

DOUGLAS COUNTY, NV **2016-885664**
 Rec:\$16.00 Pgs=3 **08/09/2016 08:29 AM**
 INTERCITY CAPITAL CORP
KAREN ELLISON, RECORDER

RECORDING REQUESTED BY
 Stewart Vacation Ownership
 200 E. Sandpointe Avenue, Suite 150
 Santa Ana, California 92707

WHEN RECORDED MAIL TO:

RECORDERS USE ONLY
 M. Kathleen Lewis
 P. O. Box 433
 Genoa, NV 89411

Ref No.: 76061CA

AFFIDAVIT-DEATH OF TRUSTEE

1319-15-000-023

STATE OF NEVADA

ss.

COUNTY OF DOUGLAS

Stewart Title has recorded this instrument as an accommodation only. It has not been examined as to its effect on title. No examination of such matters has been made.

M. Kathleen Lewis, of legal age, being duly sworn, disposes and says that **Michael Howard Lewis** the decedent mentioned in the attached Certificate of Deaths, are the same persons as **Michael H. Lewis** named Trustee of that certain Declaration of Trust dated **February 13, 2004** and designated the Trustee in Deed recorded **12/15/2006** as Document No **0690833**.

In accordance with the above referenced trust, **M. Kathleen Lewis**, shall act as successor trustee of said trust on the deaths of **Michael H. Lewis** filing this Affidavit with the Douglas County Recorder to establish the succession of Trustee, 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.

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.

Dated: 7/25/2016

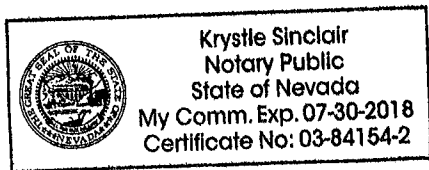
The Lewis Family Trust

M. Kathleen Lewis, Surviving Trustee
 M. Kathleen Lewis, Surviving Trustee

STATE OF Nevada)
)ss.
 COUNTY OF Washoe)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME, Krystle Sinclair,
 NOTARY PUBLIC ON THIS DAY OF July 25th, 2016, BY
M. Kathleen Lewis, APPROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE
 PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE Krystle Sinclair (SEAL)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015016063
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Michael Howard LEWIS		2. DATE OF DEATH (Mo/Day/Year) September 15, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and inpatient)(Specify) 2865 Cloudburst Canyon Drive Home		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS	
7e. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) August 15, 1949			
9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) M. Kathleen CHURCHILL			
13. SOCIAL SECURITY NUMBER 0620		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Sales & Service		14b. KIND OF BUSINESS OR INDUSTRY Financial Services	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 2865 Cloudburst Canyon Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. Ever in US Armed Forces? No	

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix) Howard Milton LEWIS		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hazel Louise HARDY	
---	--	--	--

INFORMANT

18a. INFORMANT - NAME (Type or Print) Kathleen LEWIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 433 Genoa, Nevada 89411	
--	--	---	--

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
--	--	---	--	--	--

FUNERAL

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
--	--	---	--	---	--

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

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 DINA TACK M.D.		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) September 17, 2015		21c. HOUR OF DEATH 23:45	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
		22e. PRONOUNCED DEAD AT (Hour)	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) DINA TACK M.D. 1535 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 13333	
---	--	-------------------------------------	--

CAUSE OF DEATH

24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
--	--	--	--	---	--

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) **Pancreatic Cancer** Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(b) Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(c) Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(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 1.			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. 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			

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

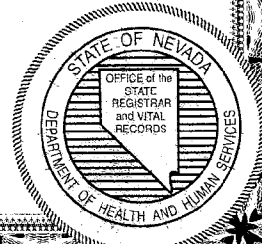
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

9/21/2015

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

R. Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a

3853235

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

**EXHIBIT A
LEGAL DESCRIPTION
(WALLEY'S)**

INVENTORY NO.: 17-092-38-81

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 1/408THS INTEREST IN AND TO ALL THAT REAL PROPERTY SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

PARCEL 1 AS SHOWN ON THAT RECORD OF SURVEY FOR **DAVID WALLEY'S RESORT** (A COMMERCIAL SUBDIVISION), **WALLEY'S PARTNERS LTD. PARTNERSHIP**, FILED FOR RECORD WITH THE DOUGLAS COUNTY RECORDER ON MAY 26, 2006, IN BOOK 0506, AT PAGE 10742, AS DOCUMENT NO. 0676009, OFFICIAL RECORDS OF 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 THAT DECLARATION OF ANNEXATION OF DAVID WALLEY'S RESORT PHASE V RECORDED ON MAY 26, 2006 IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER AS DOCUMENT NO. 0676055 AND SUBJECT TO SAID DECLARATION; WITH THE EXCLUSIVE RIGHT TO USE SAID INTEREST FOR ONE USE PERIOD WITHIN A **TWO BEDROOM UNIT** EVERY OTHER YEAR IN EVEN - NUMBERED YEARS 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 DEED RECORDED MAY 26, 2006 IN BOOK 0506, AT PAGE 10729, AS DOCUMENT NO. 0676008, OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA.

A PORTION OF APN: 1319-15-000-023

PROPERTY COMMONLY KNOWN AS: 2001 FOOTHILL ROAD, GENOA, NV 89411