DOUGLAS COUNTY, NV

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2018-923912

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12/21/2018 04:04 PM

CHICAGO TIMESHARE ESCROW
KAREN ELLISON, RECORDER

APN: 1319-15-000-020

RECORDING REQUESTED BY:

Fidelity National Timeshare A Division of Chicago Title Company 10805 Rancho Bernardo Road, Suite 150 San Diego, CA 92127

WHEN RECORDED MAIL TO

Walley's Property Owners Association c/o Trading Places International 25510 Commercentre Dr. Ste. 100 Lake Forest, CA 92630

CTT File Number: DBK5350 Contract Number: DWR-CS308206

AFFIDAVIT OF DEATH OF TRUSTEE

OTATE OF	70110		- 7
STATE OF	10410	The same of the sa	
COUNTY OF	Linn	The state of the s) SS

- I, Gisela S. Steffe of legal age, being first duly swom, deposes and says:
 - That Will Steffe, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in the Declaration of Trust dated February 21, 1996, as amended and restated, and executed by Will Steffe and Gisela S. Steffe, as Trustor(s).
 - At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property acquired by that certain Grant Deed dated August 12, 2013, and recorded on November 20, 2013 as Instrument No. 2013-0834131, in Book 1113, Page 4143, of Official Records of Douglas County, State of Nevada, described as follows:

See Exhibit "A" attached hereto and made a part hereof.

- 3. I am the surviving Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
- There is no federal estate tax as the result of the death of the decedent mention in Paragraph 1, above.

THIS INSTRUMENT FILED FOR RECORD BY CHICAGO TITLE COMPANY AS AN ACCOMODATION ONLY. IT HAS NOT BEEN EXAMINED AS TO ITS EXECUTION OR AS TO ITS EFFECT UPON THE TITLE.

Lo	leclare under penalty of perjury, under the laws of the State of
th	at the foregoing is true and correct.
Da	ated: November 13, 2018
u s Ø	Lisela S. Steffs Gisela S. Steffe
	OUNTY OF LINN) SS
Si by	gned and sworn to (or affirmed) before me on this <u>19</u> day of <u>NOVEMBER</u> , 20 <u>B</u> Gisela S. Steffe.
	Signature of Notary: Print Name of Notary: Commission Expiration: AMY J SENNINGER Commission Number 779290 My Commission Expires July 11, 2019 (Notary Seal)
	SEAL MUST BE PLACED INSIDE BORDER OR THE RECORDER WILL REJECT

EXHIBIT "A" LEGAL DESCRIPTION

An undivided fee simple ownership interest in and to the following descried 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: 2bd Phase: 3 Inventory Control No.: 36023082060

Alternate Year Time Share: Annual

If acquiring a Time Share Interest in Phase I, Buyer will receive fee title to a 1/1071th undivided interest (if annually occurring) or a 1/2142th undivided interest (if biennially occurring) in said Phase.

If acquiring a Time Share Interest in Phase II, Buyer will receive fee title to a 1/19891th undivided interest (if annually occurring) or a 1/3978th undivided interest (if biennially occurring) in said Phase.

If acquiring a Time Share Interest in Phase III, Buyer will receive fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase.

If acquiring a Time Share Interest in Dillion Phase, Buyer will receive fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase.



