

APN: Portion of 1319-15-000-025  
APN: 17-212-050  
R.P.T.T. \$1.95



KAREN ELLISON, RECORDER

**RECORDING REQUESTED BY**  
**TRADING PLACES INTERNATIONAL**  
**25510 COMMERCENTRE DR., SUITE 100**  
**LAKE FOREST, CA 92630**

WHEN RECORDED MAIL TO  
AND MAIL TAX STATEMENTS TO  
WALLEYS PROPERTY OWNERS  
C/o TRADING PLACES INTERNATIONAL  
25510 COMMERCENTRE DR., SUITE 100  
LAKE FOREST, CA 92630

**Contract No: DWR-AP100716**

## QUIT CLAIM DEED

For valuable consideration, the receipt of which is hereby acknowledged,

**Robert H. Brown & Arlene M. Brown**

Hereby QUITCLAIM TO:

**Walley's Property Owners Association, a Nevada non-profit corporation**

The real property in the County of Douglas, State of Nevada, described in "Exhibit B" attached hereto and incorporated herein by this reference.

Dated: 4-16-2018, 20\_\_\_

By: *[Signature]*  
~~Robert H. Brown~~ *ROBERT BROWN, JR. - EXECUTOR*

By: *[Signature]*  
~~Arlene M. Brown~~ *ROBERT BROWN, JR. - EXECUTOR*

State of \_\_\_\_\_ )  
)SS.  
County of \_\_\_\_\_ )

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

ACKNOWLEDGMENT

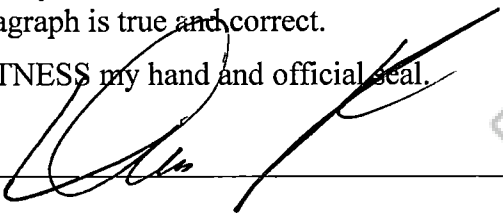
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA )  
COUNTY OF San Joaquin )

On 4/16/18 before me, Diane Dias, a Notary Public, personally appeared Robert Brown, Jr., who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

  
\_\_\_\_\_

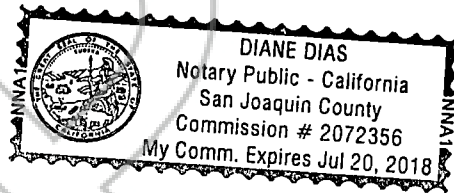


Exhibit "A"

LEGAL DESCRIPTION FOR  
DAVID WALLEY'S RESORT

The land referred to herein is situated in the

**STATE of Nevada**

**County of Douglas**

and is described as follows:

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 1/1071<sup>st</sup> 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 as 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 POINT OF BEGINNING; thence North 80°00'00" East 93.93 feet; then North 35°00'00" East 22.55 feet; then 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 of Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded 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 0449993, and as amended by Document Nos. 0466255, 04852265, 0489957, 0509920 and 0521436, 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 for use and enjoyment in, to and throughout the Common Area and perpetual non-exclusive easement for parking and pedestrian and vehicular access, ingress and egress as set forth in Access Easement and Relocation recorded on May 26, 2006, in Book 0506 at Page 10729, as Document No 0676008, all of Official Records, Douglas County, Nevada.

ICN-Inventory No: 17-007-16-01

A Portion of APN: 1319-15-000-025

APN: 17-212-050

**THE BUDGE BROWN SURVIVOR'S TRUST  
CREATED UNDER THE ROBERT H. AND ARLENE  
M. BROWN TRUST DATED JANUARY 16, 1981,  
AS RESTATED DECEMBER 10, 1994, AS AMENDED  
ON September 11, 2009**

**AS RESTATED ON September 11, 2009**

**INTRODUCTION**

A. Trust History. ROBERT H. BROWN and ARLENE M. BROWN created the ROBERT H. AND ARLENE M. BROWN TRUST (the "ROBERT AND ARLENE BROWN TRUST") on January 16, 1981, wherein ROBERT H. BROWN is one of the named Settlers (also known as Trustor) and one of the named Co-Trustees with his wife ARLENE M. BROWN. ROBERT and ARLENE BROWN restated the ROBERT AND ARLENE BROWN TRUST in its entirety on December 24, 1991, and again amended and restated the Trust in its entirety on December 10, 1994 (the "1994 Restated Trust"). The ROBERT AND ARLENE BROWN TRUST was amended on November 12, 2004 (the 2004 Amendment). References herein to the ROBERT AND ARLENE BROWN TRUST shall be to the 1994 Restated Trust instrument as amended through the date of death of ARLENE M. BROWN on November 25, 2005.

