

When recorded mail to:

✓  
Law Offices of  
JAMES A. GIANELLI  
P. O. Box 458  
Sonora, CA 95370

APN 09-135-19

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA )  
                                  ) SS.  
COUNTY OF TUOLUMNE )

HERMAN WINKLER, JR., of legal age, being first duly sworn, deposes and says:  
That DONNA DARLENE WINKLER, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as DONNA D. WINKLER, named as one of the parties in that certain GRANT DEED dated August 2, 1979, executed by CAPRI RESORTS, INC. to HERMAN WINKLER, JR. and DONNA D. WINKLER husband and wife, as joint tenants, recorded as Instrument No. 135995 on June 9, 1986 in Book 686, Page 803 of Official Records of DOUGLAS County, NEVADA, covering the following described property situated in the County of DOUGLAS, State of NEVADA:

FOR LEGAL DESCRIPTION, SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

Dated: March 9, 1992

*Herman Winkler, Jr.*  
HERMAN WINKLER, JR.

SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State this 9th day of March, 1992.

WITNESS my hand and official seal.

*Carol A. de Neveu*  
Notary Public



EXHIBIT "A"

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East MDB&M, described as follows: Parcel 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981 in Book 281 of Official Records at page 172, Douglas County, Nevada as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

EXCEPTING FROM THE REAL PROPERTY the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" as hereinafter referred to.

ALSO EXCEPTING FROM THE REAL PROPERTY AND RESERVING TO GRANTOR, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of the Declaration of Timeshare Use together with the right to grant said easements to others.

TOGETHER WITH THE EXCLUSIVE RIGHT TO USE AND OCCUPY A "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at page 1341, as Document No. 76233, and amended by an instrument recorded April 20, 1983 in Book 483 at page 1021, as Document No. 78917, and again amended by an instrument recorded July 20, 1983 in Book 783 at page 1688 as Document No. 84425, and again amended by an instrument recorded October 14, 1983 in Book 1083 at page 2572 as Document 89535, Official Records of the County of Douglas, State of Nevada, ("Declaration") during a "Use Period", within the HIGH Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

SUBJECT TO all covenants, conditions, restrictions, limitations, easements, rights and rights-of-way of record, together with the rents issues and profits thereof, subject, however, to the right, power and authority hereafter given and conferred upon Beneficiary to collect and apply such rents, issues and profits

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BOOK 392 PAGE 2209

CERTIFICATE OF DEATH 1 of 2

STATE FILE NUMBER			STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)   2B. HOUR				
Donna		Darlene		Winkler		January 7, 1987		0640		
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH			7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS		
Female	White/American	NO	February 22, 1936			50 YEARS	MONTHS	DAYS	HOURS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER				10. BIRTH NAME AND BIRTHPLACE OF MOTHER				
Ohio		Odell Monroe - Ohio				Iva Hyer - Ohio				
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.		12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)				
USA	19-- TO 19--		4484	Married		Herman Winkler, Jr.				
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS					
Bookkeeper		28	Central Valley Tire		Tire					
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.		19C. CITY OR TOWN				
26975 Spring Court				--		Pioneer				
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP						
Amador		California		Herman Winkler Jr. - Husband						
21A. PLACE OF DEATH		21B. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP						
Residence		Amador		26975 Spring Court						
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		Pioneer, California 95666						
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		Pioneer, California 95666						
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)										
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) Metastatic Pancreatic Carcinoma		3 mo.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER?				
		(B) Primary Pancreatic Carcinoma		3 1/2 yrs		25. WAS BIOPSY PERFORMED?				
		(C)				26. WAS AUTOPSY PERFORMED?				
						No				
						Yes				
						No				
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A					27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION DATE					
--					No					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER					
I ATTENDED DECEDENT SINCE   LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		Ralph J. Delgado, M.D., San Andreas, Ca.		1-12-87	6396070					
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGATION)					35B. CORONER—SIGNATURE AND DEGREE OR TITLE			35C. DATE SIGNED		
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Cremation		Jan. 12, 1987		Cherokee Memorial Park, Lodi, Ca.			3172 Harvey Vasquez			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40D. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR				
Olson Funeral home		F1434		[Signature]		JAN 12 1987				
STATE REGISTRAR	A.	B.	C.	D.	E.	F.				

VS-11 (1-85)



273257

BOOK 392 PAGE 2210

