

A portion of APN: 1319-30-644-004

RECORDING REQUESTED BY
STEWART VACATION OWNERSHIP

WHEN RECORDED MAIL TO:

Herbert F. Butler III
8759 New Forest Dr.
Cottages at Plantation Landing
Wilmington, NC 28411-9770

Escrow No: 20171175-TS/AH

RECORDERS USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA

ss.

COUNTY OF DOUGLAS

HERBERT F. BUTLER III and **VIRGINIA B. REEF**, of legal age, being duly sworn, deposes and says

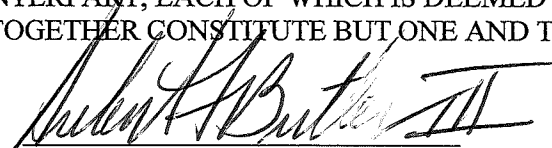
That **MARION L. BUTLER**, the decedent mentioned in the attached Certificate of Death, is the same person as **MARION L. BUTLER** named as the Trustee of that certain **MARION L. BUTLER TRUST AGREEMENT** dated December 27, 1989 and designated as the Trustee in the Deed recorded in Douglas County, State of Nevada on January 31, 2006 in Book 0106 at Page 10402 as Document No. 0666872.

In accordance with the above referenced trust, **HERBERT F. BUTLER III** and **VIRGINIA B. REEF** shall act as successor co-trustees of said trust on the death of **MARION L. BUTLER**.

HERBERT F. BUTLER III and **VIRGINIA B. REEF** are filing this Affidavit with the Douglas County Recorder to establish the succession of **HERBERT F. BUTLER III** and **VIRGINIA B. REEF**, as successor co-trustees 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.

THIS DOCUMENT IS EXECUTED IN COUNTERPART, EACH OF WHICH IS DEEMED AN ORIGINAL BUT SUCH COUNTERPARTS TOGETHER CONSTITUTE BUT ONE AND THE SAME INSTRUMENT.

Dated: August 26, 2017


Herbert F. Butler III

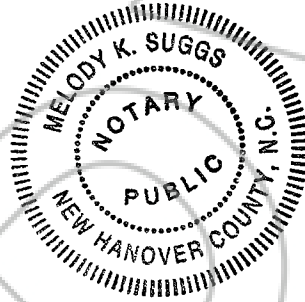
Executed in Counterpart
Virginia B. Reef

STATE OF North Carolina)
)ss.
COUNTY OF New Hanover)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS 1st DAY OF September, 2017. BY HERBERT F. BUTLER III, PERSONALLY KNOWN TO ME OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE Melody K. Suggs (SEAL)
NOTARY PUBLIC

My Commission expires: 01-15-2019



STATE OF _____)
)ss.
COUNTY OF _____)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS _____ DAY OF _____, 2017. BY VIRGINIA B. REEF, PERSONALLY KNOWN TO ME OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE _____ (SEAL)
NOTARY PUBLIC

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COUNTY OF DOUGLAS

HERBERT F. BUTLER III and **VIRGINIA B. REEF**, of legal age, being duly sworn, deposes and says

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THIS DOCUMENT IS EXECUTED IN COUNTERPART, EACH OF WHICH IS DEEMED AN ORIGINAL BUT SUCH COUNTERPARTS TOGETHER CONSTITUTE BUT ONE AND THE SAME INSTRUMENT.

Dated: August 26, 2017

Executed in Counterpart

Herbert F. Butler III


Virginia B. Reef

STATE OF _____)
)ss.
COUNTY OF _____)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS _____ DAY OF _____, 2017. BY HERBERT F. BUTLER III, PERSONALLY KNOWN TO ME OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE _____ (SEAL)
NOTARY PUBLIC

STATE OF Pennsylvania)
)ss.
COUNTY OF Chester)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS 07 DAY OF October, 2017. BY VIRGINIA B. REEF, PERSONALLY KNOWN TO ME OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE Luzdry Mondragon (SEAL)
NOTARY PUBLIC