Pursuant to the terms of the Trust ROBERT H. BROWN is now sole successor Trustee and is the "Surviving Spouse" as defined therein. In accordance with the terms of the ROBERT AND ARLENE BROWN TRUST, the Settlor, ROBERT H. BROWN, retained the right to alter, amend or revoke the Survivor's Trust created under the ROBERT AND ARLENE BROWN TRUST during his lifetime.

B. Restatement. In order to amend the Survivor's Trust created under the ROBERT AND ARLENE BROWN TRUST and clarify the administration and distribution of his estate, Settlor ROBERT H. BROWN does hereby revoke any prior amendment to the Survivor's Trust created under the ROBERT AND ARLENE BROWN TRUST and does hereby amend and restate said SURVIVOR'S TRUST in its entirety, as set forth in this instrument.

C. Effective as to the Survivor's Share. This Restatement of the Survivor's Trust (to be referred to as the BUDGE BROWN SURVIVOR'S TRUST) shall be effective as to all assets allocable to the Survivor's Trust under the ROBERT AND ARLENE BROWN TRUST as more particularly described at Column 8 (Budge Brown – Trust A) of the Distribution Allocation attached as Exhibit "A" hereto and incorporated herein by this reference.

#### ARTICLE I

1.1 Settlor. ROBERT H. BROWN also known as Budge Brown, hereinafter called the "Trustee", declares that ROBERT H. BROWN, a widowed and presently unmarried man, herein called the "Settlor", has transferred and delivered to the Trustee without consideration all his right, title and interest as Surviving Spouse under the ROBERT AND ARLENE BROWN TRUST, which interest shall become the Trust Estate hereof as more particularly described at Section 2.1, below. Said assets of the Trust Estate are being allocated to Robert H. Brown as Trustee of the BUDGE BROWN SURVIVOR'S TRUST pursuant to Article 6, paragraph C of the ROBERT AND ARLENE BROWN TRUST.

1.2 Family Background. Settlor is an unmarried man having four (4) children the issue of his marriage to his deceased spouse, ARLENE M. BROWN, namely, ROBERT H. BROWN, JR. (born June 24, 1959), MICHAEL A. BROWN (born March 15, 1962), JEFFREY L. BROWN (born on April 15, 1966), and KRISTI M. BROWN (born December 28, 1967). Settlor declares that he has one

## ARTICLE XII

12.1 Trustee. If the initial Trustee, ROBERT H. BROWN, should for any reason fail to qualify or cease to act as Trustee, then ROBERT H. BROWN, JR. AND ANTONIO PIMENTEL shall act as successor Co-Trustees. Should either one of them fail to qualify or cease to act as Trustee, then the remaining one of them shall act as successor sole Trustee. All decisions of the Co-Trustees to take (or not take) any action shall be made by the Trustees acting unanimously, and in the event they cannot so agree, then they may Petition a Court of Competent Jurisdiction for Instructions in accordance with Probate Code Section 17200 et seq.

If both ROBERT H. BROWN, JR., and ANTONIO PIMENTEL shall fail to qualify or cease to act, then KRISTI M. BROWN shall act as successor Trustee. If KRISTI M. BROWN shall fail to qualify or cease to act, then MICHELE M. HAKEEM shall act as successor trustee. If MICHELE M. HAKEEM shall fail to qualify or cease to act, then such person as the last surviving trustee shall nominate and appoint in a written instrument (other than a Will) expressly referring to this Section 12.1.

Notwithstanding any provision herein contained to the contrary, any Trustee named hereunder shall be permitted to resign as Trustee of any one trust created hereunder, without being required to resign as Trustee from any of the other trusts created hereunder. Any third party (including any bank or savings and loan association) may accept the signed, written statement of an individual who is named in this ARTICLE XII as a successor Trustee that the predecessor Trustee has ceased to serve and that the individual is the current Trustee.

12.2 Trustee's Bond. No bond shall be required of any person named in this instrument as Trustee, or of any person appointed as the Trustee in the manner specified here, for the faithful performance of such duties as Trustee.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF AMADOR

