

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:
Edward C. Koons
LAW OFFICE OF EDWARD C. KOONS, INC.
11990 Heritage Oak Place, Suite 1A
Auburn, CA 95603



KAREN ELLISON, RECORDER

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

LINDA L. WHITFIELD, of legal age, being duly sworn, deposes and says:

That **ALBERT G. ROESCH** and **BEVERLY ANNE ROESCH**, the decedents mentioned in the attached certified copies of Certificates of Death, are the same persons as **ALBERT ROESCH** and **BEVERLY A. ROESCH**, named in that certain Deed executed by Sharon David, Director, Title Services, Wyndham Vacation Resorts, Inc. on January 22, 2008, and recorded on February 26, 2008, as Document No. 0718597, Official Records of Douglas County, Nevada, covering the following property situated in the County of **DOUGLAS**, State of **NEVADA**, which is attached as **Exhibit A** hereto and made a part hereof.

Affiant further states that the successor trustee under said Trust Agreement is **LINDA L. WHITFIELD**.

DATED: 3 AUGUST, 2015

Linda L. Whitfield
LINDA L. WHITFIELD, Successor Trustee
ROESCH FAMILY TRUST dated 1/13/2004

ACKNOWLEDGMENT

STATE OF KENTUCKY)
) ss.
COUNTY OF Jefferson)

The foregoing instrument was acknowledged before me this 3RD day of August, 2015, by LINDA L. WHITFIELD.

Barbara Ann Gault
Notary Public
Printed Name: BARBARA ANN GAULT
My Commission Expires: 21 MARCH 2019

EXHIBIT A

(Legal Description - APN 1318-15-822-001)

A 84,000/183,032,500 undivided fee simple interest as tenants in common in Units 12101, 12102, 12103, 12201, 12202, 12203, 12302, 14102, 14103, 14104, 14202, 14203, 14204 and 14302 in South Shore Condominium ("Property"), located at 180 Elks Point Road in Zephyr Cove, Nevada 89449, according to the Final Map #01-026 and Condominium Plat of South Shore filed of record in Book 1202, Page 2181 as Document Number 559872 in Douglas County, Nevada, and subject to all provisions thereof and those contained in that certain Declaration of Condominium - South Shore ("Timeshare Declaration") dated October 21, 2002 and recorded December 5, 2002 in Book 1202, Page 2182 as Instrument Number 559873, and also subject to all the provisions contained in that certain Declaration of Restrictions for Fairfield Tahoe at South Shore and recorded October 28, 2004 in Book 1004, Page 13107 as Instrument Number 628022, Official Records of Douglas County, Nevada, which subjected the Property to a timeshare plan called Fairfield Tahoe at South Shore ("Timeshare Plan").

Less and except all minerals and mineral rights which minerals and mineral rights are hereby reserved unto the Grantor, its successors and assigns.

The property is a/an Biennial Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated 168,000 Points as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore, which points may be used by the Grantee in Even Resort Year(s).

SUBJECT TO:

1. Any and all rights of way, reservations, restrictions, easements, mineral exceptions and reservations, and conditions of record;
2. The covenants, conditions, restrictions and liens set forth in the Timeshare Declaration and the Declaration of Restrictions for Fairfield Tahoe at South Shore, and any supplements and amendments thereto;
3. Real estate taxes that are currently due and payable and are a lien against the Property.
4. All matters set forth on the plat of record depicting South Shore Condominium, and any supplements and amendments thereto.

By accepting this deed the Grantee(s) do(es) hereby agree to assume the obligation for the payment of a pro-rata or proportionate share of the real estate taxes for the current year and subsequent years. Further, by accepting this deed the Grantee(s) accept(s) title subject to the restrictions, liens and obligations set forth above and agree(s) to perform the obligations set forth in the Timeshare Declaration and the Declaration of Restrictions for Fairfield Tahoe at South Shore, in accordance with the terms thereof.

Title to the Property is herein transferred with all tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

