

DOUGLAS COUNTY, NV

2017-897154

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04/12/2017 12:18 PM

STEWART VACATION OWNERSHIP RIVERSIDE

KAREN ELLISON, RECORDER

APN: Portion of 1319-15-000-031

RECORDING REQUESTED BY

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

WHEN RECORDED MAIL TO:

Laurette M. Favor
P.O. Box 784
Jackson, CA 95642

136082 / 80683

RECORDERS USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA

ss.

COUNTY OF AMADOR

Laurette M. Favor, of legal age, being duly sworn, deposes and says

That Stanley Emerson Favor, the decedent mentioned in the attached Certificate of Death, is the same person as Stanley E. Favor named as one of the Trustees of that certain Declaration of Trust dated April 20, 2009 and designated the Stanley E. Favor and Laurette M. Favor Trust in Deed recorded January 17, 2012 as Document No. 0795945.

In accordance with the above referenced trust, Laurette M. Favor shall act as Successor Trustee of said trust on the death of Stanley E. Favor.

Laurette M. Favor is filing this Affidavit with the Douglas County Recorder to establish the succession of Laurette M. Favor, 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 29, 2017
April 4, 2017

Laurette M. Favor
Laurette M. Favor

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 El Dorado)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ON THIS 4th DAY OF April 2017, BY Laurette M. Favor, PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME. Jennifer Kay Payne

SIGNATURE Jennifer Kay Payne (SEAL)
NOTARY PUBLIC

NOTARY EXPIRATION DATE: 8/29/2020

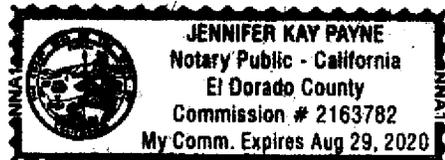


EXHIBIT "A"

**LEGAL DESCRIPTION
FOR
DAVID WALLEY'S HOT SPRINGS RESORT & SPA**

The land referred to herein is situated in the

State of Nevada

County of Douglas

and is described as follows:

An **undivided** fee simple ownership interest in and to the following described Time Share Interest that has been created at David Walley's Hot Springs Resort and Spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001 with the recorder in and for Douglas County, Nevada in Book 0801, Page 6980, as amended:

Unit Type: 2BD Phase: 4 (Dillon) Inventory Control No. : 36028104021

Alternate Year Time Share: ODD First Year Use: 2013

If acquiring a Time Share Interest in the **Dillon Phase**, BUYER will receive fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase.

STATE OF CALIFORNIA

CERTIFICATE OF DEATH

COUNTY OF AMADOR

JACKSON, CALIFORNIA 95642

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/09)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
STANLEY		FAVOR	
2. MIDDLE		4. DATE OF BIRTH (month/day/yr)	
EMERSON		06/07/1941	
5. AGE Yrs. (Month/Day)		6. SEX	
71		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
ME		1394	
11. EVER IN U.S. ARMED FORCES? (If yes, see worksheet on back)		12. MARITAL STATUS (SHIP or time of death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		MARRIED	
13. EDUCATION - Highest Level (Degree, cert, credential on back)		7. DATE OF DEATH (month/day/yr)	
ASSOCIATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		04/29/2013	
14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		18. HOURS (24-hr)	
CAUCASIAN		0400	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19. YEARS IN OCCUPATION	
OWNER		11	
13. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			
WOOD STOVE RETAILER			
20. DECEDENT'S RESIDENCE (Street and number, or location)			
1232 JACKSON GATE ROAD			
21. CITY		25. STATE/FOREIGN COUNTRY	
JACKSON		CA	
22. COUNTY/PROVINCE		24. YEARS IN COUNTY	
AMADOR		1	
23. ZIP CODE			
95642			
26. INFORMANT'S NAME, RELATIONSHIP			
LAURETTE FAVOR, WIFE			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
P.O. Box 784, JACKSON, CA 95642			
28. NAME OF SURVIVING SPOUSE/SPOOP - FIRST		29. MIDDLE	
LAURETTE		M.	
30. LAST (BIRTH NAME)			
DOIRON			
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
DONALD		E.	
33. LAST		34. BIRTH STATE	
FAVOR		ME	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
EMILY		-	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
BLACK		ME	
39. DISPOSITION DATE (month/day/yr)		40. PLACE OF FINAL DISPOSITION	
05/15/2013		RES-LAURETTE FAVOR 1232 JACKSON GATE RD., JACKSON, CA 95642	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
CASA BONITA FUNERAL HOME		FD2107	
45. SIGNATURE OF LOCAL REGISTRAR		47. DATE (month/day/yr)	
Kimberly L. Grady		05/14/2013	
101. PLACE OF DEATH			
RESIDENCE			
102. COUNTY		103. CITY	
AMADOR		JACKSON	
104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			
1232 JACKSON GATE ROAD			
107. CAUSE OF DEATH (Enter the chain of events - diseases, injuries, or complications - just directly caused death. DO NOT enter terminal events such as stroke, renal, respiratory arrest, or circulatory failure without showing the etiology. DO NOT ABBREVIATE.)			
108. DEATH REPORTED TO CORONER (Check and Date)			
109. DEATH REPORTED TO CORONER (Check and Date)			
110. DEATH REPORTED TO CORONER (Check and Date)			
111. USED IN DETERMINING CAUSE?			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)			
NO			
114. IF FEMALE, PRESENT IN LAST YEAR?			
NO			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
01/22/2013		Thomas Bowhay M.D.	
116. LICENSE NUMBER		117. DATE (month/day/yr)	
A45383		05/14/2013	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
THOMAS BOWHAY M.D., 1245 JACKSON GATE RD., JACKSON, CA 95642			
119. IDENTIFY THE FULLY OR PARTIALLY OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
120. INJURED AT WORK?			
121. INJURY DATE (month/day/yr)			
122. HOUR (24 Hour)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE (month/day/yr)	
Kimberly L. Grady			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
CLERK-RECORDER			
STATE REGISTRAR		CENSUS TRACT	
A B C D E			

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF AMADOR

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Amador County Clerk-Recorder.

DATE ISSUED 05/14/2013

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk-Recorder.

FINCH 10011511



* 000065262 *

Kimberly L. Grady
Kimberly L. Grady
Amador County Clerk-Recorder



WWW.ALTERATIONORERASUREVOIDS THIS CERTIFICATE