

13

PTN APN 1319-15-000-015

REQUESTED BY
John L Guth
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JUN -7 PM 12: 05

**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

WERNER CHRISTEN
RECORDER

✓ PENELOPE A. CHANGARIS, Attorney at Law
LAW OFFICE OF JOHN L. GUTH
474 Century Park Drive, Suite 300
Yuba City, CA 95991

\$ 17.00 PAID Ka DEPUTY

MAIL TAX STATEMENTS TO:

The undersigned declares:
The Documentary Transfer Tax is -0-; and,

**Euvonna Foster
499 Pleasant Grove Road
Rio Oso, CA 95674**

A portion of AP #1319-15-000-015

AFFIDAVIT OF DEATH OF JOINT TENANT

I, EUVONNA J. FOSTER, declare:

I am eighteen (18) years of age or over. The decedent described in the attached certified copy of Death Certificate is the same person as FRANK B. FOSTER, who is named as one of the parties in the Deed dated August 12, 2002, executed by WALLEY'S PARTNERS LIMITED PARTNERSHIP, a Nevada limited partnership, to FRANK B. FOSTER and EUVONNA J. FOSTER, husband and wife as joint tenants with right of survivorship, recorded on August 30, 2002, at Book 0802 Page 10905 of the Official Records of Douglas County, covering the property situated in the County of Douglas, State of Nevada, more particularly described on Exhibit "A" attached hereto and incorporated herein by this reference;

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issues and profits thereof;

SUBJECT TO any and all matters of record, including taxes, assessments, easements, oil and mineral reservations and leases, if any, rights of way, agreements and the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded on September 23, 1998, in Book 998 at Page 4404 as Document Number 449993, Official Records of Douglas County, Nevada, and which Declaration is incorporated herein by this reference as if the same were fully set forth herein;

TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said Grantee and Grantee's successors and assigns forever.

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

DATED: June 4, 2004

Euvonna J. Foster
EUVONNA J. FOSTER

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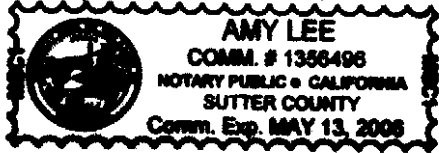
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STATE OF CALIFORNIA)
)ss.
COUNTY OF SUTTER)

On June 4, 2004, before me, AMY LEE, personally appeared EUVONNA J. FOSTER, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

(SEAL)



Amy Lee

NOTARY PUBLIC

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Inventory No.: 17-036-36-71

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 1/3978th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL E-1 of the Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at page 3464, as Document No. 501638, and by Certificate of Amendment recorded November 3, 2000 in Book 1100, Page 467, as Document No. 502689, Official Records of Douglas County, Nevada.

Together with a permanent non-exclusive easement for utilities and access, for the benefit of Parcel E-1, as set forth in Quitclaim Deed recorded September 17, 1998 in Book 998, Page 3250 as Document No. 449574, Official Records, Douglas County, Nevada.

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. 0449993, and as amended by Document Nos. 0466255, 0485265, 0489959, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a STANDARD UNIT every other year in ODD-numbered years in accordance with said Declaration.

A Portion of APN 1319-15-000-015

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SUTTER

HEALTH DEPARTMENT
YUBA CITY, CALIFORNIA 95993

CERTIFICATE OF DEATH

3-2003-51-000507

| | | | | | |
|--|--|---|--|--|--|
| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/03) | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) FRANK | | 2. MIDDLE BURRITT | | 3. LAST (Family) FOSTER | |
| AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/yyyy 04/28/1921 | | 5. AGE Yrs. Mths. Ds. 82 | |
| 8. BIRTH STATE/FOREIGN COUNTRY NE | | 10. SOCIAL SECURITY NUMBER 5173 | | 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 12. MARITAL STATUS (at Time of Death) MARRIED | | 7. DATE OF DEATH mm/dd/yyyy 12/20/2003 | | 9. HOUR (24 Hours) 1620 | |
| 13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR'S | | 14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FARMER | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE | | 19. YEARS IN OCCUPATION 60 | |
| 20. DECEDENT'S RESIDENCE (Street and number or location) 499 PLEASANT GROVE RD. | | | | | |
| 21. CITY RIO OSO | | 22. COUNTY/PROVINCE SUTTER | | 23. ZIP CODE 95674 | |
| 24. YEARS IN COUNTY 60 | | 25. STATE/FOREIGN COUNTRY CA | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP EUVONNA FOSTER (WIFE) | | | 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) P.O. BOX 1563, MARYSVILLE, CA. 95901 | | |
| 28. NAME OF SURVIVING SPOUSE - FIRST EUVONNA | | 29. MIDDLE JONES | | 30. LAST (Maiden Name) COMSTOCK | |
| 31. NAME OF FATHER - FIRST GEORGE | | 32. MIDDLE NIMMONS | | 33. LAST FOSTER | |
| 34. BIRTH STATE NE | | 35. NAME OF MOTHER - FIRST ESTHER | | 36. MIDDLE MOSIER | |
| 37. LAST (Maiden) BURRITT | | 38. BIRTH STATE VT | | | |
| 39. DISPOSITION DATE mm/dd/yyyy 12/30/2003 | | 40. PLACE OF FINAL DISPOSITION SIERRA VIEW MEMORIAL PARK, MARYSVILLE, CA. | | | |
| 41. TYPE OF DISPOSITION(S) CR/BU | | 42. SIGNATURE OF EMBALMER <i>Richard Spina</i> | | 43. LICENSE NUMBER 7346 | |
| 44. NAME OF FUNERAL ESTABLISHMENT ULLREY MEMORIAL CHAPEL, INC. | | 45. LICENSE NUMBER FD-784 | | 46. SIGNATURE OF LOCAL REGISTRAR <i>R. K. Harrison MD</i> | |
| 47. DATE mm/dd/yyyy 12/23/2003 | | | | | |
| 101. PLACE OF DEATH HIS RESIDENCE | | | | | |
| 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOR | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | | | |
| 104. COUNTY SUTTER | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 499 PLEASANT GROVE RD. | | 106. CITY RIO OSO | |
| 107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) METASTATIC CARCINOMA | | 108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO CAUSE OR LIST UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST CARCINOMA OF LUNG | | 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC ATRIAL FIBRILLATION | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO | | 113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | | |
| 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: 11/07/2003 | | 115. SIGNATURE AND TITLE OF CERTIFIER <i>Warren Boyer MD</i> | | 116. LICENSE NUMBER C18729 | |
| 117. DATE mm/dd/yyyy 12/22/2003 | | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE WARREN BOYER, JR., MD. 800 3RD ST., MARYSVILLE, CA. 95901 | | | |
| 119. 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 type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 121. INJURY DATE mm/dd/yyyy | |
| 122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | 122. HOUR (24 Hours) | | | |
| 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 | | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |

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STATE REGISTRAR A B C D E FAX AUTH. # CENSUS TRACT

STATE OF CALIFORNIA) SS DATE ISSUED: **12/23/2003**
COUNTY OF SUTTER) BY **JK**

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

000085676

R. K. Harrison MD
HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar. **END OF DOCUMENT**

