 02, 2015		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) Bladder Cancer Metastatic				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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	
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		28h. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			

STATE REGISTRAR

558913

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: 1/2/2015

R. J. Wilkins
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

