

APN: Portion of 1319-15-000-015

RECORDING REQUESTED BY

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

WHEN RECORDED MAIL TO:

Nancy E. Hansen  
7838 Edenwood Ct.  
Sacramento, CA 95828

190614 / 76276

RECORDERS USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA

ss.

COUNTY OF SACRAMENTO

Nancy E. Hansen, of legal age, being duly sworn, deposes and says

That Stephen Eric Hansen, the decedent mentioned in the attached Certificate of Death, is the same person as Stephen E. Hansen named as one of the Trustees of that certain Declaration of Trust dated August 8, 2007 and designated the Hansen Family Trust in Deed recorded June 26, 2008 as Document No. 0725773.

In accordance with the above referenced trust, Nancy E. Hansen shall act as Successor Trustee of said trust on the death of Stephen E. Hansen.

Nancy E. Hansen is filing this Affidavit with the Douglas County Recorder to establish the succession of Nancy E. Hansen, 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: September 12, 2016

X Nancy E. Hansen  
Nancy E. Hansen

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 )  
 )ss.  
COUNTY OF Sacramento )

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME Whitney Michelle Roberts,  
NOTARY PUBLIC ON THIS 22nd DAY OF September 2016, BY Nancy E.  
Hansen, PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO  
APPEARED BEFORE ME.

SIGNATURE [Signature] (SEAL)  
NOTARY PUBLIC

NOTARY EXPIRATION DATE: October 21, 2017



Exhibit "A"

LEGAL DESCRIPTION  
FOR  
DAVID WALLEY'S RESORT

The land referred to herein is situated in the

State of Nevada

County of Douglas

and is described as follows:

**An undivided 1/3978<sup>th</sup> interest** in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

**PARCEL E-1** of the Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at Page 3464, as Document No. 0501638, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, at Page 467, as Document No. 0502689, Official Records of Douglas County, Nevada.

Together with a permanent non-exclusive easement for utilities and access, for the benefit of **Parcel E-1**, as set forth in Quitclaim Deed recorded September 17, 1998, in Book 998, at Page 3250, as Document No. 0449574, Official Records, 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 subject to said Declaration; with the exclusive right to use said interest for **One Use Period** within a "**STANDARD UNIT**" every other year in **ODD-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 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.

**Inventory No.: 17-054-46-71**

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORDS**

**SACRAMENTO COUNTY**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052014195874

CERTIFICATE OF DEATH

3201434009176

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, CORRECTIONS OR ALTERATIONS VS 1 REV 5/03		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
STEPHEN		ERIC		HANSEN	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. SEX	
01/02/1956		58		M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS/SHOP (at Time of Death)	
CA		7628		MARRIED	
14. EDUCATION - Highest Level/Degree (see worksheet on back)		14.15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
PROGRAM TECHNICIAN		LAW ENFORCEMENT		1	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
7842 EDENWOOD CT.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
SACRAMENTO		SACRAMENTO		95828	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
37		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or real estate number, city or town, state and ZIP)		
NANCY HANSEN, WIFE			7842 EDENWOOD CT., SACRAMENTO, CA 95828		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
NANCY		ELIZABETH		LAWRENCE	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
FRITZ		MARTIN		HANSEN	
34. BIRTH STATE		35. LAST (BIRTH NAME)			
CA		HALVERSON			
36. MIDDLE		37. BIRTH STATE			
GLADYS		CA			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
10/27/2014		RES. NANCY HANSEN 7842 EDENWOOD CT., SACRAMENTO, CA 95828			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		NOT EMBALMED			
45. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
EAST LAWN ELK GROVE MORTUARY		FD-1455		OLIVIA KASIRYE, MD	
47. DATE mm/dd/yyyy		50			
10/27/2014					
101. PLACE OF DEATH					
SUTTER GENERAL HOSPITAL					
102. COUNTY		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		104. CITY	
SACRAMENTO		2801 L STREET		SACRAMENTO	
107. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
(A) PROBABLE MYOCARDIAL INFARCTION					
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) CORONARY ARTERY DISEASE					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
ATRIAL FLUTTER, DIASTOLIC HEART FAILURE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE CLERK'S OFFICE AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		Excused Until Such Time		A105506	
01/19/2012		09/02/2014		10/24/2014	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK?	
LAWFUL OF DEATH		6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823		YES NO UNK	
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, work area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Sheet and number of location and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

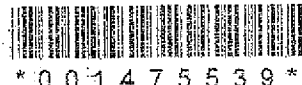
CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS  
 COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **October 29, 2014**

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



*Olivia Kasirye MD*  
 LOCAL REGISTRAR

