

RECORDING REQUESTED BY:

Donald Foley

When Recorded Mail Document and Tax Statement To:

David Briggs
1036 Renn
Clovis, CA 93612

Escrow No.
Title Order No.

APN: 07-130-19

PTN B18-26-101-006 AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

COUNTY OF Fresno,

Donald J. Foley, of legal age,
being first duly sworn, and deposes and says:

That Marie Therese Foley
the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as
Marie T. Foley named as one of the parties in that certain
Grant Deed dated July 21, 1994
executed by Capri Resorts, Inc., A Nevada Corporation
to Donald J. Foley and Marie T. Foley, Husband and Wife
as Joint Tenants,
recorded as Instrument No. 342341 on July 22, 1994, in Book 0794,
Page 3214, of Official Records of Douglas County, ~~California~~ NEVADA,
covering the following described property situated in the city of
County of DOUGLAS, State of ~~CALIFORNIA~~ NEVADA

ATTACHED EXHIBIT "A"

DATED: 9-15-04

x Donald J. Foley
DONALD J. FOLEY

SUBSCRIBED AND SWORN TO before me

this 15 day of Sept, 2004

SEAL

Signature Arlene Radford

NOTARY FLOYD COUNTY, VIRGINIA
MY COMMISSION EXPIRES 9-30-07

REQUESTED BY
David Briggs
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 OCT 20 AM 9:02

WERNER CHRISTEN
RECORDER

\$ 16.00 PAID AL DEPUTY

SPACE ABOVE THIS LINE FOR RECORDER'S USE

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, 1976, IN BOOK 278 OF OFFICIAL RECORDS AT PAGE 591, DOUGLAS COUNTY, NEVADA AS DOCUMENT 17578.

EXCEPTING FROM THE REAL PROPERTY THE EXCLUSIVE RIGHT TO USE AND OCCUPY ALL OF THE DWELLING UNITS AS DEFINED IN THE "DECLARATION OF TIMESHARE USE" AS AMENDED.

ALSO EXCEPTING FROM THE REAL PROPERTY AND RESERVING TO GRANTORS, ITS SUCCESSORS AND ASSIGNS, ALL THOSE CERTAIN EASEMENTS REFERRED TO IN PARAGRAPHS 2.5, 2.6 AND 2.7 OF SAID DECLARATION OF TIMESHARES USE AND AMENDMENTS THERETO 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 OF OFFICIAL RECORDS OF THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND AMENDMENT TO DECLARATION OF TIMESHARE USE RECORDED APRIL 20, 1983 IN BOOK 483 AT PAGE 1021, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA AS DOCUMENT NO.78917, SECOND AMENDMENT TO DECLARATION OF TIMESHARE USE RECORDED JULY 20, 1983 IN BOOK 783 OF OFFICIAL RECORDS AT PAGE 1688, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 84425, THIRD AMENDMENT TO DECLARATION TIMESHARE USE RECORDED OCTOBER 14, 1983 IN BOOK 1083 AT PAGE 2572, DOCUMENT NO. 89535 AND FOURTH AMENDMENT TO DECLARATION OF TIMESHARE USE RECORDED AUGUST 31, 1987 IN BOOK 887 AT PAGE 3987, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA, DOCUMENT NO. 161309 (DECLARATION), "DURING THE 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, CONDITION, RESTRICTION, LIMITATIONS, EASEMENTS, RIGHT-OF-WAY OF RECORD.

0627104

BK1004PG07884

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-1996-49-001496

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO BRINKERS, WHITEOUTS OR ALTERATIONS V-3-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Marie		2. MIDDLE Therese		3. LAST (FAMILY) Foley			
4. DATE OF BIRTH MM/DD/CCYY 09/27/1933		5. AGE YRS. 62	6. SEX F	7. DATE OF DEATH MM/DD/CCYY 05/29/1996		8. HOUR 0430	
9. STATE OF BIRTH MA	10. SOCIAL SECURITY NO. 5132	11. MILITARY SERVICE 19 TO 19 <input type="checkbox"/> NONE		12. MARITAL STATUS Married	13. EDUCATION—YEARS COMPLETED 12		
14. RACE White	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. USUAL EMPLOYER Self Employed		17. OCCUPATION Homemaker		18. KIND OF RESIDENCE Own Home	19. YEARS IN OCCUPATION 42
20. RESIDENCE—STREET AND NUMBER OR LOCATION 2039 Crinella Drive							
21. CITY Petaluma		22. COUNTY Sonoma		23. ZIP CODE 94954	24. YRS IN COUNTY 22	25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Donald Foley - Spouse							
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2039 Crinella Dr., Petaluma, CA 94954							
28. NAME OF SURVIVING SPOUSE—FIRST Donald		29. MIDDLE James		30. LAST (MAIDEN NAME) Foley			
31. NAME OF FATHER—FIRST Emile		32. MIDDLE -		33. LAST Gagne		34. BIRTH STATE ME	
35. NAME OF MOTHER—FIRST Marie		36. MIDDLE -		37. LAST (MAIDEN) LaPlant		38. BIRTH STATE Canada	
39. DATE MM/DD/CCYY 06/03/1996		40. PLACE OF FINAL DISPOSITION San Joaquin Valley National Cemetery, Gustine, CA 95322					
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR Parent Sorensen Mortuary		45. LICENSE NO. F-12	46. SIGNATURE OF LOCAL REGISTRAR <i>Joseph K. Shearer MD, Jr.</i>			47. DATE MM/DD/CCYY 05/30/1996	
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> SV/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hosp. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY Sonoma		105. CITY Petaluma	
106. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2039 Crinella Drive							
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) Respiratory failure						TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REGISTRATION NUMBER 96-0781
DUE TO (B) Chronic Hypertensive heart disease						109. MOPBY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No							
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 I DECEDENT LAST SEEN ALIVE MM/DD/CCYY 09/29/1988 MM/DD/CCYY 05/14/1996		115. SIGNATURE AND TITLE OF CERTIFIER <i>John Shearer MD</i>		116. LICENSE NO. C-26495	117. DATE MM/DD/CCYY 05/30/1996		
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP John Shearer MD 24 W. El Rose, Petaluma, CA 94952		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY		
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED							
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Joseph K. Shearer MD, Jr.</i>				127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER 2290	
STATE REGISTRAR		A	B	C	D	E	F
STATE OF CALIFORNIA COUNTY OF SONOMA		G	H	FAX AUTH. #	CENSUS TRACT		

CERTIFIED COPY OF VITAL RECORDS

06/04/1996

DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

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

BK1004 PG07885

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