

APN: 17-212-05 (a portion of)

WHEN RECORDED RETURN TO:
JOEL W. LOCKE, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
Richard Arnold Seguin, Trustee
1481 Holland Road
Derby Line, VT 05830

The party executing this document hereby affirms that this document submitted for recording does contain the social security number of any person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF ~~NEVADA~~)
Vermont)
Orleans County : ss.
~~CARSON CITY~~)

RICHARD ARNOLD SEGUIN, being first duly sworn, deposes and says:

1. That The Seguin Family Trust was created on October 16, 2001.
2. That Eugene J. Seguin and Mary E. Seguin were the original Grantors and Trustees of said Trust.
3. That Grantor and Trustee, Eugene J. Seguin, died on February 29, 2015, and a certified copy of his death certificate issued by the State of Nevada is attached hereto as Exhibit 1.
4. That Grantor and Trustee, Mary E. Seguin, died on July 6, 2017, and a certified copy of her death certificate issued by the State of Nevada is attached hereto as Exhibit 2.
5. That after the death of the original Grantors and Trustees, the currently acting Trustee of said Trust is RICHARD ARNOLD SEGUIN.
6. That said Trust is the owner of all that certain real property situate in Douglas County, state of Nevada, as more particularly described in that certain Deed recorded in the Official Records of Douglas County, state of Nevada, as Document No. 0531690, on January 7, 2002, and being more particularly described as follows:

See Exhibit "A" attached hereto and incorporated herein by this reference.

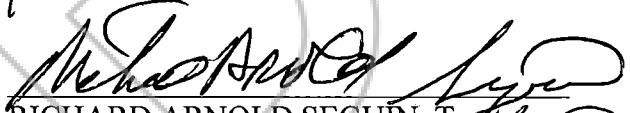
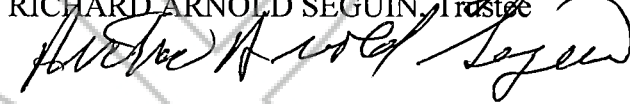
7. That as of this date, the said trust is irrevocable due to the death of the Grantors, and Affiant is the Trustee thereof.

8. That this Affidavit has been executed in Carson City, Nevada.

9. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

DATED 7/31/2017, 2017.


RICHARD ARNOLD SEGUIN, Trustee


On July 31st, 2017, personally appeared before me, a notary public, RICHARD ARNOLD SEGUIN, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.

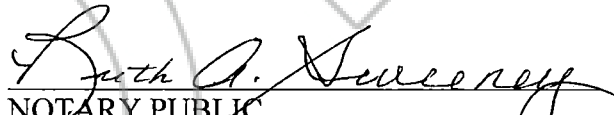

NOTARY PUBLIC

EXHIBIT "A"
(Walley's)

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 (W1/2 NE ¼) 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 10°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. 044993, and subject to said Declaration; with the exclusive right to use said interest for one Use Period each year in accordance with said Declaration.

A Portion of APN 17-212-05

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3819854

CERTIFICATE OF DEATH

2015003512
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

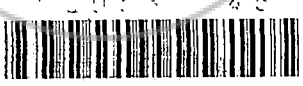
REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Eugene Joseph SEGUIN		2. DATE OF DEATH (Mo/Day/Year) February 28, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient(Specify) Carson Valley Senior Living Inpatient		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) May 05, 1929	
9a. STATE OF BIRTH (if not US/CA, name country) Vermont		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Mary Elizabeth KEALEY			
13. SOCIAL SECURITY NUMBER 2603		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Foreman)		14b. KIND OF BUSINESS OR INDUSTRY Telecommunications	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Dayton	
15d. STREET AND NUMBER 337 Bayhill Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Eugene Joseph SEGUIN SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Orena FLURY		
18a. INFORMANT- NAME (Type or Print) Mary E. SEGUIN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 21667 Carson City, Nevada 89721		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1814 N Curry Street Carson City NV 89703	
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) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED			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) March 04, 2015		21c. HOUR OF DEATH 16:20		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 04, 2015		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).)					
PART I					
(a) Alzheimers Dementia					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)				26. AUTOPSY (Specify Yes or No) No	
27a. DATE OF INJURY (Mo/Day/Yr)		27b. HOUR OF INJURY		27c. DESCRIBE HOW INJURY OCCURRED	
27d. INJURY AT WORK (Specify Yes or No)		27e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		27f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



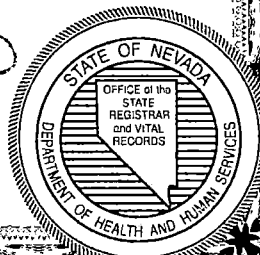
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **AUG 02 2017**

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

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

NRS-Rev-20120523a

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

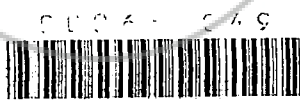
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

CASE FILE NO. 3965510

2017012980
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mary Kealey		2. DATE OF DEATH (Mo/Day/Year) July 06, 2017		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 4186 Stampede Drive		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) February 04, 1936		9a. STATE OF BIRTH (if not US/CA, name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-6309		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 4186 Stampede Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Daniel S KEALEY	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred MELLEN		18a. INFORMANT- NAME (Type or Print) Mary MEYERS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4186 Stampede Drive Carson City, Nevada 89701	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Saint Mary's Cemetery		19c. LOCATION City or Town State Newport Vermont	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD884		20c. NAME AND ADDRESS OF FACILITY Crementation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LEE ARLAN VAN EPPS MD SIGNATURE AUTHENTICATED		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) July 12, 2017		21c. HOUR OF DEATH 00:15		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Lee Arlan Van Epps MD 1525 Vista Lane, #100 Carson City, NV 89703		23b. LICENSE NUMBER 5904			
CAUSE OF DEATH	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 13, 2017		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).) PART I		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary Arrest Myocardial Infarction		Interval between onset and death			
	(b) Diabetes		Interval between onset and death			
(c) Hypertension		Interval between onset and death				
(d) Dyslipidemia		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Atherosclerosis				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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.		28h. CITY OR TOWN STATE		

STATE REGISTRAR



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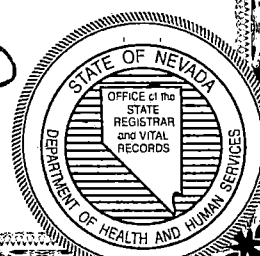
DATE ISSUED:

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[Handwritten Signature]
STATE REGISTRAR