STATUE OF CALAIRORNIA

- CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

	STATE FAE NUMBER	CERTIFICATE STATE OF CAN USE BLACK MK ONLY / NO FRASING VS-1 MARCH	CF DEATH LIFONNA S. WHITEOUTS OR AUTENATIONS	4 <u></u>	32016430100	
	1. NAME OF DECEDENT-FIRST (Given) WILL	2. MIDOLE	3. LA	ST (Family)	OCAL REGISTRATION NU	WRER
AL DATA	AVA. ALSO KNOWN AS - Include that area (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mindels 01/22/1933	EFFE Sy 5. AGE Yrs. Furtherst	DER ONE YEAR FLIND	ER 24 HOURS 6. SEX
S PERSON	8. BIRTH STREEFOREIGN COUNTRY 10. SOCIAL SECURITY NUM GERMANY -5987	☐ YES X NO		S/SRIDP* (at Time of Death) 7.10	ATE OF DEATH ************************************	_15 E.T.
CEDENT	13. EDUCATION - Regiment Lovet/Departy 14/15, WAS DECEDENT HISPANICLAT (by understand on bod) BACHELOR 17. USUAL OCCUPATION - Type of work for most of the DO NOT USE RE		∑ no CAUCASI	E.		
ō	ENGINEER		NESS OR INDUSTRY (4.4., 1900) IDUCTOR	ery store, read construction, a	mployment agency, etc.)	19. YEARS IN OCCUPA 36
USUAL	20. DECEDENT'S RESIDENCE (Stylent and number, of Islantion) 17445 RINGEL DR					
HESIDE	MORGAN HILL SANT	TYPROVINCE FA CLARA	23.20° 000€ 95037	24. YEARS IN COUNTY 25	25. STATE/FOREIGN COU CALIFORNIA	МТЯУ
MANT	28. NFORMAN'S NAME, RELATIONSHIP GISELA STEFFE, WIFE		RINGEL DR. M	200 A	CA 95037	erat zip)
MATION	28. NAME OF SURVANIG SPOUSE/SHOP-FIRST 2 GISELA	9. MIDOLE	SIELAF			
INFORM	HEINZ -	2. MICOLE	STEFFE			34. BIRTH STATE GERMANY
PAREN	JOHANNA -	6. MOOLE	37. LAST (BET) HEYEN			SIL BIRTH STATE GERMANY
TRAN	12/15/2016 17445 RINGEL D	™RES OF GISELAS R, MORGAN HILL, C	A 95037		Ziii aris	ya. Isil wa
1. PEGIB	41. TYPE OF DISPOSITION(S) CR/RES	42. SHONUTURE OF EMBA	and the Children of the		[4	LICENSE NUMBER
8	44. NAME OF FUNETAL ESTRELISHMENT NEPTUNE SOCIETY OF CENTRAL CALIFORNIA	The state of the s	M. SIGNATURE OF LOCAL REI	16.		DATE ************************************
DEATH	OWN RESIDENCE OWN RESIDENCE 108. FACUTY ROSRESS ORT SANTA CLARA 17445 RINGEL E	COCOTION WESTER POLICE SHAPE AND		FY ONE 100, IF OTHE DOA Hospio	NTHAN HOSPITAL, SPECIAL SPECIAL SPECIAL SPECIAL SHOWN THE SPECIAL SPEC	Decedent's o
1	107. CAUSE OF DEATH Enter the chain of oversite — diseases and the chain of oversite — diseases or		hu etlatogy. DO NOT AUBREYACT	E - 1, 131 - 17 (7 kg)	(Annual seef (Seeff) (AT) (MOS	YES X
١,	Sequentials let			il da en		NES X
	leading trained CI OLINE Afford UNDERLYMING CAUSE (disease or Helpy that swells DI Indicated the sweets DI					AUTOPSY PERFORMED
		·	Air d Saggiri		1.000 m.c	SED ON DETERMINANG CAUSE VES A
4	112, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN NONE.		A BESTA			
	113, WAS OPERATION PERFORMED FOR ANY COMOTTON IN ITEM 107 OF NO	1 112? (If yee, list type of operation and	date)		113A FFBM	NE MEGNANT IN LAST YE
Ž	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	SONOTURE AND TITLE OF CERTIFIER EJAL JHATAKIA M.D).	50	A88424	117.0ATE mondatocyy 1.2/08/2016
71		YPEATTENDING PHYSICIAN'S NAME INTERNATIONAL C	Marin Control	SEJAL JHA I A		
	118, I CERREY THAT IN MY OPPRIOR BEATH OCCURRED AT THE HOUR, DATE, AND P	LACE STATED FROM THE CAUSES STATED. Suicide Pending Investigation			21. INJURY DATE INMANU	122. HOUR (24 He
	123. PLACE OF INJURY (e.g., home, construction site, wooded sine, stc.)					
Ì	The state of the s					
-	124, DESCRIBE HOW INJURY OCCURRED (Eventa which resulted in injury)	44		*1*.*		
-	124. DESCRIBE HOW BUJURY OCCURRED (Events which resulted in injury) 125. LOCKBON OF BUJURY (Street and number, or licestion, and city, and 2	Liki Lik		titut 		
		Liki Lik	86/ocyy 128, TYPE NAM	E. TITLE OF CORONER / DE	PUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

ByDEC 1 5 2016

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.



HEALTH OFFICER AND LOCAL BEGISTRAR OF BIRTHS AND DEATHS

OF BHIMS AND DEATHS
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

ANY ALTERATION OF ERASURE VOIDS THIS CERTIFICATE

