

APN: Portion of 1319-15-000-034

RECORDING REQUESTED BY

Stewart Vacation Ownership
11870 Pierce St., Suite 100
Riverside, CA 92505

WHEN RECORDED MAIL TO:

Steven R. Penn
2760 Jason Ct.
Thousand Oaks, CA 91362

263165 / 70201

RECORDERS USE ONLY

AFFIDAVIT-DEATH OF TRUSTEE

STATE OF CALIFORNIA

ss.

COUNTY OF VENTURA

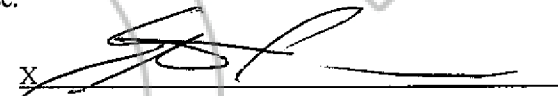
Steven R. Penn, of legal age, being duly sworn, deposes and says

That Robert Wayne Penn, the decedent mentioned in the attached Certificate of Death, is the same person as Robert W. Penn named as one of the Trustees of that certain Declaration of Trust dated July 15, 2004 and designated the Robert W. and Wanda Penn Trust under Restated Trust Agreement in Deed recorded March 14, 2013 as Document No. 0819968.

In accordance with the above referenced trust, Steven R. Penn and Suzanne Penn Tucker shall act as Successor Trustees of said trust on the death of Robert W. Penn.

Steven R. Penn is filing this Affidavit with the Douglas County Recorder to establish the succession of Steven R. Penn and Suzanne Penn Tucker, as Successor Trustees 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: December 14, 2015

X 
Steven R. Penn

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF Calif)
)ss.
COUNTY OF Ventura)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME Sukhjinder K. Dhanoa / Notary Public
NOTARY PUBLIC ON THIS 28 DAY OF Dec 2015, BY Steven R. Penn, 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: Aug 12, 2019

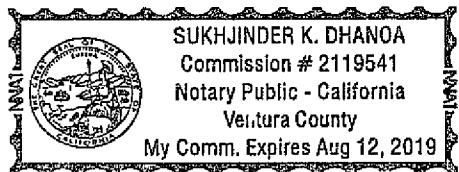


Exhibit "A"
LEGAL DESCRIPTION
FOR
DAVID WALLEY'S HOT SPRINGS RESORT & SPA

The land referred to herein is situated in the

State of Nevada

County of Douglas

and is described as follows:

An undivided fee simple ownership interest in and to the following described Time Share Interest that has been created at David Walley's Hot Springs Resort and Spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001 with the recorder in and for Douglas County, Nevada in Book 0801, Page 6980, as amended:

Unit Type: 2BD **Phase:** 1 **Inventory Control No. :** 36021004060

Alternate Year Time Share: Annual **First Year Use:** 2013

Acquiring a Time Share Interest in the **Phase I**, BUYER will receive fee title to a **1/1071th undivided interest** (if annually occurring) or a **1/2142th undivided interest** (if biennially occurring) in said Phase.

STATE OF CALIFORNIA

REGISTRATION OF VITAL RECORDS

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

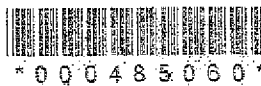
3201521001052

STATE FILE NUMBER _____ USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S. Title 17, 26)

LOCAL REGISTRATION NUMBER _____

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) ROBERT		2. MIDDLE WAYNE		3. LAST (Family) PENN	
	4. DATE OF BIRTH mm/dd/yyyy 08/07/1925					
	5. AGE Yrs. 89		6. UNDER ONE YEAR Months 00 Days 00		7. UNDER NINE MONTHS Hours 00 Minutes 00	
DECEDENT'S RESIDENCE	9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 2321		11. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARITAL STATUS/PROF. (at time of death) WIDOWED		13. DATE OF DEATH mm/dd/yyyy 06/21/2015		14. HOUR (24 Hours) 0635	
	15. EDUCATION - High school level or less HS GRADUATE		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. DECEDENT'S RACE - Up to 3 responses to be listed (see worksheet on back) CAUCASIAN	
	18. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED MANAGER		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COMMUNICATIONS		20. YEARS IN OCCUPATION 38	
USUAL RESIDENCE	21. DECEDENT'S RESIDENCE (Street and number, or location) 1721 MISSION AVENUE					
	22. CITY SAN RAFAEL		23. COUNTY/PROVINCE MARIN		24. ZIP CODE 94901	
	25. YEARS IN COUNTY 50		26. STATE/FOREIGN COUNTRY CALIFORNIA			
INFORMANT	27. INFORMANT'S NAME, RELATIONSHIP STEVEN PENN, SON			28. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2760 JASON COURT, THOUSAND OAKS, CA 91362		
	29. NAME OF SURVIVING SPOUSE/PROF - FIRST PERCY		30. MIDDLE RALPH		31. LAST (BIRTH NAME) PENN	
SPOUSE/PROF AND PRESENT IDENTIFICATION	32. NAME OF FATHER/PARENT - FIRST HILDA		33. MIDDLE GARD		34. LAST (BIRTH NAME) STOTTS	
	35. BIRTH STATE IOWA		36. BIRTH STATE IOWA		37. BIRTH STATE IOWA	
FURNERAL DIRECTOR LOCAL REGISTRAR	38. DISPOSITION DATE mm/dd/yyyy 06/24/2015		39. PLACE OF FINAL DISPOSITION RESIDENCE OF STEVEN PENN 2760 JASON COURT, THOUSAND OAKS, CA 91362			
	40. TYPE OF DISPOSITION(S) CR/RES		41. SIGNATURE OF EMBALMER NOT EMBALMED		42. LICENSE NUMBER FD 6	
	43. NAME OF FURNERAL ESTABLISHMENT KEATON'S MORTUARY		44. SIGNATURE OF LOCAL REGISTRAR MATTHEW WILLIS, MD MPH		45. DATE mm/dd/yyyy 06/24/2015	
	46. PLACE OF DEATH OWN RESIDENCE		47. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> BV/CP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		48. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Assisted Living <input type="checkbox"/> Home <input type="checkbox"/> Other	
CAUSE OF DEATH	101. COUNTY MARIN		102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1721 MISSION AVENUE		103. CITY SAN RAFAEL	
	104. CAUSE OF DEATH METASTATIC CANCER		105. TIME ELAPSED BETWEEN DEATH AND TIME OF REPORTING 11 MON		106. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	107. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Cancer		108. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	110. UNDERLYING CAUSE (Basic disease or injury that initiated the events resulting in death) LAST CONGESTIVE HEART FAILURE		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 I17) CONGESTIVE HEART FAILURE	
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		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 CAROLYN DAISY MAR M.D.	
	116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CAROLYN DAISY MAR M.D.		117. LICENSE NUMBER A64358		118. DATE mm/dd/yyyy 06/24/2015	
CORONER'S USE ONLY	119. 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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR, 60+ hours		124. SIGNATURE OF CORONER / DEPUTY CORONER	
	125. DESCRIBE HOW INJURY OCCURRED (if events which resulted in injury)		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
	128. LOCATION OF INJURY (Street and number, or location, and city, and zip)		129. STATE REGISTRAR		130. COUNTY REGISTRAR	
	131. SIGNATURE OF CORONER / DEPUTY CORONER		132. DATE mm/dd/yyyy		133. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORD SECTION, MARIN COUNTY PUBLIC HEALTH DEPARTMENT.



06/26/2015

DATE ISSUED

Matthew Willis, M.D., M.P.H. Marin County, California

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

