

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

Anne M. Franz, Successor Trustee  
1381 Bonanza Ave  
So. Lake Tahoe, CA 96150

Space Above This Line for  
Recorder's Use Only

**A.P.N. A Portion of #17-212-05**

**File No.: TRAN-10962 (FJ)**

**Affidavit - Death of Trustee**

State of NEVADA )  
)ss.  
County of DOUGLAS )

**Anne M. Franz, Successor Trustee ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:**

1. **Gerald A. Parodi ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on December 23, 2011 at Reno, Nevada (city and state of death).**
2. **Decedent is the same person named as the trustee named in that certain Declaration of Trust dated February 21, 1992 executed by Gerald A. Parodi and Betty J. Parodi as trustor(s) (the "Trust").**
3. **Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain, Sale Deed dated November 16, 1999 which was recorded as Instrument No. 0482133 in Book 1299, Page 1276, of Official Records of Douglas County, Nevada as legally described as follows:**

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. **Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.**

Dated: 1/10/17

DECLARANT:

*Anne M. Franz*  
Anne M. Franz, Successor Trustee

State of Arizona )  
 )ss  
County of Yuma )

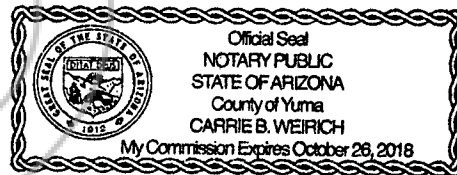
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Yuma and State Arizona, this 10<sup>th</sup> day of January, 2017 by Anne M. Franz, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature *Carrie B Weirich*

My Commission Expires: 10/26/2018



Notary Name: Carrie B Weirich Notary Phone: 928-342-5047  
Notary Registration Number: 268318 County of Principal Place of Business Yuma

## **EXHIBIT 'A'**

**Inventory No: 17-005-10-01**

**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 1/1071st interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:**

**ADJUSTED PARCEL F: A parcel of land located within a portion of the West one-half of the Northeast one-quarter (W 1/2 NE 1/4) of Section 22, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:**

**Commencing at the one-quarter corner common to Sections 15 and 22, T13N, R19E, M.D.M., a found 1985 BLM brass cap as shown on the Record of Survey prepared by David D. Winchell and recorded September 28, 1989 in the office of the Recorder, Douglas County, Nevada as Document No. 211937; thence South 57°32'32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80°00'00" East, 93.93 feet; thence North 35°00'00" East, 22.55 feet; thence North 10°00'00" West, 92.59 feet; thence North 80°00'00" East, 72.46 feet; thence South 10°00'00" East, 181.00 feet; thence South 80°00'00" West, 182.33 feet; thence North 40°00'00" West, 72.46 feet to the POINT OF BEGINNING.**

**(Reference is made to Record of Survey for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded on September 17, 1998 in Book 998, at Page 3261, as Document No. 449576.)**

**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 No. 0466255, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a DELUXE UNIT each year in accordance with said Declaration.**

**A Portion of APN 17-212-05**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA

**CERTIFICATE OF DEATH**

2011020363

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Gerald A PARODI</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>December 23, 2011</b>   |   | 3a. COUNTY OF DEATH<br><b>Washoe</b>  |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Reno</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)<br><b>940 Edgecliff Dr</b>  |   | 3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify)<br><b>Home</b>  |  |
| 4. SEX<br><b>Male</b>   |  | 7a. AGE-Last birthday (Years)<br><b>85</b>   |   | 7b. UNDER 1 YEAR<br>MOS   DAYS   HOURS   MINS   |  |
| 5. RACE White (Specify)   |  | 6. Hispanic Origin? Specify No - Non-Hispanic  |   | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>October 17, 1926</b>   |  |
| 9a. STATE OF BIRTH (If not U.S.A., name country)<br><b>Nevada</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |   | 10. EDUCATION<br><b>16</b>  |  |
| 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 12. SURVIVING SPOUSE (if wife, give maiden name)<br><b>Betty MCGHEE</b>  |   | 13. SOCIAL SECURITY NUMBER<br><b>9620</b>   |  |
| 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)<br><b>Director</b>  |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Church Choir</b>   |   | Ever in US Armed Forces? <b>Yes</b>   |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b. COUNTY<br><b>Washoe</b>   |   | 15c. CITY, TOWN OR LOCATION<br><b>Reno</b>  |  |
| 15d. STREET AND NUMBER<br><b>940 Edgecliff Dr</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>  |   | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Louis PARODI</b>  |  |
| 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Ada VENTURINO</b>   |  | 18a. INFORMANT- NAME (Type or Print)<br><b>Betty PARODI</b>  |   | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>940 Edgecliff Dr Reno, Nevada 89523</b>        |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Sierra Crematory</b>   |   | 19c. LOCATION City or Town State<br><b>Reno Nevada 89503</b>  |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>TERESA HALL</b><br><i>SIGNATURE AUTHENTICATED</i>  |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>812</b>  |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Northern Nevada Cremation and Burial</b><br><b>10101 S Virginia Reno NV 89511</b> |  |
| TRADE CALL - NAME AND ADDRESS   |  |  |   |   |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>KAREN SUE McDERMOTT M.D.</b><br><i>SIGNATURE AUTHENTICATED</i> |  |  | 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)<br><b>December 27, 2011</b>  |  | 21c. HOUR OF DEATH<br><b>09:06</b>   |   | 22b. DATE SIGNED (Mo/Day/Yr)  |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  | 22c. HOUR OF DEATH   |   | 22d. PRONOUNCED DEAD (Mo/Day/Yr)  |  |
| 22e. PRONOUNCED DEAD AT (Hour)  |  | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434</b> |   | 23b. LICENSE NUMBER<br><b>6450</b>  |  |
| 24a. REGISTRAR (Signature)<br><b>BRIDGES SANDI</b><br><i>SIGNATURE AUTHENTICATED</i>  |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>January 03, 2012</b>   |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>             |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  |  |  |   |   |  |
| PART I (a) <b>Pancreatic cancer</b>   |  |  |   | Interval between onset and death  |  |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |  |   | Interval between onset and death  |  |
| (b) DUE TO, OR AS A CONSEQUENCE OF:   |  |  |   | Interval between onset and death  |  |
| (c) DUE TO, OR AS A CONSEQUENCE OF:   |  |  |   | Interval between onset and death  |  |
| (d) DUE TO, OR AS A CONSEQUENCE OF:   |  |  |   | Interval between onset and death  |  |
| PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.   |  |  |   | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>  |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>   |  | 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

3 631 333

VRS-Rev-20110104

000070648

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.

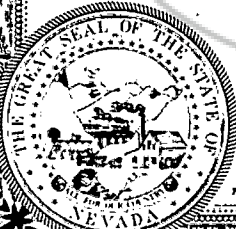
01/04/2012

DEPUTY REGISTRAR

*Joseph P. Iser MD/DrPH, MS*  
**SIGNATURE AUTHENTICATED**

DATE ISSUED:  
PENND (REV) 12/09

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE