DOUGLAS COUNTY, NV

2017-907493

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

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:

- Clark Alphonso Moore II 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"
- 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: ((. [4. 20])

Victoria Jean Himmelberger, Affiant

STATE OF

COUNTY OF

Subscribed and sworn to (or affirmed) before me on this 14th 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

Notary Printed Name | RENE R. BALLARD
My Commission Expires: 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"



STATUDO E CANDO ECO RALI

COUNTY OF NEVADA

Grass Valley, California 95945

	STATE FILE NUMBER	· · · · · · · · · · · · · · · · · · ·	CERTIFICAT STATE OF C SE BLACK INK ONLY / NO ERASUF VS-11wRI	E OF DEA ALIFORNIA ES. WHITEOUTS OF	ALTERATIONS		<u> </u>	2900027		
- 4	1. NAME OF DECEDENT- FIRST (Given)		2. MIDDLE		3 LAST (Family)			ISTRATION NUM	IBER	
DATA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE; LAST)		ALPHONSO		MOORE II			FUNDER ONE YEAR IF UNDER 24 HOURS 6 SEX		
SONAL					05/15/1923 92 "			Months Days Hours Minutes M		
DECEDENT'S PERSONAL	CA 2986 X ves No				MARITAL STATU	JS/SRDP' (at Yiroe ol Dea')	03/25/20		8. HOUR (24 Hour	
DENT	13. EDUCATION - Highest Leve/Degree 14/15. WAS DECEDENT HISPANIC/LATINO(AUSPANISH? (If yet, less worksheet on back) 16. DECEDENT S RACE - Up 16.3 races may be listed (see worksheet on back) VES X NO CAUCASIAN									
DECE	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) 19. YEARS IN OCCUPATION									
-	ADMINISTRATOR UNIVERSITY 20. DECEDENT'S RESIDENCE (Street and number, or location)									
USUAL	215 ELYSIAN PLACE									
RESID	GRASS VALLEY NEV		JNTY/PROVINCE /ADA		23. ZIP CODE 24. YEARS IN COUNTY 95949 15			OREIGN COUN	TRY	
INFOR-	26. INFORMANT'S NAME, RELATIONSHIP JEAN MOORE, WIFE	27 INFO P.O.	BOX 72	G ADDRESS (SI	DA CITY, C	ral route number, cit. A 95959	r or town, state a	nd zip)		
	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST	29. MIODL	E	<u> </u>	30. LAST (BIRT		\			
SPOUSE/SRDP AND ARENT INFORMATION	JEAN 31. NAME OF FATHER/PARENT-FIRST		ROYDA 32. MIDDLE		BENSON 33 LAST					
JSE/SH T INFO	CLARK		ALPHONSO		MOORE SR.				34. BIRTH STATE	
PARENT	35. NAME OF MOTHER/PARENT-FIRST PEARL		36 MIDDLE HOUSTON		97, CAST (BIRTH NAME) MOORE				38 BIRTH STATE	
_	39 DISPOSITION DATE: mm/dd/ccyy 40 PLACE OF FINAL DISPOSITION ST. BEDE'S EPISCOPAL CHURCH									
REGISTRAR	03/30/2016 2650 S. 41 TYPE OF DISPOSITION(S).	AND HILL ROA	ID, MENLO PA		4025	-/-	-/	43.	LICENSE NUMBER	
ALRE	CR/BU ▶ NOT EMBALMED						<u> </u>			
2 2	48. SIGNATURE OF LOCAL REGISTRAR HOOPER & WEAVER MORTUARY INC 45. LICENSE NUMBER 46. SIGNATURE OF LOCAL REGISTRAR FD411 • KENNETH CUTLER, MD					E@	100	3/30/2016		
ь. Б.	OWN RESIDENCE			102. IF H	OSPITAL SPECI	processing the same of	POTHER THAN HO			
PLACE OF DEATH	104. COUNTY 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) NEVADA 215 ELYSIAN PLACE						106. CIT	106, CITY		
	107. CAUSE OF DEATH Enter the Châth of events diseases, interest or comprications that directly causes health DO NOT enter tombally profit and						330	GRASS VALLEY Trine Interval Between 108 CEATH PERCENTED TO COPOLER		
	is cause: as cause as cause are the control of the cause						Onset an (AT)	d Death	YES N	
	condition resulting in death (8) CORONARY ARTERY DISEASE						: MOS		BIOPSY PERFORMED?	
DEATH	Out Usermany, ms. Conditions, if any, Leading to cause						YRS		YES X N	
	Reading to Cause C HYPERLIPIDEMIA C HYPE						YRS	110.7	AUTOPSY PERFORMED?	
CAUSE OF	initiated the events (D) resulting in death) LAST						רסו	111. US	SED IN DETERMINING CAUSE	
	112 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION									
7	113, WAS DIFFENTION PERFORMED FOR ANY CONDITION IN ITEM 107 OF 112? (If yes, set type of operation and date) 1134, IF FEMULE PEGNANT NLAST YEAR 1134, IF FEMULE PEGNANT NLAST YEAR									
	114 I OPPRITY THAT TO THE BEST OF MY MOON EXCEDED HOTO PEPED. THE ENGLANDED WITH THE PROPERTY OF THE PERIOD OF THE							YES	NO UN	
RTIFICATION	Decedent Afferded Since Decedent Last Seen Alver			OWE M	D.	<i>[</i>	G332		17 DATE min/ed/ccyy	
PHYSICIAN'S CERTIFICATION	mm/dd/coyy									
	119. I CERTIFY THAT IN MY OPINION DEATH-OCCUPRED AT TH	CHOUR DATE AND PLACE STA	TED FROM THE CAUSES STATE	D Could not be	120 INJURE	D'AT WORK?	121: INJUR	Y D'ATE mm/dd/c	суу 122 НОИЯ (24 Но	
- 1	MANNER OF DEATH Natural Accident Homode Sucide Mestigation Odermined YES NO Link 123. PLACE OF INJURY (e.g., nome, construction site, wooded alrea, etc.)									
USE 0	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury)									
CORONER'S USE ONLY										
CORC	125_LOCATION OF INJURY (Street and number, or location, and city, and zip)									
N	128. SIGNATURE OF CORONER / DEPUTY CORONER	7	127. DATE m	n/dd/ccyy	128. TYPE NAM	NE, TITLE OF CORON	ÆR / ΩΕΡЫΊΥ COR	ONER		
STAT		D E	1000000000	ETER FINE YOU MAN O	00 ATOMA BOLD (SAME PAIN		FAX AUTH	1.0	CENSUS TRAC	
GIST										

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on

KENNETH CUTLER, MD NEVADA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





