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Recording requested by &
when recorded mail this deed to:
Sandra P. Gallagher
6385 Desert Flame Drive
San Jose, CA 95120



KAREN ELLISON, RECORDER

Mail Tax Statements to:
Same as above

APN# 07-130-19

AFFIDAVIT - DEATH OF TRUSTEE

Sandra P. Gallagher, of legal age being first duly sworn, deposes and says that: 1) Title to the real property described in this Affidavit is currently held as follows:

William J. Gallagher and Sandra P. Gallagher, Trustees of the Gallagher Trust created on August 20, 2002

2) Said deed reflecting this title was recorded on the same date as this affidavit concurrent with and one instrument prior to this affidavit.

Said property is described as follows:

Douglas County, State of Nevada

For the legal description see the attached Exhibit "A", which is attached hereto and made a part hereof.

(Timeshare)

3) Unfortunately, due to death (verified by the attached copy of the death certificate - **the decedent being William James Gallagher**), the duty for managing the trust now falls to **Sandra P. Gallagher**, the successor trustee - who now has rightful signature power for transferring or encumbering all the property owned by the trust including said real property.

4) I verify and swear under penalty of perjury that all the statements and exhibits are true and correct.

Dated: September 8, 2016 **Signed:** *Sandra P. Gallagher*
Sandra P. Gallagher

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 California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 8th day of September, 2016,
by **Sandra P. Gallagher**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Barbara Robinson
NOTARY PUBLIC

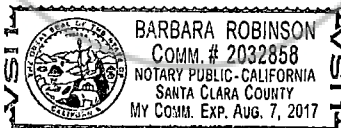


EXHIBIT "A"

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units as defined in the "Declaration of Timeshare Use" as amended.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at page 1341, as Document No. 76233 of Official Records of the County of Douglas, State of Nevada, and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at page 1021, Official Records of Douglas County, Nevada as Document No. 78917, second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document No. 84425, third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Document No. 89535 and fourth amendment to Declaration of Timeshare Use recorded August 31, 1987 in Book 887 page 3987, Official Records of Douglas County, Nevada, Document No. 161309, ("Declaration"), during a "Use Period," within the HIGH Season within the "Owner's Use Year," as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restriction, limitations, easements, rights-of-way of record.

This deed is made and accepted upon all the covenants, conditions, restrictions, assessments, liens, easements and other matters set forth in said Declaration of Timeshare Use and amendments thereto all of which are incorporated herein by reference.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201643D06168

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) WILLIAM		2. MIDDLE JAMES	
3. LAST (Family) GALLAGHER		4. DATE OF BIRTH mm/dd/yyyy 11/01/1940	
5. AGE Yrs. 75		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER 6570	
9. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS/SHOP (at Time of Death) MARRIED	
11. DATE OF DEATH mm/dd/yyyy 07/24/2016		12. HOUR (24 Hour) 1310	
13. EDUCATION - Highest Level/Degree BACHELOR		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DIRECTOR OF HUMAN RESORCES		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TECHNOLOGY	
17. YEARS IN OCCUPATION 36		18. DECEDENT'S RESIDENCE (Street and number, or location) 6385 DESERT FLAME DRIVE	
19. CITY SAN JOSE		20. COUNTY/PROVINCE SANTA CLARA	
21. ZIP CODE 95120		22. YEARS IN COUNTY 51	
23. STATE/FOREIGN COUNTRY CA		24. INFORMANT'S NAME, RELATIONSHIP SANDRA P. GALLAGHER, SPOUSE	
25. INFORMANT'S MAILING ADDRESS (Street and number, or final route number, city or town, state and zip) 6385 DESERT FLAME DRIVE, SAN JOSE, CA 95120		26. NAME OF SURVIVING SPOUSE/POSP - FIRST SANDRA	
27. MIDDLE PATRICIA		28. LAST (BIRTH NAME) ROGERS	
29. NAME OF FATHER/PARENT - FIRST JAMES		30. MIDDLE ANTHONY	
31. LAST GALLAGHER		32. BIRTH STATE PA	
33. NAME OF MOTHER/PARENT - FIRST EDNA		34. MIDDLE FLORENCE	
35. LAST (BIRTH NAME) DITO		36. BIRTH STATE CA	
37. DISPOSITION DATE mm/dd/yyyy 07/28/2016		38. PLACE OF FINAL DISPOSITION GATE OF HEAVEN CEMETERY	
39. TYPE OF DISPOSITION CR/BU		40. SIGNATURE OF EMBALMER NOT EMBALMED	
41. NAME OF FUNERAL ESTABLISHMENT LIMA FAMILY ERICKSON MEMORIAL CHAPEL		42. LICENSE NUMBER FD128	
43. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD		44. DATE mm/dd/yyyy 07/27/2016	
45. PLACE OF DEATH OWN RESIDENCE		46. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
47. COUNTY SANTA CLARA		48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6385 DESERT FLAME DRIVE	
49. CITY SAN JOSE		50. CAUSE OF DEATH CHOLANGIOCARCINOMA	
51. IMMEDIATE CAUSE (Final disease or condition resulting in death) CHOLANGIOCARCINOMA		52. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
53. UNDERLYING CAUSE (Disease or injury that initiated the events resulting to death) LAST CHOLANGIOCARCINOMA		53A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
54. OTHER SIGNIFICANT CONDITION(S) CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		55. SIGNATURE AND TITLE OF CERTIFIER SANDY TRIEU M.D.	
56. NO. OF OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		57. LICENSE NUMBER A100915	
58. DATE mm/dd/yyyy 07/21/2016		59. DATE mm/dd/yyyy 07/24/2016	
60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SANDY TRIEU M.D. 1400 FASHION ISLAND BOULEVARD, SAN MATEO, CA 94404		61. MANNER OF DEATH <input 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	
62. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		63. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
64. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		64. INJURY DATE mm/dd/yyyy	
65. LOCATION OF INJURY (Street and number, or location, and city, and zip)		65. HOUR (24 Hour)	
66. SIGNATURE OF CORONER / DEPUTY CORONER		66. DATE mm/dd/yyyy	
67. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		67. FAX AUTH.#	
68. STATE REGISTRAR		68. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By **JUL 23 2016**



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

Sara H. Cody
SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

