DOUGLAS COUNTY, NV

2017-907492

Rec:\$35.00

\$35.00 Pgs=3

11/30/2017 01:09 PM

READY LEGAL SUPPORT, INC. KAREN ELLISON, RECORDER

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 1319-15-000-032

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STATE OF NEVADA

COUNTY OF DOUGLAS

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

SS.

- 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.
- At the time of decedent's death, decedent was the owner, as Trustee, of certain real
 property acquired by a deed recorded on November 8, 2011, as Document No. 0792277, 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: Victoria Jean Himmelberger, Affiant

STATE OF ______

COUNTY OF ___

Notary Public Signature

Notary Printed Name My Commission Expires: R

NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
JANUARY 20, 2019

EXHIBIT "A"

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: <u>2bd</u> Phase: <u>4</u> Inventory Control No. <u>36029108390</u>
Alternate Year Time Share: <u>Annual</u> First Year Use: <u>2018</u>

END OF EXHIBIT "A"



COUNTY OF NEVADA

GRASS VALLEY, CALIFORNIA 95945

		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK DINCY / NO FRANCES WHITEDUTS OR ALTERATIONS							
	STATE FILE NUMBER	VS-11e(REV	3/06)		LOCAL REGISTRATION NUMBER				
Į.	1. NAME OF DECEDENT-FIRST (Given) JEAN	ROYDA	MOOF	RE	\ \				
ONAL DA	AKA, ALSO KNOWN AS Include fult AKA (FIRST, MIDDLE, LAST) JEAN ROYDA BENSON		4. DATE OF BIRTH mm/dd/ccyy 02/06/1941	76 IF UNDER ONE YEAR Months Days	Hours Minutes F				
DECEDENT'S PERSONAL DATA	9. BIRTH STATE/FOREIGN COUNTRY NY 10. SOCIAL SECURITY NUM -5464	YES X NO	UNK WIDOWED	7. DATE OF DEATH mm. 07/15/2017	(dd/ccyy 8. HOUR (24 Hours) 1910				
CEDENT	13. EDUCATION - Highest Level/Degree 14/15. WAS DECEDENT HISPANIC/LAT Saes worksheet on back) BACHELOR YES		X 10 CAUCASIAN	Up to 3 races may be listed (see workshee					
DE	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RE DIRECTOR OF PLANNED GIVING	18. KIND OF BUSI EDUCATI		re, road construction, employment agency, e	19. YEARS IN OCCUPATION				
RESI	20. DECEDENT'S RESIDENCE (Street and number, or location) 215 ELYSIAN PLACE		December 1997 1997 1997 1997 1997 1997 1997 199						
	GRASS VALLEY NEVA		95945	EARS IN COUNTY 25. STATE/FOREIGN CA					
INFOR-	26. INFORMANT'S NAME, RELATIONSHIP ADAM BENSON, SON		MANT'S MAILING ADDRESS (Street or WATERLOO ROAD	d number, or rural route number, city or town CENTERVILLE, OH	state and zip) 45459				
E/SRDP AND INFORMATION	<u>-</u>	9. MIDDLE	30. LAST (BIRTH NA)	AE)					
SPOUSE/SRDP AND PARENT INFORMATION	ALMERICO -	2. MIDDLE	33. LAST PARENTE		34. BIRTH STATE				
	ROYDA -	6. MIDDLE	37, LAST (BIRTH NAN BOYD	AE)	38. BIRTH STATE				
CTOR/ TRAR	07/20/2017 2650 SAND HILL	ON ST. BEDE'S EPISC ROAD, MENLO PAR	COPAL CHURCH RK, CA 94025		1				
AL DIRE	41. TYPE OF DISPOSITION(S) CR/BU	42 SIGNATURE OF EMBJ ► NOT EMBA	A MARCO COLORONO MARCONO MARCO	// ***	43. LICENSE NUMBER				
FUNERAL DIRECTOR/ LOCAL REGISTRAR	44. NAME OF FUNERAL ESTABLISHMENT HOOPER & WEAVER MORTUARY INC	45. LICENSE NUMBER	46 SIGNATURE OF LOCAL REGISTR • KENNETH CUTLE		47 DATE mm/dd/ccyy 07/20/2017				
ą +	101, PLACE OF DEATH OWN RESIDENCE	7	102 IF HOSPITAL SPECIFY OF	T	SPECIFY ONE				
PLACE OF DEATH	104. COUNTY 105. FACILITY ADDRESS OR 215 ELYSIAN PI	LOCATION WHERE FOUND (Street an	d number, or location)	106. CITY GRASS					
	107. CAUSE OF DEATH Criter the chain of events — giseas as cardad arrest, respiratory arrest, institution of the chain of events — giseas as cardad arrest, respiratory arrest, institution of the chain of events — giseas	es, hunes, or complications—that directly ventricus; forkeron without showing to A DIC (N.O.A.A.)	tly caused death: DO NOT enter terminal the eliology, DO NOT ABBREVIATE.	Onset and Death	108 DEATH REPORTED TO COPONER?				
	(Final disease or condition resulting in death)	CARCINOVIA		2 YRS	NEFERRAL NAMES 109. BIOPSY PERFORMED?				
ATH	Sequentially, list conditions, if any, leading to cause				X YES NO				
CAUSE OF DEATH	on Line A. Enter UNDERLYING CAUSE (disease or lolury that			(CT)	110. AUTOPSY PERFORMED? YES X NO				
CAUSI	initiated the events (P) resulting in death) LAST 112, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	je i je		(DT)	111. USED IN DETERMINING CAUSE? YES NO				
	NONE		7 7						
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN 11EM 167 C NEPHRECTOMY08//2015, BLADDER	***************************************			YES X NO UNK				
THEICATION	AT THE HOUR DATE AND PLACE STATED FROM THE CALSES STATED.	SIGNATURE AND TITLE OF CERTIFIER OBERT NATHAN LO	OWE MID	633350	DER 117. DATE mm/dd/ccyy 07/20/2017				
	(A) mm/dd/ccyy (B) mm/dd/ccyy 118. -/-/ 07/12/2017 10	TYPE ATTENDING PHYSICIAN'S NAMI I MARGARET LN ST	E MAILING ADDRESS, ZIP CODE R	OBERT NATHAN LOW	/E M.D.				
Ť	119. I CERTIFY THAT IN MY OPINON DEATH OCCURRED AT THE HOUR DATE AND MANNER OF DEATH Natural Accident Homicide	PLACE STATED FROM THE CAUSES STATE	Could not be 120. INJURED AT		mm/dd/ccyy 122, HOUR (24 Hours)				
ONLY	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)								
'S USE (124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Fjury)								
CORONER'S USE	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)								
٥	128. SIGNATURE OF CORONER / DEPUTY GORONER	127. DATE mm	Vdd/ccyy 128. TYPE NAME, TIT	LE OF CORONER / DEPUTY CORONER	1.00				
STA		E HALFA DERIVA	<u> </u>	FAX AUTH.#	CENSUS TRACT				
REGIST	TRAR		*010001003614906*						
-	CERTIFIE	D COPY OF VITAL	RECORD						

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



Kenneth cutler, MD KENNETH CUTLER, MD COUNTY HEALTH OFFICER

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