JACKSON, CALIFORNIA 95642

CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY AND ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV 3/05)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>Robert</b>		3. LAST (Family) <b>Brown</b>	
2. MIDDLE <b>Henderson</b>		4. DATE OF BIRTH mm/dd/yyyy <b>08/30/1932</b>	
AKA ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) <b>Budge Henderson Brown</b>		5. AGE Yrs. <b>78</b>	
6. SEX <b>M</b>		7. DATE OF DEATH mm/dd/yyyy <b>05/20/2011</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		9. SOCIAL SECURITY NUMBER <b>████████-8529</b>	
10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		11. MARITAL STATUS/SIDP* (at Time of Death) <b>Widowed</b>	
12. EDUCATION - Highest Level/Degree (see worksheet on back) <b>Bachelor's</b>		13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>White</b>		15. HOURS (24 Hours) <b>1700</b>	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>Farmer</b>		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, meat construction, employment agency, etc.) <b>Agriculture</b>	
18. YEARS IN OCCUPATION <b>56</b>		19. YEARS IN OCCUPATION <b>56</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>624 West Fork Vista Lane</b>			
21. CITY <b>Gardnerville</b>		22. COUNTY/PROVINCE <b>Douglas</b>	
23. ZIP CODE <b>89460</b>		24. YEARS IN COUNTY <b>20</b>	
25. STATE/FOREIGN COUNTRY <b>NV</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>Michelle Hakeem, Daughter</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>P. O. Box 346, Lockeford, CA 95237</b>		28. NAME OF SURVIVING SPOUSE/SIDP* - FIRST <b>-</b>	
29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT - FIRST <b>Laurence</b>		32. MIDDLE <b>Emer</b>	
33. LAST <b>Brown</b>		34. BIRTH STATE <b>KS</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>Marie</b>		36. MIDDLE <b>E.</b>	
37. LAST (BIRTH NAME) <b>Henderson</b>		38. BIRTH STATE <b>CA</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>06/02/2011</b>		40. PLACE OF FINAL DISPOSITION <b>Tracy Mausoleum 8842 West Schulte Road Tracy, CA 95376</b>	
41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>Daneri Mortuary</b>	
45. LICENSE NUMBER <b>FD 1636</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE mm/dd/yyyy <b>06/01/2011</b>		48. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
101. PLACE OF DEATH <b>Wooded Area</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
103. CITY <b>Amador</b>		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>38° 31.112 N - 120° 13.534 W</b>	
105. CITY <b>Pioneer</b>		106. CITY <b>Pioneer</b>	
107. CAUSE OF DEATH IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) <b>Traumatic Injuries to Head, Chest, and Abdomen</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SEQUENTIALLY list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>Aircraft Collisions</b>		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>None</b>		111. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (if yes, list type of operation and date) <b>No</b>		113. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER <b>Jarret Benov, Deputy Coroner</b>	
116. LICENSE NUMBER <b>-</b>		117. DATE mm/dd/yyyy <b>06/01/2011</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>-</b>		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>-</b>	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		121. CLAUDED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
122. INJURY DATE mm/dd/yyyy <b>05/18/2011</b>		123. HOUR (24 Hours) <b>1547</b>	
124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>Wooded Area</b>			
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>Pending</b>			
126. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>38° 31.112 N - 120° 13.534 W, Pioneer, CA 95666</b>			
127. SIGNATURE OF CORONER / DEPUTY CORONER <i>[Signature]</i>		128. DATE mm/dd/yyyy <b>06/01/2011</b>	
129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>Jarret Benov, Deputy Coroner</b>		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>Jarret Benov, Deputy Coroner</b>	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF AMADOR

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Amador County Clerk-Recorder.

DATE ISSUED **06/01/2011**

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



*[Signature]*

Sheldon D. Johnson  
COUNTY CLERK-RECORDER

FD-103 (Rev. 1/02/10)



