



KAREN ELLISON, RECORDER

APN 17-212-05

APN _____

APN _____

FOR RECORDER'S USE ONLY

AFFIDAVIT- DEATH OF TRUSTEE
TITLE OF DOCUMENT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

Day Williams
Signature

Day R. Williams, Attorney
Print Name & Title

WHEN RECORDED MAIL TO:

Day R. Williams, Esq.

1601 Fairview Drive, Suite C

Carson City, NV 89701

Portion of A.P.N. 17-212-05

Mail tax statements to:
Merrie Christensen, Trustee
1495 Chimney Drive
Carson City NV 89701-2927

AFFIDAVIT—DEATH OF TRUSTEE

STATE OF NEVADA)
):ss
CARSON CITY)

MERRIE CHRISTENSEN, of legal age, being first duly sworn, deposes and says: That JOHN HENRY CHRISTENSEN JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN H. CHRISTENSEN, JR. named as one of the parties in that certain Quitclaim Deed dated July 25, 2012 executed by JOHN H. CHRISTENSEN, JR. and MERRIE CHRISTENSEN as Trustees of THE JOHN H. CHRISTENSEN, JR. AND MERRIE M. CHRISTENSEN LIVING TRUST, recorded as Document Number 0807634 on 8/17/2012, in the Official Records of Douglas County, State of Nevada, more particularly described as:

See Exhibit "A" (Walley's) attached hereto.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Trustee JOHN H. CHRISTENSEN, JR. being deceased, MERRIE CHRISTENSEN is now the sole Trustee of THE JOHN H. CHRISTENSEN, JR. AND MERRIE M. CHRISTENSEN LIVING TRUST.

Merrie M. Christensen
MERRIE CHRISTENSEN

SUBSCRIBED AND SWORN TO before me
this 25th day of April, 2019
by MERRIE MARLENE CHRISTENSEN.

Robin A. Williams
NOTARY PUBLIC

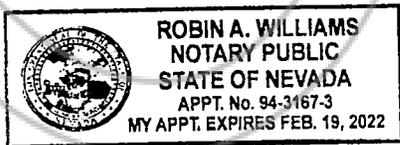


EXHIBIT "A"
(Walley's)

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 1/1071st 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 (W 1/2 NE 1/4) of Section 22, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at 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 the POINT OF BEGINNING; thence North 80° 00' 00" East, 93.93 feet; thence North 35° 00' 00" East, 22.55 feet; thence 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 for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded on 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 No. 044993, and subject to said Declaration; with the exclusive right to use said interest for one Use Period each year in accordance with said Declaration.

A Portion of APN 17-212-05

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4071986

CERTIFICATE OF DEATH

2019005067
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John Henry CHRISTENSEN JR		2. DATE OF DEATH (Mo/Day/Year) March 14, 2019		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and No - Non-Hispanic) 1495 Chimney Drive		3e. If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 01, 1947		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Merrie Marlene RIGSBY	
13. SOCIAL SECURITY NUMBER ██████████ 7365		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) UNITED STATES GOVERNMENT PILOT		14b. KIND OF BUSINESS OR INDUSTRY UNITED STATES GOVERNMENT AVIAT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1495 Chimney Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) John Henry CHRISTENSEN SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Frances BATIEFF		
18a. INFORMANT- NAME (Type or Print) Merrie Marlene CHRISTENSEN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1495 Chimney Drive Carson City, Nevada 89701		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED ANNA E FERRERA MD		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) March 15, 2019		21c. HOUR OF DEATH 05:28		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Anna E Ferrera MD 5538 Longley Ln Ste B Reno, NV 89511				23b. LICENSE NUMBER 12495	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 15, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
PART I					
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(b) Metastatic Neuroendocrine Tumor To Brain					
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(c) Agent Orange Exposure					
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
				28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **MAR 18 2019**

Julie Katchear
STATE REGISTRAR

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