STATE OF CALIFORNIA
CERTIFICATE OF VITAL RECORD

COUNTY OF BUTTE

202 MIRA LOMA DRIVE
OROVILLE, CALIFORNIA 95965

CERTIFICATE OF DEATH

3200904001810

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 10/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) ALBERT		2. MIDDLE G		3. LAST (Family) ROESCH	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy 11/25/1935		5. AGE Yrs. 73		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER 9646		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 10/15/2009		8. HOUR (24 Hours) 1715	
13. EDUCATION — Highest Level/Degree (see worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (1) YES <input type="checkbox"/> (2) NO <input checked="" type="checkbox"/>		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED CIVIL SERVICE			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) GOVERNMENT CONTRACTOR		19. YEARS IN OCCUPATION 22
20. DECEDENT'S RESIDENCE (Street and number or location) 4460 WOODDUCK CORT					
21. CITY OROVILLE		22. COUNTY/PROVINCE BUTTE		23. ZIP CODE 95965	24. YEARS IN COUNTY -13
25. STATE/FOREIGN COUNTRY CA					
26. INFORMANT'S NAME, RELATIONSHIP BEVERLY ROESCH, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 4460 WOODDUCK COURT, OROVILLE, CA 95965		
28. NAME OF SURVIVING SPOUSE — FIRST BEVERLY		29. MIDDLE ANNE		30. LAST (Maiden Name) DAVIS	
31. NAME OF FATHER — FIRST PAUL		32. MIDDLE UNK		33. LAST ROESCH	
34. BIRTH STATE NY		35. NAME OF MOTHER — FIRST MARGARET		36. MIDDLE ANN	
37. LAST (Maiden) UNK		38. BIRTH STATE NY			
39. DISPOSITION DATE mm/dd/yyyy 10/21/2009		40. PLACE OF FINAL DISPOSITION BEVERLY ROESCH RESIDENCE 4460 WOODDUCK COURT, OROVILLE, CA 95965			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT RAMSEY FUNERAL HOME		45. LICENSE NUMBER FD1578		46. SIGNATURE OF LOCAL REGISTRAR MARK A LUNDBERG, MD	
47. DATE mm/dd/yyyy 10/21/2009					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY BUTTE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 4460 WOODDUCK COURT		100. CITY OROVILLE	
107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PNEUMONIA		Time Interval Between Onset and Death (AT) WEEKS D09-1347		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) UNDETERMINED ORGANISM(S)		WEEKS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, HYPERTENSION, HYPERLIPIDEMIA, PERIPHERAL VASCULAR DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: mm/dd/yyyy Decedent Last Seen Alive: mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER JASON TROY HAIL		116. LICENSE NUMBER	
117. DATE mm/dd/yyyy					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <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. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER JASON TROY HAIL		127. DATE mm/dd/yyyy 10/21/2009		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JASON TROY HAIL, SERGEANT	

STATE REGISTRAR: A B C D E FAX AUTH. # CENSUS TRACT

* 000166808 *

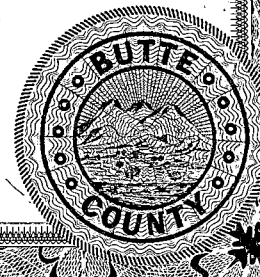
This is to certify that the attached is a true and correct copy of the vital record which is on file in this office of which I am legal custodian.

DATE ISSUED **10/22/2009**

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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201242000076

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 REVISED 2008)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT--FIRST (Given) BEVERLY		2. MIDDLE ANNE		3. LAST (Family) ROESCH	
4. DATE OF BIRTH mm/dd/yyyy 10/11/1929		5. AGE Yrs. 82	6. SEX F	7. DATE OF DEATH mm/dd/yyyy 01/13/2012	
9. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER 6165	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/PROF. at Time of Death WIDOWED	13. HOURS (24 Hours) 1520
13. EDUCATION--Highest Level/Degree (Date achieved on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CLERK		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RETAIL SALES		19. YEARS IN OCCUPATION 18	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1701 S. THORNBURG ST. SP. 154					
21. CITY SANTA MARIA		22. COUNTY/PROVINCE SANTA BARBARA	23. ZIP CODE 93458	24. YEARS IN COUNTRY 0	25. STATE/FOREIGN COUNTRY CA
26. INFORMANT'S NAME, RELATIONSHIP KATHY E. ALLEN, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1701 S. THORNBURG ST. SP.154, SANTA MARIA, CA 93458		
28. NAME OF SURVIVING SPOUSE/SRDP--FIRST -		29. MIDDLE -	30. LAST (BIRTH NAME) -		
31. NAME OF FATHER/PARENT--FIRST CHARLES		32. MIDDLE L.	33. LAST DAVIS	34. BIRTH STATE WA	
35. NAME OF MOTHER/PARENT--FIRST IDA		36. MIDDLE ETHEL	37. LAST (BIRTH NAME) BRYANT	38. BIRTH STATE ID	
39. DISPOSITION DATE mm/dd/yyyy 01/18/2012		40. PLACE OF FINAL DISPOSITION RESIDENCE 1701 S. THORNBURG ST. SP.154, SANTA MARIA, CA 93458			
41. TYPE OF DISPOSITION(S) CR/VRES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT DUDLEY HOFFMAN MORTUARY		45. LICENSE NUMBER FD56	46. SIGNATURE OF LOCAL REGISTRAR TAKASHI M WADA, MD	47. DATE mm/dd/yyyy 01/17/2012	
101. PLACE OF DEATH MARIAN EXTENDED CARE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		
104. COUNTY SANTA BARBARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1530 CYPRESS WAY		106. CITY SANTA MARIA	
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CONGESTIVE HEART FAILURE		108. DEATH REPORTED TO CORONER? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Secondary, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) MITRAL REGURGITATION		108. DEATH REPORTED TO CORONER? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(C) PULMONARY HYPERTENSION		108. DEATH REPORTED TO CORONER? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 COPD, ATRIAL FIBRILLATION, CORONARY ARTERY DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) PACEMAKER 01/19/2011					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended? <input type="checkbox"/> Yes <input type="checkbox"/> No 04/20/2011		115. SIGNATURE AND TITLE OF CERTIFIER ARLENE C. GONZALES M.D.		116. LICENSE NUMBER G67293	117. DATE mm/dd/yyyy 01/17/2012
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ARLENE C. GONZALES M.D. 722 E CHAPEL ST, SANTA MARIA, CA 93454		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <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. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

DATE ISSUED
JAN 23 2012

Takashi M. Wada
TAKASHI M. WADA, M.D.
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE