

Recording requested by (name):

When recorded mail to and mail tax statements to:

Bryan Carlos Stafford
8359 Elk Grove Florin Rd
103-302
Sacramento CA 95829



KAREN ELLISON, RECORDER

Recorder's Use Only

AFFIDAVIT - DEATH OF TRUSTEE

Assessor's Parcel No. (APN):
1318-26-101-006 PTN

Bryan Carlos Stafford

Declaration of Exemption From Gov't Code § 27388.1 Fee

- Transfer is exempt from fee per GC § 27388.1(a)(2):
- recorded concurrently "in connection with" transfer subject to DTT
- recorded concurrently "in connection with" a transfer of residential dwelling to an owner-occupier
Transfer is exempt from fee per GC 27388.1(a)(1):
- Fee cap of \$225.00 reached
- Not related to real property

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

1. BS ~~Bryan Carlos Stafford~~ Audrey Elizabeth DAVIS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ~~Bryan Carlos Stafford~~ BS ~~Stafford~~ Audrey Elizabeth DAVIS named as Trustee in the Declaration of Trust dated 02/24/2013 and executed by Audrey Elizabeth DAVIS as Trustor(s).

2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as (address) Common Area of Lot 50, Village, which property is described in a Deed which was executed by Audrey Elizabeth DAVIS as Grantor(s) on 02/24/2013 and recorded as Instrument No. 114254, in Book/Reel 1284, Page/Image 1993, of Official Records of Douglas County, Nevada.

3. The legal description of said property is as follows:

See Exhibit "A"

4. I am the named successor 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated Aug 13, 2019

(Signature of declarant)
Bryan C. Stafford
(Type or print name of declarant)

NEVADA NOTARY ACKNOWLEDGMENT

THE STATE OF NEVADA

COUNTY OF Douglas

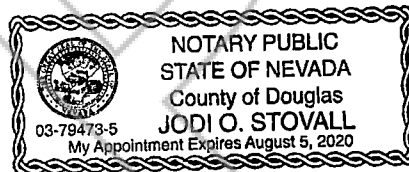
This instrument was acknowledged before me on August 13, 2019 by Bryan
Carlos Stafford.



Notary Public Signature

Print Jodi O. Stovall

Title Notary Public



(Seal)

14-

Exhibit "A"

Doc Number: **0847829**

08/13/2014 09:54 AM

OFFICIAL RECORDS

Requested By
PETER CARAMAZZA

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00
Bk: 0814 Pg: 2722 RPTT # 7



Deputy: ar

A.P.N.:1318-26-101-006 PTN
R.P.T.T.: \$ Exempt #7

✓ When Recorded Mail To:
AUDREY E. DAVIS
649 MT. BLACKBURN LANE
BOULDER CITY, NV 89005

GRANT, BARGAIN and SALE DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
AUDREY E. DAVIS AN UNMARRIED WOMAN.

do(es) hereby GRANT, BARGAIN and SELL to:

AUDREY ELIZABETH DAVIS, TRUSTEE OF THE AUDREY ELIZABETH DAVIS
REVOCABLE TRUST DATED 02/24/2013.

the real property situate in the County of Douglas, State of Nevada, described as follows;

SEE EXHIBIT "A"

TOGETHER with all tenements, hereditaments and appurtenances, including easements
and water rights, if any, thereto belonging or appertaining, and any reversions,
remainders, rents, issues or profits thereof.

Date: 8/12/37

Audrey E Davis

ELIZABETH E DAVIS
AUDREY

EXHIBIT "A"

LEGAL DESCRIPTION

A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium described as follows:

- (a) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village, Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828 Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.
- (b) Unit No. 010-06 as shown and defined on said 7th Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas as set forth on said Seventh Amended Map of Tahoe Village, Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, at Page 160, of Official Records of Douglas County, Nevada as Document No. 114254.

Parcel 3: the exclusive right to use said unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and Parcel 2 above during one "use week" within the "SUMMER use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961 of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned use season.

1319-30-519-010 *ATN*

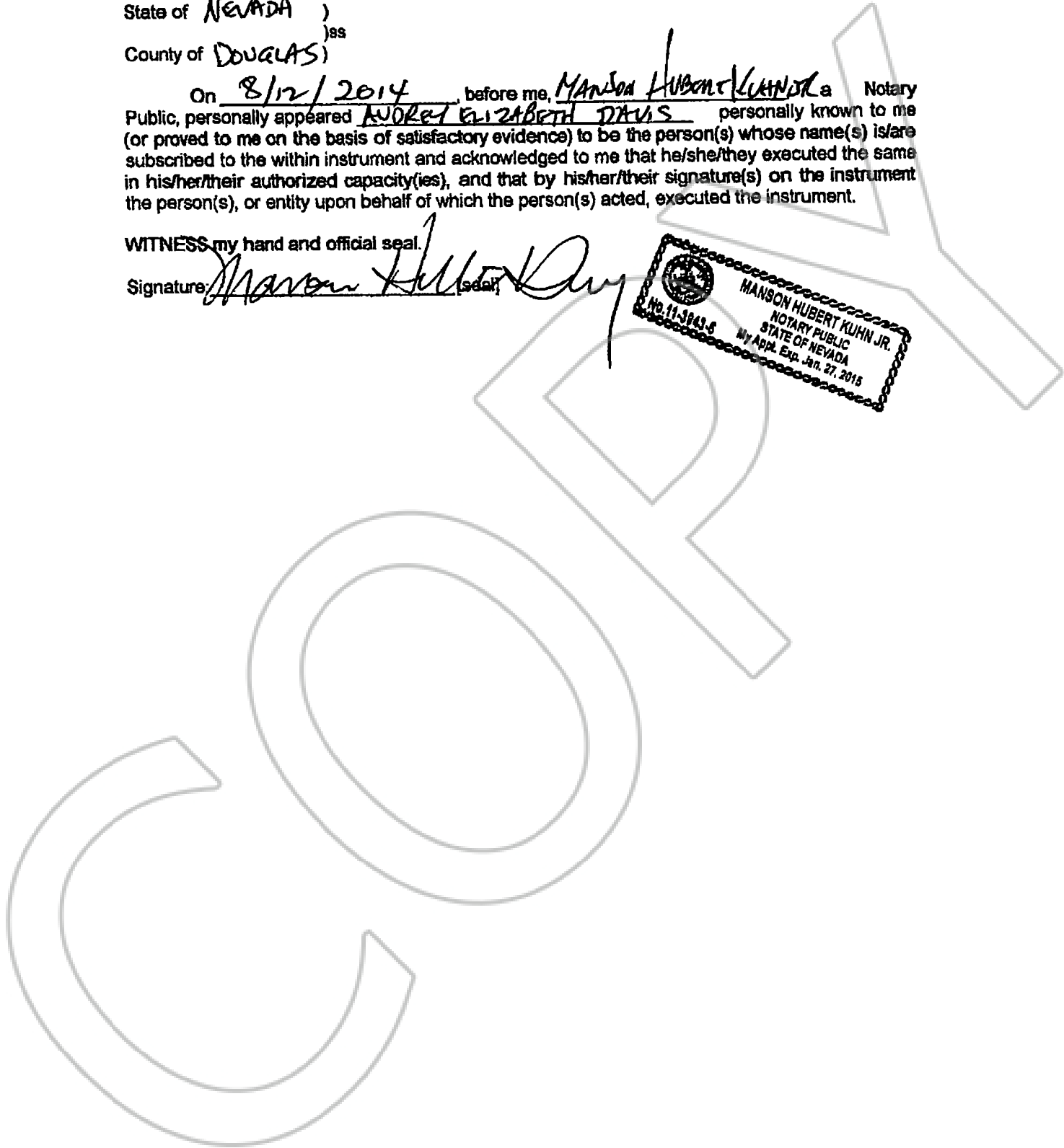
50-010-06-01

State of NEVADA)
)ss
County of DOUGLAS

On 8/12/2014, before me, MANSON HUBERT KUHN JR a Notary Public, personally appeared AUDREY ELIZABETH DAVIS personally known to me (or 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 entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: Manson Hubert Kuhn Jr (seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4043894

CERTIFICATE OF DEATH

2018019305
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) Audrey Elizabeth DAVIS		2. DATE OF DEATH (Mo/Day/Year) October 03, 2018		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Boulder City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and inpatient)(Specify) 649 Mount Blackburn Lane Home		4. SEX Female	
6. RACE (Specify) Black		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 20	
13. SOCIAL SECURITY NUMBER ████████-4790		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Educator		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Boulder City	
15d. STREET AND NUMBER 649 Mount Blackburn Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) August 12, 1937	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Eugene SAMPLE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ella Mae GREEN		
18a. INFORMANT - NAME (Type or Print) Edith DONALDSON			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) P.O. Box 61244 Boulder City, Nevada 89006		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) SARA A MCGOVERN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD930		20c. NAME AND ADDRESS OF FACILITY Neptune Society 8570 Del Webb Blvd Las Vegas NV 89134	
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) WARREN L SMITH MD SIGNATURE AUTHENTICATED			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) October 09, 2018		21c. HOUR OF DEATH 12:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Warren L Smith MD 895 Adams Blvd Boulder City, NV 89005				23b. LICENSE NUMBER 3978	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 09, 2018		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) Heart Failure DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hypertension DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____ DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) _____ DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Sarcoidosis, Chronic Obstructive Pulmonary Disease Diabetes Type 2				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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	

LOCAL REGISTRAR

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **OCT 23 2018**

Registar of Vital Statistics
By: *Mary Wells*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE