

DOUGLAS COUNTY, NV **2015-866648**
Rec:\$16.00
\$16.00 Pgs=3 **07/22/2015 02:14 PM**
STEWART TITLE VACATION OWNERSHIP
KAREN ELLISON, RECORDER

A Ptn of APN 1319-15-000-025

RECORDING REQUESTED BY
STEWART VACATION OWNERSHIP

WHEN RECORDED MAIL TO:
Olivia Vosmik Fiamengo
22190 Clemens Rd.
VC Highlands, NV 89521

Escrow No. 20150822-TS/AH

RECORDERS USE ONLY

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF Nevada)
) ss.
COUNTY OF Washoe)

OLIVIA VOSMIK FIAMENGO, of legal age, being duly sworn, deposes and says

That **JOSEPH MATHEW VOSMIK**, the decedent mentioned in the attached Certificate of Death, is the same person as **JOSEPH MATHEW VOSMIK** named as the Trustee of that certain Declaration of Trust dated August 26, 1991 and designated the Trustee in Deed recorded July 24, 2000 as Document No. 496204, in Book 0700 at Page 3325 in Douglas County, Nevada.

In accordance with the above referenced trust, OLIVIA VOSMIK FIAMENGO shall act as successor trustee of said trust on the death of JOSEPH MATHEW VOSMIK.

OLIVIA VOSMIK FIAMENGO is filing this Affidavit with the Douglas County Recorder to establish the succession of OLIVIA VOSMIK FIAMENGO, as successor trustee pursuant to the aforesaid trust. The trust estate includes an interest in real property located in Douglas County, State of Nevada, which is more fully described in Exhibit 'A' attached hereto and incorporated herein by reference.

Dated: July 2, 2015



Olivia Vosmik Fiamengo

STATE OF Nevada)
) ss.
COUNTY OF Washoe)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME, RICHARD SAHLBERG
NOTARY PUBLIC ON THIS 2 DAY OF July, 2015. BY
OLIVIA VOSMIK FIAMENGO, PERSONALLY KNOWN TO ME OR PROVED TO ME ON THE
BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE  (SEAL)
NOTARY PUBLIC

NOTARY EXPIRATION DATE: 8/20/2018

 **RICHARD SAHLBERG**
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 10-2643-2 - Expires August 20, 2018

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

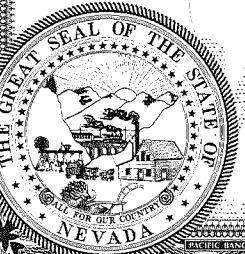
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2014003134
STATE FILE NUMBER

| | | | | | | |
|--|--|---|--|-----------------------------------|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) Joseph Mathew VOSMIK II | | 2. DATE OF DEATH (Mo/Day/Year) February 23, 2014 | | 3a. COUNTY OF DEATH Washoe | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Reno | | 3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Veterans Hospital | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient | |
| DECEDENT | 5. RACE White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 87 | |
| | 7b. UNDER 1 YEAR MOS: _____ DAYS: _____ | | 7c. UNDER 1 DAY HOURS: _____ MINS: _____ | | 8. DATE OF BIRTH (Mo/Day/Yr) February 28, 1926 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 9a. STATE OF BIRTH (if not U.S.A. name country) Ohio | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 16 | |
| | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (if wife, give maiden name) Carroll DEVERS | | 13. SOCIAL SECURITY NUMBER ██████-5416 | |
| PARENTS | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Officer | | 14b. KIND OF BUSINESS OR INDUSTRY Military | | 15. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Washoe | | 15c. CITY, TOWN OR LOCATION Sparks | |
| DISPOSITION | 15d. STREET AND NUMBER 275 Neighborhood Way #138 | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph Mathew VOSMIK | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian Nettie DIVOKY | |
| | 18a. INFORMANT - NAME (Type or Print) Carroll VOSMIK | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 275 Neighborhood Way #138 Sparks, Nevada 89441 | | | |
| TRADE CALL | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Sierra Crematory | | 19c. LOCATION: City or Town State Reno Nevada 89503 | |
| | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP BARNA SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 222T | | 20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509 | |
| 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) NEILA SEVERS SHUMAKER M.D. 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) February 26, 2014 | | 21c. HOUR OF DEATH 06:40 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| REGISTRAR | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | |
| | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Neila Severs Shumaker M.D. 1000 Locust St/018 Reno, NV 89520 | | 23b. LICENSE NUMBER 4891 | | 24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED | |
| CAUSE OF DEATH | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 03, 2014 | | 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 | |
| | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Pneumonia | | Interval between onset and death | | 26. AUTOPSY (Specify Yes or No) No | |
| CONDITIONS IF ANY WHICH SAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST | (b) Cerebrovascular disease | | Interval between onset and death | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | |
| | (c) Parkinsons disease, dementia | | Interval between onset and death | | 28a. ACC., SUICIDE, HOME, UNDET. OR PENDING INVEST. (Specify) | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | | |
| 28e. INJURY AT WORK (Specify Yes or No) | | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | | 28d. DESCRIBE HOW INJURY OCCURRED | | |
| 28g. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE | | 28e. INJURY AT WORK (Specify Yes or No) | | | | |

STATE REGISTRAR

3759299



521939

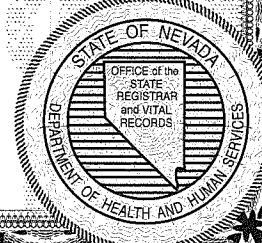
CERTIFIED COPY OF VITAL RECORDS

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: 03/11/2014

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



RVS-Rev-20120523a

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Inventory No.: 17-012-17-01

EXHIBIT "A"
(Walley's)

This document is recorded as an **ACCOMMODATION ONLY** and without liability for the consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

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 1/1071st 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 (W1/2 NE1/4) 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°32'32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80°00'00" East, 93.93 feet; thence North 35°00'00" East, 22.55 feet; thence North 10°00'00" West, 92.59 feet; thence North 80°00'00" East, 72.46 feet; thence South 10°00'00" East, 181.00 feet; thence South 80°00'00" West, 182.33 feet; thence North 10°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 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. 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 DELUXE UNIT each year 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 Relocation recorded on May 26, 2006, in Book 0506 at Page 10729, as Document No. 0676008; and Access Easement recorded on July 26, 2006, in Book 0706 at Page 9371, as Document No. 0680633, all of Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-025