

Mail tax statements to:  
WALLEY'S PARTNERS LTD PARTNERSHIP  
c/o TRADING PLACES INTERNATIONAL  
25510 COMMERCENTRE DR STE 100  
LAKE FOREST, CA 92630

RECORDING REQUESTED BY:  
Victoria Jean Himmelberger

RETURN TO:  
LT Transfers  
4513 Highway 129N  
Cleveland, GA 30528

APN: portion of 1319-15-000-029

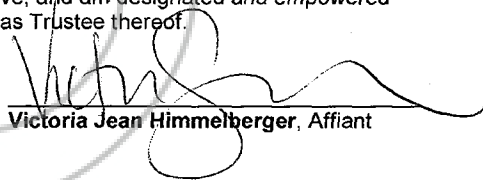
**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF NEVADA )  
 ) SS.  
COUNTY OF DOUGLAS )

**Victoria Jean Himmelberger**, being of legal age, being first duly sworn, deposes and says:

1. Jean Royda Moore is the decedent mentioned in the attached certified copy of Certificate of Death and is the same person named as Trustee in that certain Declaration of Trust dated September 4, 2002, executed by Clark A. Moore II and Jean R. Moore as trustees.
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on January 21, 2011, as Document No. 0777237, in the Official Records of Douglas County, Nevada, describing the following real property:  
**See attached Exhibit "A"**
3. I am the successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

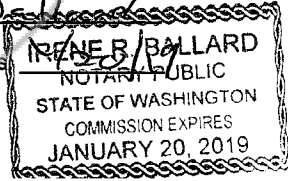
Dated: 11.14.2017

  
Victoria Jean Himmelberger, Affiant

STATE OF WA  
COUNTY OF King

Subscribed and sworn to (or affirmed) before me on this 14 day of November, 2017, by **Victoria Jean Himmelberger**, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
Notary Public Signature

Trere R Ballard  
Notary Printed Name  
My Commission Expires 1/20/19  


**EXHIBIT "A"**

Inventory Control No: 0609547A  
Unit Type: Two Bedroom  
Type of Timeshare Interest: Annual

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 1/204<sup>th</sup> interest in and to all that real property in the County of Douglas, State of Nevada, described as follows:

Adjusted Parcel J as shown on that Record of Survey for David Walley's Resort, a Commercial Subdivision, Walley's Partners Ltd. Partnership, filed for record with the Douglas County Recorder on July 26, 2006, in Book 0706 at Page 9384, as Document No. 0680634, Official Records of 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 the Declaration of Annexation of David Walley's Resort Phase VI recorded on August 8, 2006 in the Office of the Douglas County Recorder as Document No. 0681616 and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a TWO BEDROOM 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 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.

A portion of APN: 1319-15-000-029

**END OF EXHIBIT "A"**

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF NEVADA**  
 GRASS VALLEY, CALIFORNIA 95945

**CERTIFICATE OF DEATH** 3201729000608  
STATE OF CALIFORNIA  
USE BLACK INK ONLY AND ENQUIRE OF NECESSITY FOR ALTERATIONS  
VS-1 (REV. 5/09)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given)		3. LAST (Family)	
JEAN		MOORE	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
ROYDA		02/06/1941	
5. AGE Yrs.		6. SEX	
76		F	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
JEAN ROYDA BENSON			
9. BIRTH STATE/FORIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
NY		-5464	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (SP) or "Legal Date"	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION - Highest Level (Degrees)		14. WAS DECEASED HISPANIC/LATINO/SPANISH? If yes, see comment on back.	
BACHELOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEASED'S RACE - Up to 3 race/ethnicity be listed (see worksheet on back)	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. YEARS IN OCCUPATION	
DIRECTOR OF PLANNED GIVING		EDUCATION	
28. DECEASED'S RESIDENCE (Street and number, or location)		33. STATE/FORIGN COUNTRY	
215 ELYSIAN PLACE		CA	
21. CITY		22. ZIP CODE	
GRASS VALLEY		95945	
23. COUNTY/PROVINCE		24. YEARS IN COUNTY	
NEVADA		23	
26. INFORMANT'S NAME, RELATIONSHIP			
ADAM BENSON, SON			
27. HIS OR HER HOME MAILING ADDRESS (Street and number, or location; city or town, state and ZIP)			
6044 WATERLOO ROAD, CENTERVILLE, OH 45455			
28. NAME OF SURVIVING SPOUSE (SP) - FIRST		29. MIDDLE	
-		-	
30. LAST (BIRTH NAME)		31. NAME OF FATHER/PARENT - FIRST	
-		ALMERIC	
32. MIDDLE		33. LAST	
-		PARENTE	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST	
NY		ROYDA	
36. MIDDLE		37. LAST (BIRTH NAME)	
-		BOYD	
38. BIRTH STATE		39. DISPOSITION DATE mm/dd/yyyy	
NY		07/20/2017	
40. TYPE OF DISPOSITION(S)		43. PLACE OF FINAL DISPOSITION	
CR/BU		ST. BEDE'S EPISCOPAL CHURCH 2650 SAND HILL ROAD, MENLO PARK, CA 94025	
41. NAME OF FUNERAL ESTABLISHMENT		42. SIGNATURE OF EMBALMER	
HOOPER & WEAVER MORTUARY INC		NOT EMBALMED	
44. LICENSE NUMBER		45. SIGNATURE OF LOCAL REGISTRAR	
FD411		KENNETH CUTLER, MD	
46. DATE mm/dd/yyyy		47. DATE mm/dd/yyyy	
07/20/2017		07/20/2017	
101. PLACE OF DEATH			
OWN RESIDENCE			
102. COUNTY		103. IF HOSPITAL, SPECIFY ONE	
NEVADA		<input type="checkbox"/> P <input type="checkbox"/> ENOP <input type="checkbox"/> JCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other	
104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		105. IF OTHER THAN HOSPITAL, SPECIFY ONE	
215 ELYSIAN PLACE		Home <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
106. CITY		107. CAUSE OF DEATH	
GRASS VALLEY		Enter the chain of events - illnesses, injuries, or complications - that directly caused death. DO NOT use terminal words such as cardiac arrest, respiratory arrest, aneurysmal rupture without showing the etiology. DO NOT abbreviate.	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. LEARN REPORTED TO (CHECK ONE)	
METASTATIC BLADDER CARCINOMA		<input type="checkbox"/> AT <input checked="" type="checkbox"/> NO	
110. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		111. BIOPSY PERFORMED?	
NONE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. AUTOPSY PERFORMED?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date		114. IF FEMALE, PREGNANT IN LAST YEAR?	
NEPHRECTOMY 08/2015, BLADDER RESECTION 08/2015		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		116. SIGNATURE AND TITLE OF CERTIFIER	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
07/12/2017		ROBERT NATHAN LOWE M.D. 101 MARGARET LN STE B, GRASS VALLEY, CA 95945	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 hours)	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Hanging <input type="checkbox"/> Other (if so determined)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
123. PLACE OF INJURY (e.g., home, construction site, restricted 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 mm/dd/yyyy	
KENNETH CUTLER, MD		07/20/2017	
128. TITLE OF CORONER / DEPUTY CORONER		129. COUNTY HEALTH OFFICER	
CORONER		K Cutler MD	

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT

**CERTIFIED COPY OF VITAL RECORD**  
 STATE OF CALIFORNIA, COUNTY OF NEVADA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Nevada County Health Department.

DATE ISSUED Jul 21 2017 *McClain*

000155229

*K Cutler MD*  
 KENNETH CUTLER, MD  
 COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CANEVADAD01