NOTARIAL SEAL
Luzdry Mondragon, Notary Public
Kennett Square Borough, Chester County
My Commission Expires March 07, 2021

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00

FILED
MAY 13 2016



Register of Wills
Chester County, PA

This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Maryanne Bowes

Local Registrar

Date Issued

P 22856028

Certification Number

MAY 10 2016

Type/Print In Permanent Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last, Suffix) Marion Luce Butler				2. Sex F	3. Social Security Number -5521	4. Date of Death (Mo/Day/Yr) (Spell Mo) May 7, 2016	
5a. Age-Last Birthday (Yrs) 89	5b. Under 1 Year Months: 0 Days: 0	5c. Under 1 Day Hours: 0 Minutes: 0	6. Date of Birth (Mo/Day/Year) (Spell Month) March 8, 1927		7a. Birthplace (City and State or Foreign Country) Brooklyn, New York		
8a. Residence (State or Foreign Country) Pennsylvania				8b. Residence (Street and Number - Include Apt No.) 227 Azalea Lane		8c. Did Decedent Live in a Township? <input checked="" type="checkbox"/> Yes, decedent lived in Penn twp.	
8d. Residence (County) Chester				8e. Residence (Zip Code) 19390		8f. No, decedent lived within limits of _____ city/boro.	
9. Ever in US Armed Forces? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
12. Father/Parent's Name (First, Middle, Last, Suffix) Philip Luce				13. Mother/Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Jessie Menzies			
14a. Informant's Name Virginia Reef				14b. Relationship to Decedent daughter		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) PO Box 193, Chatham, PA 19318	
15a. Place of Death (Check only one) <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Dead on Arrival				15b. Facility Name (If not institution, give street and number) Jenner's Pond			
15c. City or Town, State, and Zip Code West Grove, PA 19390				15d. County of Death Chester			
16a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				16b. Date of Disposition 5-11-2016			
16c. Location of Disposition (City or Town, State, and Zip) Wilmington DE 19809				16d. Place of Disposition (Name of cemetery, crematory, or other place) Hockessin Crematory Company			
17a. Name and Complete Address of Funeral Facility Folk & Grieco Funeral Home, Inc., 200 Rose Hill Road, West Grove, PA 19390				17b. License Number 014534-L			
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MENG, MED, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)				19. Decedent's Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)			
20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other (Specify)				21. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. school teacher/genealogist			
22a. Kind of Business/Industry education/genealogy				22b. License Number			
ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH				23a. Date Pronounced Dead (Mo/Day/Yr)			
23b. Signature of Person Pronouncing Death (Only when applicable)				23c. License Number			
23d. Date Signed (Mo/Day/Yr)				23e. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Time of Death 6:01 am				25. Cause of Death			
26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. End Stage Dementia Due to (or as a consequence of): b. Lewy Body Dementia Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.				Approximate Interval: Onset to Death 3 months many years			
26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Essential hypertension - Swallowing dysfunction				27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				29. If Female: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
32. Date of Injury (Mo/Day/Yr) (Spell Month)				33. Time of Injury			
34. Place of Injury (e.g. home; construction site; farm; school)				35. Location of Injury (Street and Number, City, County, State, Zip Code)			
36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
38. Describe How Injury Occurred:				39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and of investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: <i>Maryanne Bowes</i> Title of certifier: <i>MD</i>			
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) Mary-Anne Ost MD, 1 Commerce Blvd S-203, West Grove PA 19390				39c. Date Signed (Mo/Day/Yr) 05/09/2016			
40. Registrar's District Number 15-104				41. Registrar's Signature <i>Maryanne Bowes</i>			
42. Registrar File Date (Mo/Day/Yr) May 10, 2016				43. Amendments			

To Be Completed/Verified By: FUNERAL DIRECTOR

ALIAS USED

To Be Completed By: MEDICAL CERTIFIER

NAME OF DECEDENT: Butler, Marion

EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 042 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461, as amended, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-004

This document is recorded as an
ACCOMMODATION ONLY and without liability
for the consideration therefore, or as to the
validity or sufficiency of said instrument, or
for the effect of such recording on the title of
the property involved.