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES  
STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITE OUTS OR ALTERATIONS  
VS-10 (REV. 10/01)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEASED -- FIRST (Given)		3 LAST (if any)	
ARLENE		BROWN	
2 MIDDLE		6 SEX	
MARIE		F	
4 DATE OF BIRTH mm/dd/yyyy			
12/18/1937			
5 AGE Yrs			
67			
6 MONTHS			
7 HOURS			
8 MINUTES			
9 HOURS (24 hours)			
1725			
9 BIRTH STATE/FOREIGN COUNTRY		12 MARITAL STATUS (at time of death)	
CA		MARRIED	
10 SOCIAL SECURITY NUMBER		13 DATE OF DEATH mm/dd/yyyy	
-0980		11/25/2005	
11 EVER IN U.S. ARMED FORCES		14 DECEASED'S RACE -- Up to 3 races may be listed (see manual part on back)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		ITALIAN/PORTUGUESE	
16 EDUCATION -- Highest level/degree (see manual part on back)		19 YEARS IN OCCUPATION	
SOME COLLEGE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		48	
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.)	
OWNER		RESORT	
20 DECEASED'S RESIDENCE (Street and number or location)			
1864 FAIRWAY OAKS DR			
21 CITY		25 STATE/FOREIGN COUNTRY	
RIPON		CA	
22 COUNTY/PROVINCE		24 YEARS IN COUNTY	
SAN JOAQUIN		1	
23 ZIP CODE		26 DECEASED'S NAME, RELATIONSHIP	
95366		ROBERT H BROWN -- HUSBAND	
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		27	
1864 FAIRWAY OAKS DR		RIPON, CA 95366	
28 NAME OF SURVIVING SPOUSE -- FIRST		30 LAST ( Maiden Name)	
ROBERT		BROWN	
29 MIDDLE		31 NAME OF FATHER -- FIRST	
HENDERSON		ALTAR	
32 LAST		33 MIDDLE	
BROWN		ALDO	
34 BIRTH STATE		37 LAST ( Maiden)	
CA		MANTELLI	
35 NAME OF MOTHER -- FIRST		38 BIRTH STATE	
ALTA		CA	
36 MIDDLE		39 LAST ( Maiden)	
MARIE		SALES	
40 PLACE OF FINAL DISPOSITION		43 LICENSE NUMBER	
TRACY MAUSOLEUM		8203	
TRACY, CA 95376		47 DATE mm/dd/yyyy	
41 TYPE OF DISPOSITION(S)		48 DATE mm/dd/yyyy	
BU		11/29/2005 SS	
42 SIGNATURE OF LIMBALER		49 DATE mm/dd/yyyy	
<i>[Signature]</i>		11/29/2005 SS	
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER	
FRY MEMORIAL CHAPEL		FD 1461	
46 SIGNATURE OF LOCAL REGISTRAR		47 DATE mm/dd/yyyy	
<i>[Signature]</i>		11/29/2005 SS	
101 PLACE OF DEATH			
RESIDENCE			
102 COUNTY		106 CITY	
SAN JOAQUIN		RIPON	
103 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		104 COUNTY	
1864 FAIRWAY OAKS DR		SAN JOAQUIN	
105 CAUSE OF DEATH			
From the chain of events -- disease, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory cessation without showing the etiology. DO NOT ABBREVIATE			
106 DEATH REPORTED TO CORONER?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
107 RETURNA NUMBER			
5 YEARS			
108 DECEASED'S SEX OR BIRTH?			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
109 AUTOPSY PERFORMED?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
110 USED IN DETERMINING CAUSE?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
111 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE. GIVEN IN 107			
NO			
112 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date.)			
LEFT BREAST LUMPECTOMY --/--/2000			
113 FEMALE, PREGNANT (ELAST YEAR)			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
114 SIGNATURE AND TITLE OF CERTIFIER		116 LICENSE NUMBER	
<i>[Signature]</i>		G70127	
117 DATE mm/dd/yyyy		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
11/21/2005		DAVID ADKINS, MD 600 COFFEE RD MODESTO, CA 95355	
119 CERTIFY THAT IN YOUR OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
120 INJURED AT WORK?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
121 INJURY DATE mm/dd/yyyy			
122 HOUR (24 Hours)			
123 PLACE OF INJURY (e.g., home, construction site, wooded 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	
<i>[Signature]</i>			
128 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		129 FAX AUTH. #	
		10303	

\* 000398346 \*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS  
COUNTY OF SAN JOAQUIN

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

DATE ISSUED: 12/01/2005

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

*[Signature]*  
KAREN FURST, MD, MPH  
LOCAL REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF NEVADA  
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
  - a) 1319-15-000-025
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
  - d) \_\_\_\_\_

- 2. Type of Property:
  - a)  Vacant Land    b)  Single Fam. Res.
  - c)  Condo/Twnhse    d)  2-4 Plex
  - e)  Apt. Bldg    f)  Comm'l/Ind'l
  - g)  Agricultural    h)  Mobile Home
  - i)  Other TIMESHARE

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

- 3. Total Value/Sales Price of Property: \$ \$250.00
- Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_
- Transfer Tax Value: \$ \_\_\_\_\_
- Real Property Transfer Tax Due: \$ \$1.95

- 4. If Exemption Claimed:
  - a. Transfer Tax Exemption per NRS 375.090, Section # \_\_\_\_\_
  - b. Explain Reason for Exemption: \_\_\_\_\_

5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity SE VP of Corp. Ops.

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION  
(REQUIRED)**

Print Name: Robert H. & Arlene M. Brown  
 Address: 32811 S. Bird Rd  
 City: Tracy  
 State: CA Zip: 95304

**BUYER (GRANTEE) INFORMATION  
(REQUIRED)**

Print Name: Walley's Property Owners C/o Trading Places  
 Address: 25510 Commercentre Dr. Suite 100  
 City: Lake Forest  
 State: CA Zip: 92630

**COMPANY/PERSON REQUESTING RECORDING**

(required if not the seller or buyer)

Print Name: Trading Places International Escrow # 187706 Attn: Ellie Longoria  
 Address: 25510 Commercentre Dr. Suite 100  
 City: Lake Forest State: CA Zip: 92630

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)