

DOUGLAS COUNTY, NV **2017-897132**
 Rec:\$16.00
 \$16.00 Pgs=3 **04/12/2017 08:44 AM**
 STEWART VACATION OWNERSHIP RIVERSIDE
 KAREN ELLISON, RECORDER

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:
 Wilbur Charles Krusell
 1060 Lakeshore Blvd.
 Incline Village, NV 89451

189983 / 80078

RECORDERS USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA

ss.

COUNTY OF WASHOE

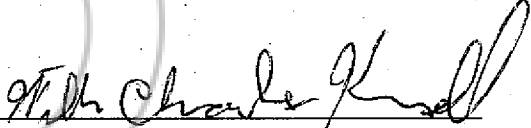
Wilbur Charles Krusell, of legal age, being duly sworn, deposes and says

That Nancy Jane Krusell, the decedent mentioned in the attached Certificate of Death, is the same person as Nancy Jane Krusell named as one of the Trustees of that certain Declaration of Trust dated September 28, 2001 and designated the Nancy Jane and Wilbur Charles Krusell-2001 Trust in Deed recorded August 12, 2002 as Document No. 0549249 in Book 0802 at Page 03005.

In accordance with the above referenced trust, Wilbur Charles Krusell shall act as Successor Trustee of said trust on the death of Nancy Jane Krusell.

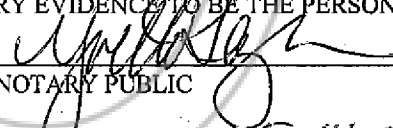
Wilbur Charles Krusell is filing this Affidavit with the Douglas County Recorder to establish the succession of Wilbur Charles Krusell, as Successor Trustee pursuant to the aforesaid trust. The trust estate includes an interest in real property located in Douglas County, State of Nevada, which is more fully described in Exhibit "A" attached hereto and incorporated herein by reference.

Dated: March 28, 2017

X 
 Wilbur Charles Krusell

STATE OF NV)
)ss.
 COUNTY OF Washoe)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ON THIS 4 DAY OF April 2017, BY Wilbur Charles Krusell, 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: 5-14-20


 **YVETTE TAYLOR**
 Notary Public - State of Nevada
 Appointment Recorded in Washoe County
 No: 04-81644-2 - Expires May 14, 2020

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 1/1989th 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"** **Each Year** 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.: 17-044-23-01

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

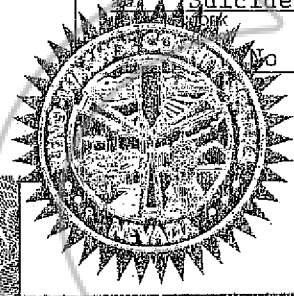
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 111 IMAGE 578 1971

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Nancy Jane KRUSELL			2. DATE OF DEATH (Month, Day, Year) April 1, 2003		3a. COUNTY OF DEATH Washoe		
	3b. CITY, TOWN OR LOCATION OF DEATH Incline Village			3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Ski Beach, Lakeshore Drive		3e. SEX Female		
IF DEATH OCCURRED IN INSTITUTION SEE INDIAN BOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes; <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 52		7b. UNDER 1 YEAR MOS : DAYS	
	8a. STATE OF BIRTH (If not U.S.A., name country) Michigan		9b. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 17		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
IF DEATH OCCURRED IN INSTITUTION SEE INDIAN BOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]-5685		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		12. SURVIVING SPOUSE (If wife, give maiden name) Willy Krusell	
	15a. RESIDENCE—STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN, OR LOCATION Incline Village		15d. STREET AND NUMBER 1060 Lakeshore Dr	
PARENTS	16. FATHER—NAME First Middle Last Harold G. MacSwain			17. MOTHER—MAIDEN NAME First Middle Last Helen Westerberg				
	18a. INFORMANT—NAME (Type or Print) Willy Krusell				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1060 Lakeshore Drive, Incline Village, NV 89451			
IF DEATH OCCURRED IN INSTITUTION SEE INDIAN BOOK REGARDING COMPLETION OF RESIDENCE ITEMS	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crematory		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City, NV			
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 No. Roop St., Carson City, NV 89706			
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 and Title) <i>[Signature]</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) and manner stated. (Signature and Title) <i>[Signature]</i>				
	21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo., Day, Yr.) July 25, 2003		22c. HOUR OF DEATH 1052	
CERTIFIER	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON April 1, 2003 AT 1052				
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520						23b. LICENSE NUMBER WCC S. 35	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <i>[Signature]</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 28, 2003		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
CAUSE OF DEATH	PART I (a) Multiple combined drug overdose including ethanol and benzodiazepines			Interval between onset and death				
	PART I (b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death				
PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC. SUICIDE, HDM., UNDET., OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo., Day, Yr.) Apr. 1, 2003		28c. HOUR OF INJURY 1049 Fd M		28d. DESCRIBE HOW INJURY OCCURRED Ingested prescription medication & alcohol		
28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Behind Store		28f. LOCATION Ski Beach on Lakeshore Drive, Incline Village, Nevada		28g. STREET OR R.F.D. No. CITY OR TOWN STATE				



STATE REGISTRAR

No. 235217

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *[Signature]*

Date: **Jul 29 2003**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT